

## **Soo Dhawoow Bukaanku - Shaxda Nuxurka**

**Adeegyada Turjubaanka**

**Ogow Kooxdaada Daryeelka**

**Digniinta ogeysiinaysa kooxda jawaabta degdegga iyo  
calaamada qolka**

**Qorshaynta Ka Bixitaanka isbitaalka (Ka bixitaanka)**

**Bukaan ammaan ah oo soo galaya isbitaalka**

**11 tabo oo lagaga hortagayo dhacitaanka intaad Cisbitaalka  
joogto**

**Sida looga hortago caabuqa Inta aad isbitaalka ku jirto**

**Fahamka Dardaaranka Daryeelka Caafimaadka iyo  
Shuruudaha La Xiriira**

**Xuquuqdaada iyo Waajibaadkaaga bukaan ahaan**

**Xaquuqahaaga iyo Dhowritaanadaada ka dhanka ah  
Kharashaadka Caafimaadka ee Filasho La'aanta ah**

**Ogeysiiska Xeerarka Sirtaada**

**Xuquuqda hoos timaada Sharciga Federaalka - Sharciga  
Xuquuqda Bukaanka Minnesota**

# Interpreter services



You have a right to a medical interpreter at no cost to you. Please let the nurse or other clinical staff know if you would like to have an interpreter available during your visit.

## Deaf and hard of hearing services

A telecommunications device is available to help deaf and hard of hearing patients or patients who want to communicate with a deaf or hard of hearing relative or friend.

In addition, we have American Sign Language interpreters available to help patients who are deaf or hard of hearing communicate.

Call **612-262-3220** for services.

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Tiene derecho a un intérprete médico gratuito. Hágale saber al personal de enfermería o al personal clínico si desea tener un intérprete durante su visita.

### **Servicios para sordos y personas con problemas de audición**

Disponemos de un dispositivo de telecomunicaciones para ayudar a los pacientes sordos y con problemas de audición o a los pacientes que desean comunicarse con un familiar o amigo sordo o con problema de audición.

Además, disponemos de intérpretes de Lenguaje de Señas Americano para ayudar a los pacientes sordos o con problemas de audición a comunicarse.

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Koj muaj cai muaj tus neeg txhais lus rau kev kho mob uas koj yuav tsis tau them nqi. Thov qhia rau tus kws saib xyuas tu neeg mob lossis lwm tus neeg ua haujlwm kho mob paub yog tias koj xav kom muaj ib tug neeg txhais lus nyob rau thaum koj mus ntsib.

### **Cov kev pab cuam rau cov lag ntseg thiab tsis hnov lus zoo**

Muaj cov cuab yeej siv los sib txuas lus los pab cov neeg lag ntseg thiab hnov lus tsis zoo los yog cov neeg mob uas xav sib txuas lus nrog cov txheeb ze lossis phooj ywg.uas lag ntseg tsis hnov lus zoo.

Tsis tas li ntawd xwb, peb muaj cov neeg Txhais Lus Piav Tes los pab cov neeg mob lag ntseg lossis tsis hnov lus zoo sib txuas lus.

Waxaad xaq u leedahay inaad hesho turjubaan caafimaad oo bilaash ah. Fadlan u sheeg kalkaalisada ama shaqaalaha kale ee daawaynta haddii aad rabto inaad hesho turjubaan inta lagu jiro booqashadaada.

### **Adeegyada dadka dhegaha la'a ama maqalka uu ku adag yahay**

Aalad isgaarsiineed ayaa diyaar ah si ay u caawiso dadka dhegaha la' iyo kuwa maqalka adag ama bukaanka raba in ay la xiriiraan qaraabo ama saaxiib.

Intaa waxa dheer, waxaan leenahay turjubaano Afka Astaanta U ah dadka dhegaha la'a ee Amerikanka ah oo diyaar u ah inay caawiyaan bukaannada dhegaha la' ama maqalkoodu adag yahay xiriirintooda.

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У вас есть право на бесплатные услуги медицинского переводчика. Сообщите, пожалуйста, вашей медсестре или кому-либо из медицинского персонала, если вы хотите, чтобы во время приема вам были предоставлены переводческие услуги.

### **Услуги для глухих и слабослышащих**

Для помощи глухим и слабослышащим пациентам, а также пациентам, которые хотят общаться со своими глухими или слабослышащими родственниками и друзьями, существует телекоммуникационное устройство.

В дополнение к этому, для помощи в общении глухим и слабослышащим пациентам у нас есть переводчики американского языка жестов.

## Ogow kooxdaada daryeelka

Waxaa naga go'an inaan siino bukaanadayada iyo qoysaskooda daryeel xirfadeed oo tayo sare leh, naxariis leh.

Iyada oo qayb ka ah ballan-qaadkaas, waxaanu kuu fududaynnay inaad aqoonsato xubnaha kooxda daryeelkaaga iyo sida ay ku caawin karaan.

### Kooxda daryeelkaaga waxay xidhaan midabada soo socda:

- |   |  |  |                                     |
|---|--|--|-------------------------------------|
|  Badda Buluug               | Kalkaalisoyinka diwan gashan             |  Cagaar buluug      | Caawinta Daryeelka Bukaanka         |
|  Mugdi/madaw Cagaar buluug | Adeegyada sheybaarka                     |  Cagaar            | Taageerada xafiiska                 |
|  Maaruun                   | Farmashiye                               |  Boqortooyo Buluug | Adeegyada daaweynta                 |
|  Saytuun Cagaar            | Daaweynta Neefsashada                    |  Casuus            | Waxqabad Ruqsad leh Kalkaalisoooyin |
|  Maaruun Madow             | Adeegyada Nafaqeynta                     |  Cawl              | Shucaaca                            |
|  Mugdi/madaw Buni          | Adeegyada Deegaanka iyo Adeegyada Dharka |  Kaaki             | Agabka/Alaabaha                     |

# Kooxda Jawabaha Dagdaga (Rapid Response Team)

**If you are concerned, so are we.  
Contact the nurse.**

**Hadii ay wali walwalo jiraan, fadlan ka wac 3-1111  
talefanka isbitaalka dhexdiisa ah. Usheeg lambarka  
qolkaaga. Codso kooxda jawaabaha dagdaga.**

**Wac  
3-1111**

Ma dareentay calaamado digniino ah oo  
tilmaamaya in bukaanku kasii darayo?

- ➔ Garaac ama gariir wadnaha
- ➔ Adoo dareema miyir dabool
- ➔ Madax wareer neefsiga oo kugu adag
- ➔ Isbedel xaga feejignanta
- ➔ Isbedel xaga awooda hadalka
- ➔ Tamardaro cusub xaga gacanta,  
lugta ama wajiga

*Waxaan dhiirigelineynaa isticmaalka Kooxaha Jawaab-celinta Degdegga ah si aan dhaqso uga jawaabno  
isbeddelka xaaladda bukaanka. Cilmi baaris ayaa muujisay in kooxahan ay badbaadiyeen nafa.*

*Tani waa qayb ka mid ah ballanqaadkeena ah inaan bixino daryeel tayo leh, naxariis leh oo  
aan ka fileyno nafteena iyo qoysaskeena.*

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## Planning for Leaving the Hospital (Discharge)

### Your Transition

As soon as you enter the hospital, your health care team is thinking about and planning for the day you leave the hospital.

It is important to remember that hospitals specialize in care that requires doctors to manage an illness or injury every day. When your health care needs no longer require this type of care, planning must start for the rest of your recovery.

You may need the care of a skilled nursing facility, home care or rehabilitation if you have the following needs when your hospital stay ends:

- wound care
- intravenous (IV) medicines or treatments
- rehabilitation services
- help transferring from the chair to the bed
- help with walking
- help with daily tasks, such as eating, getting dressed, using the toilet or taking medicines unless a caregiver will help with these tasks.

## Qorsheynta ka Bixitaanka Cisbitaalka (Sii-dayn)

### Wareegistaada

Isla marka ad soo gashid cisbitaalka, waxa ay kooxdaada daryeelku ka fikiraysaa oo qorsheynaysaa maalinta ad ka bixi lahayd cisbitaalka.

Waa muhiim in la xusuusto in cisbitaaladu ku takhasuseen daryeelka ah in la mareeyo cudur ama dhaawac maalin kasta. Marka baahiyahaaga daryeelka caafimaadku aanay u baahnayn daryeelka noocaas ah, waa in la bilaabo qorsheyn ku saabsan inta ka hadhsan bogsashadaada.

Waxa laga yaabaa inad u baahan tahay daryeelka laga helo goob kalkaalin oo xirfad leh, daryeel guri ama dib-u-hawlgalin haddii ad qabtid baahiyaha soo socda marka joogitaankaaga cisbitaalku dhammaado:

- daryeel dhaawac ama nabar
- daweyn ama dawooyin laga qaadanayo xiddid (IV)
- adeegyo dib-u-hawlgalin
- gargaar ah ka wareegista kursi iyo ku wareegis sariir
- gargaar ah xagga socodka
- gargaar ah hawlaha maalin kasta, sida cunista, labisashada, isticmaalidda musqusha ama qaadashada dawooyin haddii aan daryeel bixiye kaa caawin doonin hawlahaas.

(over)

Transferring your care to another facility may be confusing and, at times, overwhelming. You need to know what your options are for your care. You also need to be involved in these decisions.

Once you no longer need hospital care the transfer to a skilled nursing facility can happen quickly. You will have the information and help you need to be prepared for this change. With the help of staff members, your transition can be a smooth one.

## **Making Your Discharge Easier**

Your doctor and health care team will talk with you about when you will leave the hospital. The date and time may change depending on your health.

## **While You Are in the Hospital**

- Ask your nurse or doctor questions about what you will need to know to take care of yourself after you leave the hospital.
- Talk with your family or friends to find out who would be available to take you home.
- If you are paying for private transportation, be sure to make a reservation for the day you will be leaving the hospital. If you need help, please ask your nurse.
- Ask whoever will help you at home to come to the hospital to get any instructions from the nurses.
- Learn about your medicines. Be sure you know the names, what they do, how much to take, when to take them, how to take them and how to store them. Ask your nurse if the medicines react with other medicines.

Daryeelkaaga oo ad u beddelatid goob kale ayaa laga yaabaa inad ku wareertid, marmarka qaarna, ku asqowdo. Waxa ad u baahan tahay inad ogaatid waxa ay yihiin ikhtiyaaradaada daryeelka. Waxa kale oo ad u baahan tahay inad ka qaybqaadatid go'aamadaas.

Marka la gaadho wakhti aanad u baahnayn daryeel cisbitaal, waxa dhakhso u dhici kara ku wareejinta goob kalkaalin oo xirfad leh. Waxa lagu siin doonaa macluumaadka iyo gargaarka ad u baahan tahay si ad diyaar ugu noqotid isbeddelkan. Marka ad gargaar ka heshid shaqaalaha, wareejintaadu waxay noqon doontaa mid toosan.

## **Sii-dayntaada oo La Fududeeyo**

Dhakhtarkaaga iyo kooxdaada daryeelka caafimaadka ayaa kaala hadli doona goorta ad ka bixi doontid cisbitaalka. Waxa laga yaabaa in taariikhda iyo wakhtigu is beddelo iyada oo ku xidhan caafimaadkaaga.

## **Inta Ad Joogtid Cisbitaalka**

- Weydii kalkaalisadaada ama dhakhtarkaaga su'aalo ku saabsan waxa ad u baahan doontid inad ogaatid si ad naftaada u daryeeshid ka-dib marka ad ka baxdid cisbitaalka.
- La hadal qoyskaaga ama saaxiibadaada si ad u ogaatid cidda la heli karo ee ku geyn doonta guriga.
- Haddii ad iska bixinaysid kharashka gaadiid gaar loo leeyahay, hubso inad sii ballansatid maalinta ad ka baxaysid cisbitaalka. Haddii ad u baahan tahay gargaar, fadlan weydii kalkaalisadaada.
- Weydiiso qof kastoo kugu caawini doona guriga inuu yimaado isbitaalka si uu u helo wixii tilmaamo qoraal ah ee ka imanaya kalkaaliyaha.
- Baro dawooyinkaaga. Hubso inad taqaanid magacyadooda, waxay qabtaan, inta laga qaadanayo, goorta la qaadanayo, sida loo qaato iyo sida meel loo dhigo. Weydii kalkaalisadaada in dawooyinku la falgalayaan dawooyin kale.

## Day Before Discharge

- Tell the person who is driving you home from the hospital what day and time to pick you up.
- Ask family members or friends to start taking home some of your personal items, such as flowers, cards, cell phone or extra clothes.

## Day of Discharge

- Remind the person driving you home what time to be at the hospital.
- Make sure you have all of your personal items.
- You will receive information and instructions for follow-up appointments.
- Be sure you review and understand your discharge instructions.
- Ask your nurse or doctor if you have any questions or concerns.

## Maalinta ka Horeysa Sii-daynta

- Qofka baabuur kaaga soo qaadi doona cisbitaalka u sheeg maalinta iyo wakhtiga lagu soo qaadayo.
- Weydii xubnaha qoyska ama saaxiibo inay bilaabaan inay qaar ka mid ah alaabtaada u sii qaadaan gurigaaga, sida ubax, kaadhadh, teleefon ama dhar dheeraad ah.

## Maalinta Sii-daynta

- Qofka baabuur kugu geynaya guriga u sheeg wakhti la rabo inu joogo cisbitaalka.
- Hubso inaad haysatid dhammaan alaabtaada gaarka ah.
- Waxa lagu siin doonaa macluumaad iyo fariimo ku saabsan ballamaha la-sii-socodka ah.
- Hubso inaad dib u fiirisid ood fahamtid tilmaamaha qoraalka ah ee lagu siinayo marka lagaa saarayo isbitaalka.
- Weydii kalkaaliyaha ama khakhtarka haddii aad qabto wax su'aalo ama walaac ah.







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The lift helps move a patient comfortably with a sling attached to a lift mounted on the ceiling.

Wiishku waxa uu caawiyaa in uu si raaxo leh u dhaqaajiyo bukaanka iyada oo lagu xidhayo suun ku rakiban saqafka.



© Allina Health System

The mobile lift helps move a patient comfortably with a sling attached to a lift on wheels.

Wiishku waxa uu caawiyaa in uu si raaxo leh u dhaqaajiyo bukaanka iyada oo lagu xidhayo suunka taayirada.



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A sit-to-stand device helps a patient stand.

Qalabka fadhi ka istaaga wuxuu caawiyaa istaagida bukaanka



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A special airbed helps move a patient comfortably while lying down.

Sariirta hawada ee gaarka ah waxay caawisaa in bukaanka si raaxo leh u dhaq dhaqaaqo marka uu jiifo.

## Safe Patient Moving in the Hospital: Actively Caring for You

### Your Safety

Your safety during your hospital stay is very important. Your caregivers will help keep you safe by using safe patient moving equipment if you cannot fully move yourself.

This equipment will help protect you from falling and from getting bruises and skin injuries that you might get without the equipment.

Safe patient moving equipment has other benefits. Patients who have used this equipment report:

- greater comfort while being moved
- skin protection
- security (being protected from falling)
- better hygiene
- greater dignity.

Special lifting equipment, moving aids or both can also shorten your rehabilitation and prevent injuries among hospital caregivers.

## Keenid Bukaanku Badbaado leh Cisbitaalka: Si firfircoon lagu daryeelaya

### Badqabkaaga

Badbaadadaadu muddada aad isbitaalka ku jirto aad ayay muhiim u tahay. Daryeel bixiyayaashaadu waxay kaa caawin doonaan inay ku badbaadiyaan iyagoo isticmaalaya qalabka dhaqdhaqaaqa bukaanka ee badbaadada leh haddii aadan si buuxda u dhaq-dhaqaaqi karin naftaada.

Qalabkani waxa uu kaa ilaalin doonaa inaad kufto iyo inaad nabarro iyo dhaawacyo maqaarka kaa soo gaadhaan la'aantiis qalabka.

Qalabka dhaqdhaqaaqa bukaanka ee badbaadada leh ayaa leh faa'iidooyin kale. Bukaannada isticmaalay qalabkan waxay ka warbixiyeen:

- raaxo weyn marka lagu qaadayo
- ilaalinta maqaarka
- Amaan (laga ilaalinayo inuu dhaco)
- nadaafad wanaagsan
- sharaf weyn.

Qalabka khaaska ah ee wax lagu qaado, agabka dhaqaaqa ama labaduba waxay soo gaabin karaan baxnaanintaada waxayna ka hortagi karaan dhaawacyada soo gaara daryeelayaasha isbitaalka.

(over)

## When Equipment May Be Used

For most adult patients, safe patient moving equipment may be used when you need help:

- being moved (such as from a wheelchair to the bed, or from the bed to the toilet)
- changing positions (such as scooting up or rolling in a bed)
- during care (such as changing a dressing, or for hygiene).

Your health care team will honor your privacy at all times and answer any of your questions. Lifting equipment may not be used during an emergency or if it is not part of your care plan.

## How Lifting and Moving Equipment Will be Chosen

Your health care team will assess if it is safe for you to move on your own without risk of falling or injury. **If you need help from caregivers to move, you will be lifted or moved with this equipment. This is for your own safety.** Your caregivers will choose the right equipment to move you safely with the greatest comfort.

Your health care team will run the equipment and be with you while you are moving.

## Marka Qalabka La Isticmaali karo

Bukaanjiifka qaangaarka ah badidoodu, qalabka dhaqdhaqaaqa bukaanka ee badbaadada leh ayaa loo isticmaali karaa marka aad u baahan tahay caawimo:

- In laga kaco (sida kursiga curyaanka oo la tago sariirta, ama sariirta oo laga kaco oo la tago musqusha)
- beddelidda boosaska (sida kor usoo fadhiisiga ama isku rog rogida sariirta)
- inta lagu jiro daryeelka (sida beddelka labiska, ama nadaafadda).

Kooxdaada daryeelka caafimaadka waxay sharfi doonaan sirtaada mar walba waxayna ka jawaabi doonaan su'aalahaaga mid kasta. Qalabka kor u qaadida lama isticmaali karo inta lagu jiro xaalad degdeg ah ama haddii aysan qayb ka ahayn qorshahaaga daryeelka.

## Sida Qalabka Wax-qaadista iyo Dhaqdhaqaaqa loo dooran doono

Kooxdaada daryeelka caafimaadkaaga ayaa qiimeyn doona haddii ay badbaado kuu tahay inaad keligaa socoto adigoon khatar ugu jirin dhicid ama dhaawacmid. **Haddii aad u baahan tahay caawimo daryeel-bixiyeyaasha si aad u dhaqaaqdo, waxa lagugu qaadi doonaa ama lagu saari doonaa qalabkan. Tani waa badbaadadaada.** Daryeel-bixiyeyaashaadu waxay dooran doonaan qalabka saxda ah si ay kuugu qaadaan si badbaado leh oo leh raaxada ugu weyn.

Kooxdaada daryeelka caafimaadka ayaa maamuli doonta qalabka oo kula joogi inta aad socoto.

Common types of lifts you may see include the following.

- **Full lifts** are used for patients who are not able to support their own weight or who are disoriented. There are two types of full lifts:
  - overhead lift, which is attached to the ceiling of the room
  - mobile lift, which rolls across the floor.For both of these lifts, the patient rides in a cloth sling that is securely hooked to the lift.
- **Lateral transfer devices** are used for moving patients from a bed to a stretcher or table while lying down. One device uses an air mattress to glide the patient between two surfaces.
- **Sit-to-stand transfer devices** are used for patients who have some upper body strength and ability to support their own weight. The equipment allows a patient to move from a chair or toilet to the bed.
- **Powered transport carts and tugs** are used to move patients long distances or on carpeted hallways.

**Moving equipment pictures are on the next page.**

Noocyada caadiga ah ee wiishashka laga yaabo inaad aragto waxaa ka mid ah kuwan soo socda.

- **Wiishka buuxa** waxaa loo isticmaalaa bukaanada aan awoodin inay taageeraan miisaankooda ama kuwa jahwareersan. Waxa jira laba nooc oo wiish buuxa:
  - wiishka sare, kaas oo ku dheggan saqafka qolka
  - wiishka moobilka, kaas oo tagaya dabaqa.

For Labadan wiishash, bukaanku waxa ay ku fuulaan maro suun leh oo si ammaan ah ugu xidhan wiishka.

- **Mishiinka matoorka leh ee dadka bukaanka qaada** waxaa loo isticmaalaa in bukaanka laga ga soo qaado sariir oo la saarayo bareelo ama miis marka ay jiifaan. Hal qalab ayaa isticmaala joodariga hawada si uu bukaanka ugu dul maro labada dhinac dhexdooda.
- **Qalabka adigoo fadhiya ku sara joojinaya** waxaa loo isticmaalaa bukaanada leh xoogaa xoog ah oo jirka sare ah iyo awood ay ku taageeraan miisaankooda. Qalabku wuxuu u oggolaanayaa bukaanka inuu ka guuro kursi ama musqusha uuna u wareego sariirta.
- **Gawaadhida korantada iyo jiidista** waxaa loo isticmaalaa in lagu qaado bukaanada masaafo dheer ama dariiqyada roogaga leh.

**Sawirada qalabka guuritaanka ayaa ku yaal bogga xiga.**

## 11 Tips to Prevent Falls While You Are in the Hospital

**Remember:** Certain medicines, general weakness, and new surroundings during your hospital stay can increase your risk of falling.

### Tips to Prevent Falls

1. For your safety, a member of the nursing staff will stay within arm's reach with you in the bathroom and when you are walking.
2. Wear nonslip footwear (red slippers) when you are up.
3. Other things that may be used to keep you safe in the hospital include a bed alarm, chair pad alarm, floor mat or observation camera.
4. Use the call light when you need help.
5. Ask the nursing staff for help to and from the bathroom. This is very important if you are unsteady. The call light in the bathroom may be located on the wall.
6. If you take medicines that cause you to go to the bathroom often, ask for help when you need to get up. Consider using a commode or urinal.

## 11 Tallo oo Lagaga Hortago Dhicitaanka Inta Ad ku Jirtid Cisbitaalka

**Xusuuso:** Dawooyinka qaarkood, tabar-dari guud, iyo deegaanka kugu cusub ayaa mudada aad cisbitaalka ku jirtid kordhin kara halista inaad dhacdid.

### Talooyin Looga Hortago Dhicitaanada

1. Ammaankaaga daraadii, qof ka tirsan shaqaalaha kalkaalinta ayaa kula joogi doona oo joogi doonaa meel tiigsasho gacan leh inta ad ku jirtid musqusha iyo marka ad soconaysid.
2. Xidho kabo aan siibasho layn (dacas cas) marka ad soo jeedid.
3. Waxyaabaha kale ee laga yaabo in la isticmaalo si ad ammaan u ahaatid inta ad ku jirtid cisbitaalka waxa ka mid ah bar digniin ku taalla sariirta, bar digniin ku taalla kursiga, dariin dhul ama kamerad fiirin.
4. Isticmaal nalka wicitaanka marka aad u baahan tahay gargaar.
5. Weydii shaqaalaha kalkaalinta inay kaa gargaaraan tagista iyo ka soo bixidda musqusha. Taasi aad bay muhiim u tahay haddii aad dhacdhacaysid ama ciirciiraysid. Nalka wicitaanka ee musqusha waxa laga yaabaa inuu ku yaalo derbiga.
6. Haddii aad qaadatid dawooyin keenaya inaad marrar badan tagtid musqusha, weydiiso gargaar marka aad u baahatid inaad kacdid. Ka fiirso inay kuu roon yahay isticmaalka weelka saxarada ama kaadida ee la qaadi karo.

**(over)**

7. Some medicines may cause you to feel dizzy or sleepy. Take your time getting out of the bed or chair. Sit at the edge of the bed for a few seconds before you get up.
8. Wear your eyeglasses, hearing aid(s) or both when you are awake.
9. Walkers and canes can provide support. Other items do not. Do not lean on the bedside table, furniture, IV pole or other items to steady yourself.
10. Ask a member of your health care team to place the call light, phone and personal items within your reach before they leave the room.
11. Tell a member of the nursing staff if you have any concerns about your safety.

## For Family and Friends

The nurse identifies patients who may be at risk for falling with red slippers, special signs or both.

Please speak up about safety concerns to the nursing staff. This includes information about the risk of falling, or a recent history of a fall.

Patient safety and comfort are important to the health care team. Family and friends can also help. Please read the information in this fact sheet so you can remind your family member or friend of the 11 tips to prevent falls.

7. Waxa dhici karta in dawooyinka qaarkood kugu ridaan dawakh ama hurdo-hurdo. Si tartiib ah oo aan degdeg lahayn uga toos sariirta ama uga kac kursiga. Fadhiiso qarka sariirta dhawr sekan ka hor inta aanad sare kicin.
8. Xidho muraayadahaaga indhaha, qalabkaaga maqalka ama labadaba marka ad soo jeedid.
9. Kursiga lagu socdo iyo bakooraaduhu waxay ku siin karaan taageero. Waxyaabaha kale ma laha taageero. Ha u cuskan ama ku taagsan miiska sariirta ag yaala, wiciyad, tiirka IV ama alaab kale si aad taageero u heshid.
10. Waydii xubin ka tirsan kooxdaada daryeelka caafimaadka inay ku siiyan nalka wacitaanka, taleefanka iyo shayaalkaaga gaarka ah meel aad gaadhi karto ka hor inta aynan qolka ka bixin.
11. U sheeg qof ka tirsan shaqaalaha kalkaalinta haddii aad qabtid wax walaac ah oo ku saabsan ammaankaaga.

## Waxa Loogu Talagalay Qoyska iyo Saaxiibada

Kalkaalisku waxay bukaanka laga yaabo inay halis ugu jiraan dhicitaan ku garataa dacaska cas, calaamado gaar ah ama labadaba.

Fadlan wixii walaac ah ee ku saabsan ammaanka kala hadal shaqaalaha kalkaalinta. Taas waxa ku jira warka ku saabsan halista dhicitaanka, ama taariikh dhicitaan oo ah dhawaan.

Ammaanka iyo raaxadu waxay muhiim la yihiin kooxda daryeelka caafimaadka. Waxa iyaguna gargaar geysan kara qoyska iyo saaxiibada. Fadlan akhri warka ku yaala waraaqdan xaqiiqada si aad u xusuusin kartid xubnaha qoyskaaga ama saaxiibada 11-ka talo ee lagaga hortago dhicitaanka.

You can also do the following.

- Make sure the call light, phone and personal items are within easy reach of the patient before you leave the room.
- Call the nurse if the patient is weak or lightheaded.
- Consider staying with the patient if they are confused or at a high risk of falling.
- Call the nurse before leaving the patient if they are confused.
- Remind the patient to ask the nursing staff for help when getting up.

If you have any questions, please ask a member of your health care team.

Waxa kale oo aad sameyn kartaa waxyaabahan soo socda.

- U hubso in nalka wicitaanka, teleefonka iyo alaabta gaarka ahi yaalaan meel uu bukaanku si fudud uga tiigsan karo ka hor inta aanad ka bixin qolka.
- Wac kalkaalisada haddii bukaanku dafiic yahay ama dawakhsan yahay.
- Tixgeli inaad la joogto bukaanka haddii ay jahwareersan yihiin ama ay khatar sare ugu jiraan inay dhacaan.
- Wac kalkaalisada ka hor inta aadan ka tagin bukaanka haddii ay jahwareersan yihiin.
- Xusuusi bukaanka inuu gargaar weydiisto shaqaalaha kalkaalinta marka uu sare kacayo.

Haddii aad qabtid wax su'aalo ah, fadlan weydii qof ka tirsan kooxdaada daryeelka caafimaadka.

## Siyaabo Ad Uga Baxsan Kartid Inad Dhacdid



- Isticmaal nalka wicitaanka marka ad u baahan tahay inad sare kacdid ama wax tiigsatid.



- Digniintaada sariirta markasta ha kuu daarnaato.



- Musqul galidda la qorshee kalkaalisadda.



- Qof ka tirsan dadka ku daryeela (xubin qoys ama saaxib) ha kula joogo.



- 1 ama 2 qof oo ka tirsan kooxdaada daryeelka caafimaadka ha kaa caawiyo inad ka soo degtid sariirta.



- Xidho dacas ama kabo aan siibasho lahayn.



- Isticmaal bakooraad, qalabka lagu socdo, qoryaha curyaanka ama taageero marka ad dibadda ka joogtid sariirta.

- Fikradahaaga:

## Sababaha Ay u Badan Tahay Inad Daraadood u Dhacdid



- Adiga oo sare kaca si ad u tagtid musqusha adiga oo aan gargaar u wacan.



- Dawo beddeshay dareenkaaga.



- Adiga oo mar hore dhacay.



- Adiga oo aan u wacan kalkaalisada si lagu gargaaro.



- Iyada oo ay kugu jiraan tuubo, gororiye, khad, tiir ama qalab kale.



- Adiga oo dareema ciirciir marka ad socotid.

- Fikradahaaga:

## Ways You Can Help Avoid Falls



- Use the call light when you need to get up or reach for something.



- Keep your bed alarm on at all times.



- Plan for bathroom breaks with your nurse.



- Have a member of your care circle (family member or friend) stay with you.



- Have 1 or 2 members of your health care team help you get out of bed.



- Wear non-skid slippers or shoes.



- Use a cane, walker, crutches or brace when you are out of bed.

Your ideas:

## Ways You Are More Likely To Fall



- Getting up to go to the bathroom without calling for help.



- Feeling different from medicine.



- Having fallen in the past.



- Not calling your nurse for help.



- Having a tube, drain, line, pole or other equipment.



- Feeling unsteady when you walk.

Your ideas:





## How To Prevent Infections During Your Hospital Stay

### Hand Hygiene

Washing your hands, known as hand hygiene, is the most important way to prevent the spread of infections such as the common cold, influenza, and infections that are hard to treat such as Methicillin resistant staph aureus (MRSA).

- Insist that all health care workers and visitors wash their hands before they touch you or any devices you have.
- Perform hand hygiene often, especially after using the bathroom, blowing your nose, coughing, sneezing, before eating, before and after changing dressings or bandages, and when entering or leaving your room.
- If you cannot get to a sink, please ask your health care provider for a waterless alcohol hand rub or wipes.

To perform hand hygiene:

- Use soap and warm, running water.
- Wet your hands.
- Put some soap on your hands.
- Rub your hands together for at least 15 seconds. Cover all surfaces, including between your fingers and under fingernails.
- Rinse with running water.

## Sida Looga Hortago Caabuqa ama Cudurka Inta Aad Joogtid Cisbitaalka

### Nadaafadda Gacmaha

Dhaqida gacmahaaga, oo loo yaqaan nadaafadda gacanta, ayaa ah habka ugu muhiimsan ee looga hortagi karo faafitaanka infekshinnada sida hargabka caadiga ah, hargabka fuluuga, iyo infekshannada ay adag tahay in la daweeyo sida Methicillin staph aureus (MRSA).

- Ku adkee in dhammaan shaqaalaha daryeelka caafimaadka iyo soo booqdayaashu ay gacmahooda dhaqaan ka hor inta aanay taabanin adiga ama aaladaha kale ee aad haysato.
- Samee nadaafadda gacmaha badanaa, gaar ahaan ka dib markaad musqusha isticmaasho, sanko diifsato, qufacdo, hindhisto, ka hor intaadan wax cunin, ka hor iyo ka dib beddelista faashadda ama sharootada nabar iyo markaad gelayso ama ka baxayso qolkaaga.
- Haddii aanad tagi karin goobta faraxalka, fadlan weydiiso bixiyahaaga daryeelka caafimaadka in lagu siiyo gacmo nadiifiye aalkolo ah oo aan biyo lahayn ama marisyo.

Sameynta nadaafadda gacmaha:

- Istickmaal saabuun iyo biyo diiran oo socda.
- Qoo gacmahaaga.
- Gacmahaaga mari xoogaa saabuun ah.
- Isku xog gacmahaaga ugu yaraan 15 sekan. Mari dhammaan oogada gacmaha, oo ay ku jiraan inta u dhexeysa faraha iyo hoosta cidiyaha.
- Biyo raaci adiga oo isticmaalaya biyo socda.

(over)

- Dry your hands with a paper towel.
- Use a paper towel to turn off the faucet.

To use alcohol hand rub, dispense a walnut-sized amount into your hand and rub until dry before touching anything.

## **Cough/Sneeze Hygiene (Respiratory Hygiene)**

- Cover your mouth and nose with a tissue or your upper arm or elbow.
- Turn away from other people in the room.
- Put the used tissue in the waste basket. Cleanse your hands after handling a tissue or sneezing/coughing into your hands.
- You may be asked to wear a surgical mask when leaving your room.
- If your visitor has a cough remind him or her to cover a cough, wear a mask or both.

## **Special Precautions**

If you are placed on special precautions to prevent the spread of infection, the nurse will explain the reason for precautions, what the staff will be doing and what your responsibilities are.

## **Catheter-related Bloodstream Infections**

Central lines (central venous catheters including PICC lines), are lines put into a large vein in your arm, neck, chest or groin. The end of the line stops at or close to your heart.

- Gacmahaaga ku qallali tuwaal ama shukumaan waraaq ah.
- Isticmaal tuwaal waraaq ah si aad u xidhid tuubada biyaha.

Marka aad isticmaalaysid gacmo nadiifiyaha aalkolada leh, qaddar le'eg hal laws ku rid gacantaada oo isku xoq illaa ay ka qallalaan ka hor inta aanad taaban wax kale.

## **Nadaafadda Qufaca/Hindhisaada (Nadaafadda Neefsashada)**

- Afkaaga iyo sankaa ku dabool maris ama cududdaada sare ama suxulkaaga.
- Ka jeedso dadka kale ee kula jooga qolka.
- Mariska aad isticmaashay ku rid danbiisha qashinka. Nadiifi gacmahaaga ka dib marka aad isticmaashid maris ama ku hindhistid/qufacdid gacmahaaga.
- Waxa laga yaabaa in lagu weydiisto inaad isticmaashid waji-qariska qalliinka ama maaskolo marka aad ka baxaysid qolkaaga.
- Haddii qofka ku soo booqanaya qufacayo xusuusi asaga ama ayada inay daboolaan qufaca, xiro maaskaro ama labadaba.

## **Taxadiro Gaar ah**

Haddii lagu galiyo taxaddaro gaar ah si looga hortago faafitaanka cudurka, kalkaalisada ayaa sharraxaysa sababta taxaddarada, waxa ay shaqaaluhu sameyn doonaan iyo mas'uuliyadda ku saran waxay tahay.

## **Caabuqa Dhiig-mareenka ee la Xidhiidha Katatiir**

Khadka dhex(kateetarka dhexe ee xididka arooraha oo ay ku jiraan khadadka PICC), waa khad la galiyo xididka aroore oo weyn ee gacanta, luqunta, laabta ama laabatada u dhexeysa gumaarka iyo lugta. Dhamaadka khadka wuxuu ku eg yahay ama ku dhow yahay wadnahaaga.

You will receive medicines, blood, fluids or nutrition through these types of lines. They can also be used to collect blood for medical tests.

- Ask members of your health care team to wash their hands before touching your line.
- Report any signs of infection in the skin around your line (redness, warmth, increased drainage or pain).
- Your central line should stay only as long as needed. Ask your health care provider each day if you still need the line.

## **Surgical Site Infections**

Here is what you can do to prevent an infection at the site of your surgery:

- Make sure all hospital staff members clean their hands before and after touching your incision site.
- Anyone who visits you should not touch the incision site or dressing.
- Make sure you understand how to care for your incision site before you leave the hospital.
- Always clean your hands before and after caring for your incision site.
- Tell your health care provider if your incision has increased redness, increased pain, or drainage. These could be signs of infection.

Waxaad ka qaadan doontaa daawooyinka, dhiiga, dareeraha ama nafaqada iyadoo loo marinayo khadadka noocan ah. Waxaa sidoo kale loo isticmaali karaa in laga qaado dhiiga baaritaanka caafimaadka.

- Ka codso xubnaha kooxda daryeelka caafimaadkaaga inay gacmahooda dhaqaan ka hor intaysan taaban khadkaaga.
- Sheeg wixii astaamaha infekshinka ah ee maqaarka khadkaaga hareerihisa ah (guduudasho, diirimaad, dheecaan soo kordhaya ama xanuun).
- Khadkaaga dhexe waa inuu joogaa oo keliya inta loo baahdo. Weydii dhakhtarkaaga caafimaad maalin kasta haddii aad weli u baahan tahay khadka.

## **Infekshinnada goobta qalliinka**

Halkan waxa ku yaalla waxa aad sameyn kartid si aad uga hortagtid caabuq ku dhaca goobta qalliinkaaga:

- U hubso in dhammaan shaqaalaha cisbitaalku nadiifiyaan gacmahooda ka hor iyo ka dib taabashada goobta lagaa jeexay.
- Waa inaan qof ku soo booqday taaban goobta lagaa jeexay ama faashada saaran.
- U hubso inaad fahamtid sida loo daryeelo goobta lagaa jeexay ka hor inta aanad ka bixin cisbitaalka.
- Markasta nadiifi gacmahaaga ka hor iyo ka dib marka aad daryeeshid goobta lagaa jeexay.
- Bixiyahaaga daryeelka caafimaadka u sheeg haddii goobta lagaa jeexay uu ku soo kordhay casaan, xanuun, ama dheecaan. Kuwaasi waxay noqon karaan calaamado sheegaya caabuq.

## Urinary Catheter-related Infections

Your chance of infection increases the longer your catheter remains in place.

Here is what you can do to prevent a catheter-associated urinary tract infection:

- Make sure your catheter tubing is secured to your leg, if possible, always below the level of your bladder or hips.
- Make sure all hospital staff members clean their hands before and after touching your catheter.
- Always keep your urine drain bag off the floor.
- Your catheter should stay only as long as necessary. Ask your healthcare provider each day if you still need the catheter.

## How to Prevent Pneumonia

Follow the breathing instructions you get from your health care team. Ask your health care provider about the influenza and pneumonia vaccines (shots).

## Antibiotics Use

Antibiotics will only work for bacterial infections such as whooping cough, strep throat and urinary tract infections.

Infections caused by viruses (such as cold, runny nose, sore throat) will not be cured by taking antibiotics. If you have a virus, ask your health care provider for tips on how to relieve symptoms and feel better.

## Caabuqa la Xidhiidha Katatiirka Kaadi-mareenka

Suurtogalka in caabuq kugu dhaco ayaa sii kordhaya marka ay sii dheerato mudada uu katatiirku kugu jiro.

Halkan waxa ku yaalla waxa aad qaban kartid si aad uga hortagtid caabuqa kaadi-mareenka ee la xidhiidha katatiir:

- U hubso in tuubada katatiirkaagu ku xidhan tahay lugtaada, oo haddii ay suurtoagal ah, markasta ku xidhan tahay meel ka hooseysa heerka kaadi-haystaada ama sinahaaga.
- U hubso in dhammaan shaqaalaha cisbitaalku nadiifiyaan gacmahooda ka hor iyo ka dib taabashada katatiirkaaga.
- Markasta bacdaada gororka kaadida ka ilaali dhulka.
- Waa in katatiirku kugu jiro kaliya inta loo baahan yahay. Maalin kasta weydii bixiyahaaga daryeelka caafimaadka inaad wali u baahan tahay katatiirka.

## Sida Looga Hortago Oof-wareenka ama Nuumooniya

Raac fariimaha neefsashada ee aad ka heshid kooxdaada daryeelka caafimaadka. Bixiyahaaga daryeelka caafimaadka weydii tallaalada hargabka iyo oof-wareenka (durisyo).

## Isticmaalka Antibiyootiko

Antibiyootakada waxa kaliya ee ay wax ka tartaa caabuqyada bakteeriyada sida kixda ama xiiq-dheerta, caabuqa dhuunta ee 'strep throat' iyo caabuqyada kaadi-mareenka.

Caabuqyada ay sababaan fayrasyo (sida hargab, san duuf ka da'ayo, cune-xanuun) lagama bogsoodo inta la qaato antibiyootiko. Haddii aad qabtid fayras, bixiyahaaga daryeelka caafimaadka weydii talooyin ku saabsan sida looga nafiso astaamaha ee loo dareemo soo fiicnaan.

When you are in the hospital with a bacterial infection (such as a urinary tract infection), your doctor will prescribe antibiotics. They may be changed depending on test results.

Take antibiotics:

- the way your health care provider says (Do not skip a dose.)
- until it is gone, even if you start feeling better
- if prescribed for you by your health care provider.

## Tips for Visitors

- Do not visit if you feel sick.
- Wash your hands with soap and water or use a waterless alcohol hand rub before you enter and when you leave.
- Follow any directions from the health care team.

**Remember: You are an important part of the health care team.**

Information adapted from the Centers for Disease Control and Prevention, Minnesota Department of Health, the Association for Professionals in Infection Control and Epidemiology, the Surgical Care Improvement Project Partnership, and the Institute for Healthcare Improvement.

Marka aad ku jirtid cisbitaalka adiga oo ah qaba caabuq bakteeriya (sida caabuqa kaadimareenka), dhakhtarkaagu waxa uu kuu qori doonaa antibiyootiko. Waxa laga yaabaa in la beddelo taasoo ku xidhan natiijooyinka baadhitaanka.

Antibiyootiko u qaado:

- sida bixiyahaaga daryeelka caafimaadku kuu sheego (Ha ka boodin qaadasho.)
- qaado illaa ay ka dhammaato, xiitaa haddii aad dareentid inaad soo fiicnaatay
- qaado haddii uu kuu qoray bixiyahaaga daryeelka caafimaaka.

## Talooyin ku Socda Booqdeyaasha

- Ha soo booqan bukaanka haddii aad dareento inaad jirran tahay.
- Ku dhaq gacmahaaga saabuun iyo biyo ama isticmaal aalkolada aan biyaha lahayn ee la marmariyo gacanta ka hor intaadan soo galin iyo markii aad baxaysaba.
- Raac wixii ah fariimo ee ka yimaada kooxda daryeelka caafimaadka.

**Xusuuso: Waxa aad qayb muhiim ah ka tahay kooxda daryeelka caafimaadka.**

Macluumaad laga soo xigtay Centers for Disease Control and Prevention, Minnesota Department of Health, the Association for Professionals in Infection Control and Epidemiology, the Surgical Care Improvement Project Partnership, iyo Institute for Healthcare Improvement.



## Understanding Health Care Directives and Related Terms

### Why Should You Have a Health Care Directive?

When you are healthy it is easy to avoid thinking about becoming very sick or disabled, or dying. But now is a good time to make some decisions about the kind of health care you would want if your health status changes. A health care directive allows you to communicate your health care decisions to others.

Talking with your family, clergy and doctor or other health care providers now can help you decide what kind of health care you want or do not want. You can let them know what your health care wishes, goals, values and treatment choices are by completing a health care directive form.

You will also appoint someone as a health care agent for yourself. That person will act on your behalf if you are unable to make health care decisions for yourself.

## Fahamka Dardaaranka Daryeelka Caafimaadka iyo Erayada la Xiriira

### Waa Maxay Sababta Aad Ugu Baahantahay Dardaraan Daryeel Caafimaad?

Marka aad caafimaad qabto way sahlan tahay inaad ka meer meerto fikirka ah inaad aad u xanuunsato ama aad noqoto howl gab aan wax qabsan karin, ama dhimato. Laakiin hadda ayaa ah waqti ku fiican in go'aamo looga gaaro nooca daryeel caafimaad eed dooneysid haddii xaaladda caafimaad isbadal ku yimaado. Dardaaranka daryeelka caafimaadka wuxuu kuu ogolaanayaa inaad la wadaagto go'amada daryeelka caafimaadkaaga dadka kale.

Inaad la hadasho hadda qoyskaaga, wadaaddada, iyo dhaqtarka ama daryeel bixiyeyaasha caafimaadka waxay kaa caawini kartaa go'aan ka qaadashada nooca daryeel caafimaad eed dooneysid iyo midka aadan dooneyn. Waad u sheegi kartaa nooca daryeelka caafimaadka aad dooneysid, bartilmaameed kaaga, waxa aad qiimeysid iyo xulashadaada nooca daaweynta adigoo buuxinaya foomka dardaaranka daryeelka caafimaadka.

Waxaad kaloo u magacaabeysaa qof inuu kuu noqdo adiga qudhaada wakiilka daryeelka caafimaadka. Qofkaasi ayaa ku matalaya adiga haddii aad awoodi weyso inaad gaarto go'amada daryeelka caafimaadkaaga.

*(over)*



If you create a health care directive, you can include your wishes, goals, values and decisions about such things as:

- medical treatments you want or do not want such as:
  - ventilator or respirator (to breathe)
  - feeding tube (for nutrition)
  - CPR (for restarting your heart and lungs if they stop)
  - dialysis (for kidney failure)
- organ or tissue donation
- nursing home placement
- your funeral.

You may hear a number of terms related to making health care decisions. Some of the common ones are defined here for your information.

## Health Care Directive

A legal document that allows you to state in writing what kind of health care you want to receive if you:

- cannot communicate your medical decisions yourself  
or
- prefer not to communicate your medical decisions yourself.

Legislation and terms related to these kinds of documents vary from state to state.

Haddii aad sameysato dardaaran daryeel caafimaad, waxaad ku dari kartaa waxa aad dooneyso, bartilmaameed kaaga, waxa aad qiimeysid iyo go'aamada sida:

- nooca daaweynta aad dooneysid iyo mida aadan dooneyn sida:
  - qalab neefta ilaaliya ama qalab neefsashada caawiya (si aad u neefsato)
  - tubada cuntada la isku siiyo (nafaqo ahaan)
  - CPR (si shaqada wadnaha iyo sambabada loo soo celiyo haddii ay shaqada joojiyaan)
  - dhiig sifeyn (kalyaha shaqada gabay)
- ku tabarucaad xubin ama cad
- ku meeleyn xarumaha daryeelka dadka da'da ah
- aaskaada.

Waxaad maqli kartaa cadad weero ku saabsan si aad u gaartid go'aamo daryeel caafimaad. Qaarkooda caanka ah waxaa laguugu sharxayaa halkan si aad u ogaatid.

## Dardaaran Daryeel Caafimaad

Waa dukuminti sharci ah oo kuu ogolaanaya inaad qoraal ku caddeysid nooca daryeel caafimaad eed dooneysid in aad heshid haddii aad:

- adigu sheegan karin go'aannada caafimaadka  
ama
- Doorbideyso inaad adigu sheegan go'aanada caafimaadkaaga.

Shuruucda iyo weedha loo isticmaalayo noocyada dukumintiyadaan, gobolba gobolka kale wuu kaga duwan yahay.

In Minnesota and Wisconsin, the document is called a health care directive. In it you can state in writing your wishes and decisions about health care and appoint someone to make health care decisions for you in the event you are unable or choose not to do so yourself.

For example, if you were in a coma, you could not make your wishes about health care treatments known.

Before 1998 there were a number of Minnesota health care documents. They included living wills, durable health care powers of attorney, and mental health declarations (also known as advanced psychiatric directives).

To make it easier for people to create directives, the living will and durable health care power of attorney were combined into one health care directive in 1998 by the state legislature. The mental health declaration remains a separate document.

## **Advance Directive**

This is a broad term that refers to someone's spoken or written instructions to health care providers about health care wishes and decisions.

## **Living Will**

This written document is a type of health care directive. It is effective only if you become terminally ill. You can state what kind of treatment you want in certain situations.

You cannot appoint someone to make decisions for you (called a proxy) in a living will. Living will forms legally executed before 1998 are valid.

Gobolada Minnesota iyo Wisconsin, dukumintigaan waxaa loogu yeeraa dardaaranka daryeelka caafimaadka. Dhexdiisa ayaad ku qori kartaa waxa aad dooneysid iyo go'aannada ku saabsan daryeelka caafimaadkaaga iyo inaad qof u magacawdo inuu kuu gaaro go'aannada daryeelka caafimaadka marka aad awoodi weyso ama aad doorato inaad go'aan gaarin.

Tusaale ahaan, hadii aad koomo gasho ma kari kartid inaad go'aan ka gaartid waxa aad dooneyso in laga yeelo daaweynta daryeelka caafimaadkaaga.

Wixii ka horeeyay sanadkii 1998 waxaa jiray Minnesota tiro dukumenti daryeel caafimaad ah. Waxaa ka mid ahaa dardaaranka qofka nool, awood raagta oo qareen ee daryeel caafimaad iyo caddeymaha caafimaadka dhimirka (oo loo yaqaano dardaraan hore ee dhimirka).

Si dadka loogu fududeeyo si ay u sameystaan dardaraan, dardaaranka qofka nool iyo awood raagta oo qareen ee daryeel caafimaad, golaha sharci dejinta waxay isugu geeyeen hal meel oo ah dardaraan daryeel caafimaad sanadku markuu ahaa 1998. Caddeynta caafimaadka dhimirka waxuu ahaanayaa dukuminti gaar ah.

## **Dardaaranka Hore**

Kani waa eray ballaaran oo loola jeedo tilmaamo qof yiraahdo ama qoro oo ku jeeda daryeel bixiyayaasha caafimaadka kuna saabsan rabitaanka daryeelka caafimaadkiisa iyo go'aamadiisa.

## **Dardaraan Qofka Nool**

kaliya haddii xanuun aadan ka soo kabaneyn kugu dhaco. Waad ku caddeyn kartaa nooca daaweeyn eed dooneyso xaaladaha qaarkood.

Uma magacaaban kartid qof inuu go'aamo kuu gaaro (waxaa loogu yeeraa wakiil) dardaaranka qofka nool. Foomka dardaaranka qofka nool ee la fuliyay wixii ka horeeyay sanadkii 1998 waa ansax.

## **Durable Health Care Power of Attorney**

This is a type of health care directive used before 1998. It states whom you have chosen to make health care decisions for you if you are unable to do so yourself.

This directive is for health care decisions only; it does not include legal or financial decisions. Durable health care power of attorney forms legally executed before 1998 are valid.

## **POLST (Provider Orders for Life-sustaining Treatment)**

A POLST is for anyone who:

- might die in the next 12 months
- has a serious illness
- cannot make decisions
- does not want CPR.

Your doctor can use the POLST form to document your wishes in a clearly written medical order.

One decision you can make is whether or not you want CPR if your heart or breathing stops. This is known as a “do not resuscitate” order.

## **Awood Raagta oo Qareen ee Daryeel Caafimaad**

Kani waa nooc dardaaran daryeel caafimaad oo la isticmaali jiray wixii ka horeeyay sanadkii 1998. Waxa ku qoran qofka aad adigu u wakiilatay inuu kuu gaaro go'aamada daryeelka caafimaadka haddii aad awoodi weyso inaad adigu isu gaarto.

Dardaaran kani waa go'aamada daryeelka caafimaadka oo kaliya; kuma jiraan go'aamada xaga sharciga ama dhaqaalaha. Foomamka awood raagta oo qareen ee daryeel caafimaad ee si sharci ah loo fuliyay wixii ka horeeyay sanadkii 1998 waa ansax.

## **Dalabka Daryeel Bixiyaha ee Daaweynta Nolol-Joogteyn**

POLST waa xuruuf la soo gaabiyay oo luqada ingiriisiga ah oo macnaheedu yahay ( dalabka daryeel bixiye ee daaweyn nolol-joogtain) waa qof kasta oo:

- laga yaabo inuu dhinto 12ka bilood ee soo socda
- qaba cudur qatar ah
- aan go'aano gaari karin
- aan dooneyn in lagu sameeyo CPR.

Dhaqtarkaagu wuxuu isticmaali karaa foomka POLST si loo qoro waxa aad dooneysid dalab caafimaad oo si cad u qoran.

Hal go'aan oo aad qaadan karto waa inaad dooneyso ama aanad dooneyn in lagugu sameeyo CPR haddi wadnahaaga ama neefsashadaadu joogsato. Tan waxaa loo yaqaan “dib ha ii soo kicin” dalab.

## **Do Not Resuscitate (DNR)**

This is a type of care planning decision. It is your request not to receive CPR (cardiopulmonary resuscitation) if your heart stops or if you quit breathing. If you have this type of request, a DNR order is put into your medical record by your doctor.

Unless you indicate otherwise, health care providers will assume you do want CPR and it will be provided if needed.

## **To Get a Health Care Directive Form**

Ask your health care provider or go to [allinahealth.org/acp](http://allinahealth.org/acp) to find a form.

## **Dib Ha li Soo Kicin**

Kani waa nooc ka mid ah go'aamada qorsheynta daryeelka . Waa codsigaaga ah inaan dib lagu soo kicin (dib u soo kicinta wadnaha iyo sambabada) haddii wadnahaagu shaqada joojiyo ama haddii aad neefsan weysid. Haddii aad haysatid dalabka noocan ah, dhaqtarkaaga ayaa galinaya keydka caafimaadkaaga, amar ah dib ha ii soo kicin oo luqada ingiriiska loo soo gaabiyo DNR.

Haddii aadan si kale u tilmaamin, daryeel bixiyayaasha caafimaadka waxay u qaadan doonaan inaad dooneysid in CPR lagugu sameeyo, waana lagugu sameynayaa haddii aad u baahatid.

## **Si aad U Hesho Foomka Dardaaranka Daryeelka Caafimaadka**

Ka codso daryeel bixiyahaaga caafimaadka ama gal [allinahealth.org/acp](http://allinahealth.org/acp) si aad u heshid foomkan.



## Your Rights and Responsibilities as a Patient

You have certain rights and responsibilities as a patient in a Minnesota hospital. These rights and responsibilities help you take an active role in your health care and promote your well-being and recovery.

### Your Rights

You have a right to:

- receive medical and personal care that is:
  - courteous and respectful
  - based upon your specific needs
- know the name of the doctor or other health care provider who is responsible for coordinating your care
- have complete and current information about your treatment so you can make informed decisions; this includes:
  - knowing the diagnosis, treatment, alternatives, risks and most likely results
  - having the information stated in terms and words you understand
  - having a family member or other chosen person present when you talk with your health care provider if you wish

## Xuquuqdaada iyo Waajibaadkaaga Bukaani Ahaan

Waxad leedahay xuquuq iyo waajibaad gaar ah marka ad tahay bukaan ku jira cusbitaal ku yaalla Minnesota. Xuquuqdaa iyo waajibaadkaasi waxay kaa gargaari doonaan inad si firfircoon uga qaybgashid daryeelka caafimaadkaaga hormarisidna caafimaadkaaga iyo bogsashadaada.

### Xuquuqdaada

Waxad xaq u leedahay:

- inad heshid daryeel caafimaad iyo mid shakhsi oo ah:
  - mid qadarin iyo ixtiraam leh
  - mid ku salaysan baahidaada gaarka ah
- inad ogaatid magaca dhakhtarka iyo shaqaalaha kale ee caafimaad ee masuulka ka ah daryeelkaaga
- inad heshid war buuxa oo cusub oo ku saabsan daweyntaada si ad u gaadhi kartid go'aamo warhayn ku dhisan; waxa taa ku jira:
  - inad ogaatid cudurka lagaa helay, daweynta, wixii badali kara daweynta, halista ama ciladaha dawada iyo wixii natiijo ka soo bixi kara
  - inad heshid war ku qoran ereyo iyo hadal ad fahmi kartid
  - inu qof qoyskaaga ka tirsan ama qof kaloo ad dooratay kula joogo marka ad la hadlaysid dhakhtarka ama shaqaalaha caafimaadka haddii ad doonaysid

(over)

- see a copy of your medical records as allowed by law
- be cared for with reasonable regularity and continuity of staff (as allowed by facility policy)
- know what services are available at the facility
- quick and reasonable response to your questions and requests
- join in discussions about your care or treatment; this includes:
  - being able to discuss treatments and alternatives
  - being able to attend formal care conferences
  - having a family member or other chosen person with you if you feel more comfortable that way
  - having a family member or other chosen person speak for you if you cannot do so yourself unless you have stated otherwise in writing
- refuse care
- be free from restraints that are not medically necessary and be free from abusive or harassing behavior
- have privacy for medical and personal care; this includes:
  - discussions, exams, treatments medical records (except where a release of records is authorized by law)
  - personal hygiene activities
- have personal privacy with respect to your preferences (such as cultural, social or religious preferences) and for communications with others (such as phone calls or mail)

- inad aragtid nuqulka ama koobiyada diiwaankaaga ama faylkaaga caafimaadka sida u sharcigu ogol yahay
- in lagu siiyo daryeel joogto ah oo leh shaqaale joogto ah intii caqli-gal ah (hadba sida taasi u waaqafsan tahay xeerka goobta)
- inad ogaatid waxa ay yihiin adeegyada laga heli karo goobta
- in su'aalahaaga iyo codsiyadaada laga bixiyo jawaab dhakhso ah oo caqli-gal ah
- inad ka qaybgashid wada-hadalada ku saabsan daryeelkaaga ama daweyntaada; waxa taa ku jira:
  - inad awoodi kartid inad ka hadashid daweynta iyo wixii badali kara
  - inad awoodi kartid inad ka soo qaybgashid shirarka rasmiga ah ee daryeelka
  - inu qof qoyskaaga ka tirsan ama qofkii kale ee ad dooratay kula joogo haddii ad sidaa ku kalsoon tahay
  - inu qof qoyskaaga ka tirsan ama qofkii kale ee ad dooratay kuu hadlo haddii aanad adigu naftaada u hadli karin haddii aanad si kale ku muujin qoraal
- inad diidid daryeel
- inad ka badbaadid xidhxidhid aan caafimaad ahaan lagama-maarmaan ahayn inad ka badbaadid dhaqan xumeyn ama dhibis ah
- inad asturnaan u heshid daryeelka caafimaadka iyo shakhsigaba; waxa taa ku jira;
  - wada-hadalka, baadhitaanada, iyo daweynta diiwaanka ama faylasha caafimaadka (marka laga reebo bixinta diiwaanka ama faylka u soo amray sharcigu)
  - hawlaha sixada shakhsiga
- inad asturnaan u heshid wixii ad gaar u jeceshahay (sida wixii ah dhaqan, bulsho ama diin) iyo isgaadhsiinta dadka ad la yeelanaysid (sida wicitaanada tilifoonka ama waraaqaha boosta)

- have an interpreter provided with no charge
- make a formal grievance and recommend changes in the facility's policies or services without fear of revenge or punishment.

## Your Responsibilities

You are responsible for:

- showing respect and consideration for the facility staff and property
- providing accurate and complete information about your health and reporting any changes in it
- asking questions when you do not understand what you have been told about the care being offered to you or what you are being asked to do
- following the care or treatment plan developed with you
- reporting any risks you think are related to your care as well as any unexpected changes in your condition
- accepting the consequences if you don't follow the care or treatment plan
- paying for charges related to your care.

## For More Information

This brochure contains only a brief summary of your rights and responsibilities. If you would like more information:

- please see the copy of the Minnesota Patients' Bill of Rights you received or
- contact the Minnesota Department of Health:
  - Office of Health Facility Complaints, P.O. Box 64970, St. Paul, MN 55164-0970
  - 651-201-4201 or 1-800-369-7994.

- in lagu siiyo turjubaan aan lacagi kaaga bixin.
- inad sameysid cabasho rasmi ah oo aad ku talisid in isbadalo lagu sameeyo xeerarka ama adeegyada goobta adiga oo aan ka biqin aar-goosasho ama aarsi ama ciqaab.

## Waajibaadkaaga

Waxa waajibaadkaagu yahay:

- inad shaqaalaha goobta caafimaadka iyo mulkigaba u muujisid ixtiraam iyo qadarin
- inad bixisid war buuxa oo sax ah oo ku saabsan caafimaadkaaga soona sheegtid wixii isbadal ku dhaca
- inad su'aalo dadka weydiisid haddii aanad fahmin wixii lagaaga sheegay daryeelka lagu soo bandhigay ama waxa lagaa filayo inad samaysid
- inad raacdid daryeelka ama qorshaha daweynta ee la soo saaray adigoo og
- inad soo sheegtid wixii ah halis ee ad u maleynaysid inay la xidhiidhaan daryeelkaaga iyo waliba wixii ah isbadalo aan la filaynin ee ku dhacay xaaladaada
- inad ogalaatid wixii ka yimaada haddii aanad raacin daryeelka ama qorshaha daweynta
- inad bixisid kharashka la xidhiidha daryeelkaaga.

## Wixii war dheeraad ah

Qoraalkan yar waxa ku yaala kaliya koobis gaaban oo ku saabsan xuquuqdaada iyo waajibaadkaaga. Haddii ad doonaysid war dheeraad ah:

- fadlan eeg nuqulka ama koobiga Xeerka Xuquuqda Bukaanka Minnesota ee aad heshay ama
- la soo xidhiidh: Minnesota Department of Health
  - Office of Health Facility complaints P.O. Box 64970 St. Paul, MN 55164-0970
  - 651-201-4201 ama 1-800-369-7994



## For Concerns About Your Care

Talk with your health care provider if you have any concerns about your care. You can also talk with one of the hospital's patient care liaisons.

If you think that your concerns have not been satisfactorily resolved, you may contact The Joint Commission:

- phone:  
1-800-994-6610
- email:  
complaint@jointcommission.org
- address:  
Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181.

## Wixii ah Su'aalo ku Saabsan Daryeelkaaga

La hadal daryeel caafimaad bixiyahaaga haddii aad qabtid su'aalo ku saabsan daryeelkaaga. Waxaad kaloo la hadli kartaa mid ka mid ah xiriiriyayaasha daryeelka bukaanka ee isbitaalka.

Haddii aad u maleynaysid in walaacaaga aan si aad ku qanacday loo xalin, waxa aad la xidhiidhi kartaa Guddida Wada-jirka ah (Joint Commission):

- teleefon:  
1-800-994-6610
- iimayl:  
complaint@jointcommission.org
- adrees:  
Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181.

## **Xaquuqahaaga iyo Dhowritaanadaada ka dhanka ah Kharashaadka Caafimaadka ee Filasho la'aanta ah**

Marka aad hesho daryeel degdeg ah ama uu ku daaweeyo dakhtar aan ka tirsanayn shabakada isbitaalka ama xarunta daryeelka casriga ah, waxaa lagaa dhowrayaa kharashaadka aan la fileyn ama kharashaadka baaqiga soo hadha.

### **Waa maxay "kharashaadka baaqiga soo hadha" (oo mararka qaar loo yaqaan "kharashaadka filasho la'aanta ku yimaada")?**

Marka aad la kulanto dakhtar ama adeeg bixiye caafimaad oo kale, waxaa laga yaabaa in lagugu yeesho kharash aad jeebkaaga ka bixinayso, sida caymiska go'an, qoondada caymiska ee aad bixineyso, iyo/ama lacagta lagaa jaro. Waxaaa lagugu yeelan karaa kharashaad kale ama waxaa lagaa rabi karaa inaad bixiso guud ahaan kharashaadka haddii aad la kulanto dakhtar ama xarun qaabilsan daryeelka caafimaadka oo aan ka tirsanayn shabakada qorshaha caymiskaaga.

"Shabakada ka baxsan caymiska" waxaa lagu qeexaa dakhdaatiirta iyo xarumaha aan heshiis la gelin shirkada bixinaysa qorshaha caymiskaaga. Adeeg bixiyaasha shabakada ka baxsan waxaa loo oggolaan karaa inay ugu soo dalacaan kharashaadka dhaafsiisan inta caymiskaaga bixinaayo iyo kharashaadka guud ee ku baxaaya adeegaaga. Arrintaan waxaa loo yaqaan "**Kharashka baaqiga soo hadha.**" Lacagtaan waxay u badan tahay inay ka badan tahay kharashaadka isla adeegaan ay ku bixiyaan xarumaha shabakada kamidka ah waxaana laga yaabaa inaan lagu xisaabin xadidka kharashaadka aad jeebkaaga ka bixiso sanadkii.

"Kharashaadka filasho la'aanta ah" waa kharashaad baaqiga soo hadha oo aan la filayn. Arrintaan waxay timaadaa marka aadan xakameyn karin cida ka qaybqaadanaysa daryeelkaaga—sida marka aad la kulanto xaalad degdeg ah ama marka aad balan ka qabsato xarun shabakada katirsan laakiin si filasho la'aan ah uu kuu daaweeyo dakhtar aan ka tirsanayn shabada.

### **Waxaa lagaa ilaalinayaa kharashaadka baaqiga soo hadha ah ee aad ku bixineyso:**

#### **Adeegyada xaaladaha degdega ah**

Haddii aad qabto xaalad caafimaad oo degdeg ah aadna adeegyada xaaladaha degdeg ah ka hesho dakhtar aan ka tirsanayn shabakada ama xarunta, dakhtarka ama xarunta waxaa laga yaabaa inta badan inay kugu soo dalacaan kharashka qorshaha caymiskaaga ee aad ku bixiso shabada kamidka ah caymiska (sida kharashka caymiska go'an iyo qoondada caymiska ee aad bixineyso). Wax **lacagta** baaqiga soo hadha lagaagama qaadi karo adeegyadaan xaaladaha degdega ah. Kani waxaa kujira adeegyada laga yaabo inaad hesho kadib marka xaaladaadu hagaagto, illaa inaad bixiso maahee oggolaansho qoraal ah aadna ka tanaasusho dhowritaanadaada kaa ilaalinaayo in lagugu soo dalaco kharashka kabida ah ee la xariira adeegyadaan xaaladaha degdega ah.

Bixiyaha daladu waxaa ka mamnuuc ah inuu ku dalaco lacagta cida ku jirto wixii ka badan inta ay ogoshahay shirkada caymisku ee heshiiska kula jirta bixiyaha wadarta lacagta adeega daryeelka caafimaadka. Bixiyaha dalada waxaa loo ogol yahay inuu kharashka ku dalaco cida ku jirta wixii wada bixin, ka jarid, ama caymis wadareed ah ee la ansixiyay.

Bixiyaha dalada ku jira waxaa loo ogol yahay inuu kharashka ku dalaco cida ku jirta adeegyada uu siiyay ee caymiska caafimaadka qofku aanu bixinaynin ilaa inta uu qofku ku ogolaaday qoraan ahaan kahor adeega inta aan la qaban inuu bixiyo wixii adeeg ah ee aanu caymisku bixin.

**Qayb kamid ah adeegyada isbitaalka ama xarunta daryeelka casriga ah ee katirsan shabakada caymiska**

Marka aad adeegyo ka hesho isbitaalka ama xarunta daryeelka casriga ah ee katirsan shabakada caymiska, qaar kamid ah adeeg bixiyaasha ayaa laga yaabaa inaysan ka tirsanayn shabakada caymiska. Marxaladahaan, Inta badan adeeg bixiyaashaas waxay ku dulsaari karaan kharashaadka cadadka qorshahaaga shabakada kamidka ah caymiska. Arrintaan waxaa kamid ah daawooyinka xaaladaha degdeg ah, suuxdinta, unugtada baaritaanka lagu sameeyo, shuucaaca, shaybaadhka, adeegyada daryeelka ilmaha yaryarka ah, gacan yaraha dakhtarka qaliinka, dakhtarka ama adeegyada dakhtarka daryeel bixiyaha ah. Adeeg bixiyaashaas **kuguma** soo dalici karaan kharashka baaqiga soo hadha mana **ku** waydiin karaan inaad ka kaaftoonto dhowritaankaaga ku aadan inaan lagugu soo dalicin kharashka baaqiga ah.

Haddii aad adeegyo kale ka hesho xarumahaan shabakada caymiska katirsan, adeeg bixiyaasha aan ka tirsanayn shabakada caymiska kuguma **soo** dalici karaan kharashaad baaqiga soo hadhay, illaa inaad bixiso maahee oggolaansho qoran aadna ka kaaftoonto dhowritaankaaga.

**Marna lagaama doonaayo inaad joojiso dhowritaanka ee ku aadan kharashka baaqiga soo hadhay. Sidoo kale lagaama doonaayo inaad daryeel ka hesho xarun aan ka tirsanayn shabakada caymiska. Waxaad adeeg bixiye ama xarun ka dooran kartaa nidaamka qorshaha caymiskaaga.**

Bixiyaha daladu waxaa ka mamnuuc ah inuu ku dalaco lacagta cida ku jirto wixii ka badan inta ay ogoshahay shirkada caymisku ee heshiiska kula jirta bixiyaha wadarta lacagta adeega daryeelka caafimaadka. Bixiyaha dalada waxaa loo ogol yahay inuu kharashka ku dalaco cida ku jirta wixii wada bixin, ka jarid, ama caymis wadareed ah ee la ansixiyay.

Bixiyaha dalada ku jira waxaa loo ogol yahay inuu kharashka ku dalaco cida ku jirta adeegyada uu siiyay ee caymiska caafimaadka qofku aanu bixinaynin ilaa inta uu qofku ku ogolaaday qoraan ahaan kahor adeega inta aan la qaban inuu bixiyo wixii adeeg ah ee aanu caymisku bixin.

**Marka aan la oggolayn kharashka baaqiga ah, waxaad sidoo kale haysataa dhowritaanaadan soo socda:**

- Waxaad masuul ka tahay oo kaliya qeybta lacagta kugu soo aadaysa (sida caymiska go'an, qiimaha caymiska ee aad bixiso, iyo lacagaha lagaa jaro ee aad bixin lahayd haddii adeeg bixiyaha ama xaruntu katirsan tahay shabakada caymiska). Qorshahaaga caafimaadka ayaa si toos ah kharashka u siinayaa adeeg bixiyaasha iyo xarumaha aan katirsanayn shababada caymiska.
- Guud ahaan qorshahaaga caymiska waa inuu:
  - Daboolaa adeegyada xaaladaha degdeg ah adigoo u baahnayn inaad oggolaansho hore u hesho adeegyada (oggolaanshaha hordhaca ah).
  - Daboolaa adeegyada xaaladaha degdeg ah ee ay bixiyaan adeeg bixiyaasha aan katirsanayn shabakada caymiska.
  - Ku saleeyaa lacagta ay kugu yeeshaan adeeg bixiyaha ama xarunta (kharashka la

wadaago) lacagta la siin lahaa adeeg bixiyaha ama xarunta katirsan shabakada caymiska waana in kharashkaas lagu muujiyo sharaxaadaada gunnooyinka.

- Xisaabiyaa kharashaad kasta ood ku bixiso adeegyada xaaladaha degdega ah ama adeegyada shabakada aan ka tirsanayn qorshaha caymiska lana xariira lacagta lagaa jaro iyo xadidka lacagta aad jeebka ka bixiso.

**Hadii si khalad ah laguugu soo dalacay kharashka**, waxaad la xidhiidhi kartaa oo aad booqan kartaa <https://www.cms.gov/nosurprises> si aad u hesho xog dheeraad ah oo ku saabsan xaquuqahaaga ku xusan sharciga federaalka.





## Ogeysiiska Habdhaqannada Asturnaanta

### OGEYSIISKANI WUXU SHARAXAYAA SIDA MACLUUMAAD CAAFIMAAD OO KUGU SAABSAN LOO ISTICMAALI KARO EE LOO BIXIN KARO IYO SIDA AD U HELI KARTID MACLUUMAADKAAS. FADLAN SI TAXADIR LEH U AKHRI.

Sababta oo ah waxa aanu daryeelnaa caafimaadkaaga, waxa aanu wax ka ogaanaa naftaada. Waxyaabaha aanu ogaano qaar ka mid ah waxay galaan diiwaanka ama faylka caafimaadkaaga, gaar kalena waxay galaan faylka biilasha. Si loo badbaadiyo asturnaantaada, hay'adayadu waxay raacda xeerar la yaqaano oo ku saabsan sida loo maamulo macluumaadka caafimaadkaaga. Xeerarkaas iyo xuquuqdaada macluumaadka caafimaadka waxa lagu soo koobay Ogeysiiskan Habdhaqannada Asturnaanta ("Ogeysiiska"). "Macluumaadka Caafimaadka" macnihiisu waxa weeye macluumaad hadda ah ama mar hore oo ku saabsan heerka caafimaadkaaga, xaaladdaada, cilad-sheegid, daweyn, saadaalin, ama lacag-bixinta daryeelka caafimaadka. (Waxa jira dhawr ka-reebitaan.)

#### Waajibaadkayaga Macluumaadka Caafimaadka

- Waxa nagu waajib ah in aanu ilaalino asturnaanta macluumaadka caafimaadkaaga iyo in aanu ku siino Ogeysiiskan.
- Waxa nagu waajib ah in aanu raacno qodobadayada Ogeysiiska Habdhaqannada Asturnaanta ee imminka jira.
- Waxa aanu adeeci doonaa qodobada Ogeysiiskan. Waxa noo dhawrsan xaq in isbeddelo lagu sameeyo Ogeysiiskan taasoo ah sida u oggol yahay sharcigu. Waxa noo dhawrsan xaq in aanu sameyno qodobo Ogeysiis oo cusub oo saameynaya dhammaan macluumaadka caafimaadka ee aanu hadda hayno, iyo wixii ah macluumaad caafimaad ee aanu helno mustaqbalka. Haddii aanu isbeddelo maadi ah ama muhiim ah ku sameyno habdhaqannadayada asturnaanta, waxa aanu isla markiiba naqtiimi doonaa Ogeysiiskayaga. Nuqul kasta oo ah Ogeysiiskan waxa u lahaan doonaa taariikh hirgalid oo ku qoran. Haddii aanu beddelno ogeysiiskan, waxad Ogeysiiska la naqtiimay ka heli kartaa bartayada internetka oo ah [allinahealth.org](http://allinahealth.org).

#### Ayaa Raaci Doona Ogeysiiskan

Ogeysiiskani wuxu sharaxayaa habdhaqannada Allina Health iyo:

- dhammaan qaybaha iyo unugyada Daryeel-bixiyeyaasha Allina Health
- dhammaan dhakhaatiirta tababarka ku jirta, ardayda caafimaadka iyo la-tababareyaasha kale ee xidhiidh la leh Allina Health
- dhammaan tabaruceyaasha laga yaabo inay ku gargaaraan inta ad adeegyo ka helaysid Allina Health
- dhammaan shaqaalaha joogtada ah, iyo shaqaalaha kale ee Allina Health iyo
- Bixiyeyaasha daryeel caafimaadka ee madax-banaan ee daryeel siiya bukaanka jooga goobaha Allina Health (sida dhakhaatiirta, gargaareyaasha dhakhaatiirta, cilaaj-yahannada, iyo bixiyeyaasha daryeel caafimaad ee

kale ee aan shaqaale joogto ah u ahayn Allina Health), iyada oo bixiyeyaasha daryeel caafimaad ee kale ay ku siiyaan ogeysiis habdhaqan aturnaan oo u gaar ah oo sharaxaya sida ay u ilaalin doonaa macluumaadkaaga caafimaadka mooyaane.

### Xuquuqdaada Macluumaadka Caafimaadka

**Xad-u-yeelista Isticmaalka ama Bixinta.** Ogeysiiskani wuxu sharaxayaa dhawr xad-u-yeelis oo ku saabsan sida aanu u isticmaali karno una bixin karno macluumaadka caafimaadkaaga. Waxa ad naga codsan kartaa xad-u-yeelis dheeraad ah oo ku saabsan sida aanu u isticmaalno ama cidda aanu siino macluumaadka. Waa inad codsiga xad-u-yeelista ka soo dhigtid qoraal. Haddii ad naga codsatid in war ku saabsan adeeg aan loo dirrin shirkadda caymiskaaga (inshuurankaaga) ee ad adigu kharashka oo dhan bixiso waanu yeeleyna codsigaaga ku saabsan xad-u-yeelista. Haddii ad naga xadeysid in aanu macluumaadkaaga siiyo caymiskaaga, waxa kale oo ad u baahan doontaa inad sharaxdid sida ad u bixin doontid kharashka biilasha. Qasab naguma ah in aannu oggalaano codsiyadaada kale. Haddiise aanu oggalaano, waannu raaci doonaa xad-u-yeelista marka laga reebo:

- xaalad degdeg ah oo keenaysa in macluumaadkaaga loo baahdo si lagu daweeyo
- haddii ad na siisid oggalaansho qoran oo noo fasaxaya in aannu isticmaalno ama bixino macluumaadkaaga
- haddii ad go'aan ku gaadhid ama annagu go'aan ku gaadhid in la joojiyo xad-u-yeelista, ama
- sidii kale ee u sharcigu farayo.

**Isgaadhsiin Beddel ah.** Caadi ahaan, waxa aanu kaala soo xidhiidhi doonaa adreeska iyo lambarka teleefonka ee ad na siisid. Waxa ad na weydiisan kartaa inaan kuula soo xidhiidhno siyaabo kale ama kaala soo xidhiidhno goob kale. Waanu oggalaan doonaa codsigaaga haddii u yahay caqli-gal.

**Helista Macluumaadka ee Bukaanka.** Waxa ad naga codsan kartaa inad fiirisid ama koobi (nuqul) ka heshid macluumaadka caafimaadkaaga. Haddii ad naga codsatid nuqul ah macluumaadka caafimaadkaaga ee aanu si elegtaroonig ah ama kombiyuutar ah u hayno waxa aanu kugu siin doonaa qaab elegtaroonig marka ad codsatid. Waxa laga yaabaa in aanu kugu soo dalacno kharash sida u oggol yahay sharcigu si looga soo baxo codsigaaga. Badi bukaanku way fiirin karaan oo koobi ka heli karaan diiwaanka caafimaad oo dhammeystiran. Marmar dhif ah, waxa laga yaabaa in aanu diidno codsi in la fiiriyo oo la helo koobi ah macluumaadka qaarkood ee ku jira diiwaanka caafimaadka. Tusaale ahaan, waxa laga yaabaa in tani dhacdo haddii, iyada oo sida u sheegayo ra'yiga xirfad leh ee dhakhtarka bukaanka, ay bixinta macluumaadku ay si caqli-gal ah suurtoagal uga dhigi karto inu macluumaadkaasi halis galiyo nafta ama ammaanka jidh ahaaneed ee bukaanka ama qof kale.

Haddii codsigaaga la diido, waxa aanu kuu soo diri doonaa diidmada oo qoraal ah. Waxa kale oo warqadda diidmada laguugu sheegi doonaa sababta

diidmada keentay iyo wixii xuquuq ad leedahay ee ku saabsan dib-u-fiirin lagu sameeyo diidmada.

**Ku-daris.** Waxa ad naga codsan kartaa in wax laga beddelo macluumaadka caafimaadka qaarkii. Waxa loo baahan yahay in codsigaasi noqdo mid qoraal ah. Waa inad sharaxdid sababta ad u rabtid in macluumaadka wax laga beddelo. Haddii aanu oggalaano beddelidda, waxa aanu isku dayi doonaa in la wargaliyo ciddii hore u heshay macluumaadka (oo ay ku jiraan dadka ad ku soo sheegtid qoraal) si loogu sheego macluumaadka la beddelay. Wixii la beddelay waxa aanu ku soo dari doona macluumaadka caafimaadkaaga ee wakhtiga soo socda la bixin doono. Haddii codsigaaga la diido, diidmada oo qoraal ah ayaaanu kuu soo diri doonaa. Warqadda diidmada waxa ku jiri doona sababta diidmada keentay, waxana lagu sheegi doonaa wixii talaabo jawaab-celin ah ee ad qaadi kartid.

**Liiska Bixinta.** Waxa ad heli kartaa liis u ku qoran yahay ciddii la siiyay macluumaadka caafimaadkaaga - oo leh dhawr ka-reebis - kaasoo annagu aanu bixinay ama cid aanu shuraako nahay bixisay. Liiska kuma jiraan:

- bixin loo sameeyay sababo daweyn, lacag-bixin ama hawl gal daryeel caafimaad (godobkan waxa lagu qeexay qaybta soo socota), iyo
- bixino kale hadba sida sharcigu oggalaaday.

Waa inad codsigaaga ka soo dhigtid qoraal. Waa in codsigaagu sheego muddo wakhti oo gadaal ahaan aan dhaafsanayn lix (6) sanno. Haddii ad soo codsatid liiska macluumaadka la bixiyay in ka badan hal mar muddo ah 12 bilood, waxa dhici karta in aanu kugu soo dalacno kharash la saaro halkii liis ee dheeraad ah. Codsigaaga waad ka noqon kartaa ama wax baad ka beddeli kartaa si kharashku kaaga yaraado ama u baaba'o.

**Ogeysiiska oo ah Koobi Waraaq ah.** Koobi waraaq ah oo ah ogeysiiskan ayaa lagu siin doonaa haddii ad codsatid xiitaa haddii ad hore u oggolaatay inad ogeysiiskan u heshid hab ah elegtaroonig.

### Isticmaalka iyo Bixinta Macluumaadka Caafimaadka

Si lagu siiyo daryeelka ugu tayo fiican, waxa aanu u baahan nahay in aanu isticmaalno oo bixino macluumaadka caafimaadka. Waa aanu ilaalinaa macluumaadka caafimaadka mar kasta oo aanu isticmaalaynayo ama la bixinayno. Waxa aanu raacnaa Ogeysiiskan Habdhaqannada Asturnaanta iyo sharciga marka oo aanu isticmaalno oo bixino macluumaadka caafimaadka. Waxa aanu u isticmaali karnaa una bixin karnaa macluumaadka caafimaadka sidan soo socota:

#### **Hawlaha Daweynta, bixinta kharashka iyo Daryeelka**

**Caafimaadka.** Waxa aanu macluumaadka caafimaadka u isticmaali karnaa una bixin karnaa ulajeedooyinkan:

- Daweyn (waxa ku jira la-shaqeynta daryeel-bixiye kale).
- Kharash bixinta (sida biilasha ka soo baxa adeegyo la bixiyay).
- Hawlgalada daryeelka caafimaadka. Kuwani waa hawlo aan ahayn daweyn iyo kharash bixin oo noo saamaxaya in aanu



shaqadayada qabsano ama bixino adeegyo. Waxa kuwan tusaale u ah qiimeynta tayada iyo hagaajinta, dib-u-fiirinta waxqabadka ama tayada xirfadleyda caafimaadka, iyo bixinta barnaamijyo tababar.

- Hawlgalo daryeel caafimaad oo goob la dabbiro. Waxa kale oo laga yaabaa in aanu macluumaadkaaga caafimaadka siino bixiye daryeel caafimaad oo kale oo ku daweeyay, ama siino shirkaddaada caymiska, haddii macluumaadka noocaa ah loogu baahan yahay hawlgalo daryeel caafimaad qaarkood ee bixiye daryeel caafimaad ama shirkad caymis, sida hawlaha hagaajinta tayada, qiimeynta xirfadleyda daryeelka caafimaadka, iyo hay'adaha heer gobol iyo federal ee maareynta dib-u-fiirinta.

- Bixin la Siiyo Shuraako Ganacsi. Waxa laga yaabaa in aanu qandaraas la galno hay'ado kale si ay adeegyo u bixiyaan iyaga oo wakiil naga ah. Marka ay jiraan xaaladahan, waxa aanu heshiis la gali doonaa hay'adda iyada oo si cad loo sheegayo shuruudaha la xidhiidha ilaalinta, isticmaalka, iyo bixinta macluumaadkaaga caafimaadka ee badbaadsan.

**Degdeg Caafimaad.** Waxa dhici karta in aanu isticmaalo ama bixino macluumaadka caafimaadkaaga si lagu caawiyo marka u jiro degdeg caafimaad.

**Xusuusinta Ballahama iyo Beddelka Daweynta.** Waxa aanu kuu soo diri karnaa xusuusin ballamo, ama kuu sheegi karnaa daweyn iyo faa'iidooyinka caafimaadka ee la xidhiidha ama adeegyo ay dhici karto inad gargaar ka heshid.

**Diiwaanka Macluumaadka Caafimaadka.** Macluumaadkan soo socda waxa aanu siin karnaa qofkii na kaa weydiista ee sheega magacaaga:

- meesha ad ka joogtid cisbitaalka ama goobta
- xaaladda guud
- diinta qofka (waxa la siiyaa kaliya wadaadada).

Waxa ad dooran kartaa in macluumaadkaas qaar ka mid ah ama dhammaantiiba aan la bixin. Tusaale ahaan, haddii aanad doonaynin in aanu dadka u sheegno meesha ad joogtid, waa aanu raaci doonaa amarkaaga. (Marmarka qaarkood, sida marka u jiro degdeg caafimaad, waxa dhici karta in aanaanu helin amarkaaga illaa inta ad ka awoodaysid inad nala hadashid.)

**Dadka Lug ku Leh Daryeelkaaga.** Waxa aanu macluumaad caafimaad oo xad leh siin karnaa dadka lug ku leh daryeelkaaga (tusaale ahaan, qof qoyskaaga ka tirsan ama qof lagala xidhiidho wixii degdeg ah) ama si gargaar looga geysto qorsheynta daryeelkaaga. Haddii aanad doonaynin in macluumaadkaas la bixiyo, waxa ad naga codsan kartaa in aan cidna lala wadaagin. Haddii ay haboon tahay, waxa aanu qof kale u ogalaan karnaa inu kuu soo qaado dawooyinkaaga, alaabta caafimaadka ama raajooyin.

**Hay'adaha Samofalka/Deeq-raadinta.** Waxa dhici karta in aanu kula soo xidhiidhno ama in hay'adahayaga samofalku kaala soo xidhiidhaan barnaamijyo deeq-raadin iyo munaasabado. Waxa kaliya ee aanu isticmaali doonaa ama bixin doonaa magacaaga, si laguula soo xidhiidhi karo, macluumaadka tirokoobka dadka, taariikhaha aanu kuu adeegnay iyo macluumaad kale oo kooban oo ku saabsan daryeelkaaga iyo adeegyada ad heshay. Waxa aanu macluumaadkaas siin karnaa shirkadaha naga caawiya barnaamijyadayada deeq-raadinta. Waxa ad xaq u leedahay inad ka baxdid isgaadhsiinta deeq-raadinta.

**Cilmi-baadhis.** Waxa aanu macluumaadka caafimaadkaaga u isticmaali karnaa ama cid kale ula wadaagi karnaa ulajeedooyin ah cilmi- baadhis sida u ogol yahay sharcigu ama haddii ad oggalaansho bixisay. Waxa ad na weydiisan kartaa sida ad ula xidhiidhi kartid cilmi-baadhe la siiyay macluumaadkaaga caafimaadka loona siiyay ujeedooyin cilmi-baadhis iyo taariikhda aanu siinay.

**Geeri; Bixinta Xubin Jidh.** Qaar ka mid ah macluumaadka caafimaadka ee qofka geeriyooday waxa aanu siin karna qofka dad kuugu xiga. Waxa kale oo aanu macluumaadkaas siin karnaa maamulaha hawlaha duugista (aasidda), baadhaha sabab geeri, sarkaal ka tirsan sharci-fulinta ama hay'ad bixin xubin jidh.

**Indho-ku-haynta Caafimaadka Goob Daryeel Caafimaad/Dhauwac/Cudur.** Haddii ad u shaqeysid bixiye daryeel caafimaad, waxa dhici karta in aanu macluumaadka caafimaad cid la wadaagno sida u qabo sharciga gobolka iyo federalka:

- iyadoo ulajeedadu tahay hawlaha indho-ku-haynta caafimaadka goob shaqo, ama
- iyadoo ulajeedadu tahay dhawaac ama xanuun la xidhiidha shaqada.

**Fulinta Sharciga.** Waxa aanu macluumaadka caafimaadka qaarkii siin karnaa hay'adaha fulinta sharciga. Waxay taasi dhici karta:

- marka ilmo la waayay, ama
- marka ay dhici karto in dambi ka dhacay goobtayada, ama
- marka u jiro halis culus oo ku soo fool leh caafimaadka ama ammaanka qof ama dad kale.

**Goob Xabsi ah.** Waxa aanu bixin karnaa macluumaadka caafimaad ee maxbuus ama qof kale oo xidhan iyadoo macluumaadkaas la siinayo hay'ad sharci-fulin ama goob xabsi ah.

**Xumeyn, Dayicid ama Halis-galin.** Waxa aanu bixin karna macluumaadka caafimaadka iyadoo la siinayo macluumaadka maamulka saxda ah marka u jiro xumeyn suurtoagal ah ama dayicid lagu sameeyay ilmo ama waayeel taag-daran. Haddii caafimaadka ama ammaanka qof u halis culus ku jiro, waxa aanu macluumaadka siin karnaa qofkaas ama hay'ad sharci-fulin.

**Xeerka Hay'adda Cuntada iyo Dawooyinka (Food and Drug Administration) (FDA).** Waxa aanu macluumaadka caafimaadka siin karnaa ciddii amar ka haysata Hay'adda Cuntada iyo Dawooyinka (FDA) si loo cabbiro tayada, ammaanka iyo waxqabadka alaabtooda.

**Maamulka Ciidanka/Nabad-sugidda Qaranka.** Waxa aanu siin karnaa macluumaadka caafimaadka dadka amar haysta ee ka socda ciidanka Maraykanka, ciidan shisheeye iyo nabad-sugidda Qaranka Maraynka ama adeegyada badbaadinta.

**Wixii Halis ku Caafimaadka Dadweynaha.** Waxa aanu macluumaadka caafimaadka ee adiga kugu saaban u bixin karnaa ulajeedooyin caafimaad dadweyne, sida:

- sheegista iyo joojinta cudurada (sida kaansarta ama tiibayda/tiibisho), dhaawac ama naafanimo
- sheegista dhacdooyinka nolosha sida dhalasho ama geeri

- sheegista dhacdooyin aan fiicnayn ama ilaalin la xidhiidha cuntada, dawooyinka ama dhibaatooyin ka yimi alaabta caafimaadka
- ogeysiinta dadka la ogeysiinayo alaab cilad yeelatay, hagaajinta ama beddelidda alaabooyin ay isticmaalayaan, ama.

**Hawlaha Kormeer Caafimaad.** Waxa aanu macluumaadka caafimaadka siin karnaa dawladda, hay'adaha liisan bixinta, la-xisaabtanka iyo cadeynta marka hawluhu yihiin kuwo u oggol yahay ama u rabo sharcigu.

**Marka Sharciyo Kale Kalifaan.** Waa aanu isticmaali karnaa ama bixin karnaa macluumaadka caafimaadka haddii sharciyo kale kalifaan. Tusaale ahaan, waxa laga yaabaa in aanu macluumaadka caafimaadka siino:

- Wasaaradda Caafimaadka iyo Adeegyada Bini'aadanka ee Maraykanka (U.S. Department of Health and Human Services) marka u jiro baadhitaan.
- magdhowga shaqaalaha ama fulinta sharciyo u dhigma.
- adeegyada bulshada iyo hay'ado kale ama dadka loo oggol yahay inay helaan macluumaadka ku saabsan dhawaacyada qaarkood ama xaaladaha caafimaad qaarkood iyadoo sababtu tahay adeeg bulsho, caafimaad ama fulin sharci
- waxa la bixin karaa macluumaadka qof aan qaangaadhin ama qof leh mas'uul sharci ama gacan-ku-haye marka ay jirto iska-saarid ilmo uur ku jira oo soo fool leh
- waxa la bixin karaa macluumaadka ilmo aan qaangaadhin oo xor ah ama ilmo aan qaangaadhin oo la siinayo adeegyo qarsoodi ah si loo joojiyo halis culus oo ku soo fool leh caafimaadka qof aan qaangaadhin.

**Macluumaad ku saabsan badbaadin dheeraad ah.** Noocyada macluumaadka caafimaadka qaarkood ayaa laga yaabaa inay leeyihiin badbaadin dheeraad ah oo hoos timaada sharciga federalka ama gobolka. Tusaale ahaan, macluumaadka caafimaad ee ku saabsan natiijooyinka HIV/AIDS iyo baadhitaanada hiddaha ayaa laga yaabaa in siyaabo kala duwan loola dhaqmo marka la fiiriyo sharciyada gobollada qaarkood. Dheeri ahaan, barnaamijyada federalku caawiyo ee isticmaal-xumida aalkoolada iyo daroogada ayaa qabanaya xad-u-yeelis gaar ah oo ku saabsan isticmaalka iyo bixinta macluumaadka aalkolada iyo daroogada. Markii ay khuseyso arrinta, waxay Allina Health u baahan doontaa inay kaa hesho oggolaansho goran ka hor inta aan macluumaadkaas loo sheegin cid kale xaaladaha inta badan.

**Ogeysiis.** Waxa laga naga rabaa in aanu isla markiiba ku ogeysiino xad-gudub lagu sameeyay macluumaadkaaga caafimaadka.

**Nidaam Maxkamadeed.** Waxa aanu macluumaadka caafimaadka bixin karnaa marka la noo keeno amar maxkamadda federalka ka soo baxay, amarro maxkamadeed, amar maxkamad imaansho, ama dukumentii kale oo sharci ah.

**Diiwaanada Caafimaadka ee Hoos Yimaada Sharciga Gobolka.** Sharciga Minnesota guud ahaan wuxu oggolaanshaha bukaanka u rabaa bixinta diiwaano caafimaad oo ay bixinayaan qaybaha Allina Health ee Minnesota iyada oo ujeedadu tahay daweyn, haddii aan macluumaadka la siinayn daryeel-bixiye sababta oo ah daweyn hadda ah, iyada oo oggolaanshuhu aanu suurtoagal ahayn sababta oo ah degdeg caafimaad, ama bixintu u oggol yahay sharciga mooyaane. Bukaanka jooga Wisconsin, natiijooyinka HIV, haddii ay jiraan, waa la bixin karaa

sida u sheegayo sharciga Wisconsin. Liiska ah dadka ama xaaladaha lagu dejiyay sharciga Wisconsin ayaa la heli karaa haddii la weydiisto.

### Iyada oo Adiga Oggolaansho Lagaa Haysto

Waxa aanu isticmaali karnaa ama bixin karnaa macluumaadka caafimaadkaaga kaliya marka lagaa hayo oggolaansho qoran, marka laga reebo sida kor lagu sharaxay. Badi isticmaalada iyo bixinta qoraallada cilaajka maskaxda (oo ah qoraallo gaar ah oo ay bixiyeyaasha daryeelka maskaxdu u sameystaan isticmaalooka marka ay la tacaalayaan bukaan), macluumaadka caafimaadka ee loogu talagalay ujeedooyin suuqgeyn, iyo iibinta macluumaadka caafimaadka waxa loo rabaa oggolaansho qoran. Haddii ad bixisid oggolaansho qoran, dib ayaad uga noqon kartaa wakhtigii ad doontid adiga oo taas qoraal ahaan nagu soo ogeysiinaya. Warqad ad ku soo qori kartid dib-uga-noqoshada oggolaanshahaaga ayaad ka heli kartaa goobta Allina Health ee lagaa siiyay adeegyada, ama adiga oo nala soo xidhiidha. Oggolaanshaha ad bixisay waxa u joogsan doonaa marka aanu helno warqadda ad soo saxeexday ee aanu hirgalino codsigaaga. Hase yeeshee, go'aankaaga inad dib uga noqotid oggolaanshaha ma saameyn doono ama waxba kama qaban karo isticmaalka ama bixinta macluumaadkaaga caafimaadka ee dhacay ka hor inta aanad na soo ogeysiin go'aankaaga, ama wixii ah tallaabooyin ee aan qaadnay iyaga oo ku saleysan oggolaanshahaaga.

### Su'aalo iyo Cabashooyin

Haddii ad su'aalo ka qabtid habdhaqankayaga asturnaanta, ad u haysatid in lagu xadgudbay xuquuqdaada asturnaanta, aanad raalli ka ahayn go'aan laga gaadhay mid aka mid ah xuquuqdaada asturnaanta, waxa ad soo gudbisan kartaa cabasho inta ad Sarkaalka Asturnaanta ee Allina Health ka soo wacdid 612-262-0503 ama inta ad cabasho qoraal ah ku soo hagaajisid adreska soo socda:

Allina Health Privacy Office  
Mail route 10839  
P.O. Box 43  
Minneapolis, MN 55440-0043

Waxa kale oo ad dacwad qoran u diri kartaa Wasaaradda Caafimaadka iyo Adeegyada Bini'aadanka ee Maraykanka - Xafiiska Xuquuqda Madaniga (U.S. Department of Health and Human Services - Office of Civil Rights (OCR)). Waxa aanu ku siin doonaa adreska ad ku soo hagaajin kartid cabasho haddii ad na weydiisatid. Fadlan la soco in aan lagu ciqaabi doonin ama aan lagaa aargoosan doonin sababta oo ah waxa ad xereysatay cabasho.

Wixii ah su'aalo la xidhiidha bixinta macluumaadka, sida kharashka koobiyada iyo bixinta diiwaanada, la xidhiidh qaybta Macluumaadka Caafimaadka/Bixinta Diiwaanada oo lagala hadli karo 612-262-2300.

Haddii ad qabtid wax su'aalo ama walaac ah oo ku saabsan habdhaqankayaga asturnaanta iyo gaar ahaan ogeysiiskan, fadlan Xafiiska Asturnaanta ee Allina Health ka wac 612-262-0503.

### Hay'adaha u Khuseeyo Ogeysiiskani

Ogeysiiskani waxa u khuseeyaa habdhaqannada asturnaanta ee ay ku dhaqmaan Cisbitaalada iyo Kiliinigyada Allina (Allina Health) ee hoos ku qoran, iyo goobaha ku xidhiidhsan. Goobahaasi waxa laga yaabaa inay ka tirsan yihiin Nidaam Daryeel Caafimaad oo Habeysan.

- Abbott Northwestern Hospital (oo u ku jiro WestHealth)
- Emergency Department (Qaybta Degdegga)
- Allina Health
- Allina Health clinics (Xarumo caafimaad)
- Allina Health Emergency Medical Services (Adeegyada Degdegga Caafimaadka)
- Allina Health Home Care Services (Adeegyada Daryeelka Guriga)
- Allina Health Home Oxygen & Medical Equipment (Oksijiinta Guriga iyo Qalab Caafimaad)
- Allina Health Hospice & Palliative Care (Hoy Daryeel iyo Khafiifin)
- Allina Health Laboratory (Shaybaadh)
- Allina Health Pharmacy (Farmasiga)
- Allina Health Surgical Specialists (Takhasusleyaal Qallitaan)
- Buffalo Hospital
- Cambridge Medical Center
- Courage Kenny Rehabilitation Institute (Machadka Dib-u-hawlgalinta)
- District One Hospital
- John Nasseff Neuroscience Specialty Clinic (Takhasuska Cilmiga Maskaxda)
- Mercy Hospital
- Mercy Hospital - Unity Campus
- Metropolitan Heart & Vascular Institute (Machadka Wadnaha iyo Xididada)
- Minneapolis Heart Institute (Machadka Wadnaha)
- Minnesota Perinatal Physicians (Dhakhaatiirta Dhalashada Ka-hor)
- New Ulm Medical Center
- Orthopaedic Institute Surgery Center (Machadka Lafaha Xarunta Qallitaanka)
- Owatonna Hospital
- Penny George Institute for Health & Healing (Machadka Caafimaadka iyo Bogsashada)
- Phillips Eye Institute (Machadka Indhaha)
- Regina Hospital
- River Falls Area Hospital
- St. Francis Regional Medical Center
- Sports and Orthopaedic Specialists (Takhasusleyaasha Isboortiga iyo Lafaha)
- United Heart & Vascular Clinic (Xarunta Wadnaha iyo Xididada)

- United Hospital
- Virginia Piper Cancer Institute (Machadka Kaansarta)

Shaqaalaha Caafimaadka iyo Daryeel-bixiyeyaasha madax-banaan ee adeegyo ka bixiya mid ka mid ah hay'adaha ku jira liiskan.

Barnaamijyada takhasus leh iyo adeegyada ay bixiyaan mid ka mid ah hay'adaha ku jira liiskan.

Daryeeleyaasha ka qaybgala daryeelka caafimaad ee abaabulan ee Allina Health.

\*Waxa laga yaabaa in liiskani is beddelo hadba muddo ka dib, sababta oo ah hay'adayada oo is beddelaysa oo koraysa.

Taariikh Hirgalid: 14-ka Bisha Afraad 2003

Naqtiinkii Ugu Dambeeyay: 8-dii Bisha Sagaalaad 2017

**Allina Health** 



This package contains important information about your rights as a patient. Please read the attached:

- Minnesota Patients' Bill of Rights
- Rights Under Federal Law

Patients are encouraged to contact the hospital patient representative for any concerns about patient care, service or safety that have not been resolved. Patients have the right for follow-up by the hospital on any complaint. A written or verbal grievance related to the Patients' Bill of Rights or to any other concerns may be resolved by contacting:

Abbott Northwestern Hospital Patient Representative  
800 East 28th Street  
Minneapolis, MN 55407  
Tel: (612) 863-5391 (metro)  
(877) 618-2203

(In the absence of the patient representative, you may ask staff for assistance in contacting the administrative representative.)

OR

Inquiries or complaints regarding care and safety may be directed to:

Office of Quality Monitoring  
Joint Commission on Accreditation of Healthcare Organizations  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Tel: (800) 994-6610  
E-mail: [complaint@jcaho.org](mailto:complaint@jcaho.org)

Inquiries or complaints regarding medical treatment or the Patients' Bill of Rights may be directed to:

Office of Health Facility Complaints  
P.O. Box 64970  
St. Paul, MN 55164-0970  
Tel: (651) 201-4201  
(800) 369-7994

Minnesota Board of Medical Practice  
2829 University Ave SE, Suite 400  
Minneapolis, MN 55414-3246  
Tel: (612) 617-2130  
(800) 657-3709

Inquiries regarding access to care or possible premature discharge may be directed to:

Ombudsman for Older Minnesotans  
P.O. Box 64971  
St Paul, MN 55164-0971  
Tel: (651) 431-2555 (metro)  
(800) 657-3591

## FEDERAL RIGHTS

Starting August 2, 1999, the federal Patient's Bill of Rights law (42 CFR Part 482) went into effect. Patients have rights afforded them under federal laws in areas of notification of rights; the exercise of his/her rights in regard to his/her care, privacy and safety; confidentiality of his/her records; and freedom from restraints or seclusion except as necessary to ensure the immediate physical safety of the patient, a staff member, or others, in which case they must be discontinued at the earliest possible time and safely implemented by trained staff. Information concerning the procedures for registering complaints or concerns can be found on the previous page of this document.

### RIGHTS UNDER FEDERAL LAW

#### 42 CFR §482.13 Condition of participation: Patients' Rights.

A hospital must protect and promote each patient's rights.

##### (a) Standard: Notice of rights.

- (1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.
- (2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:
  - (i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.
  - (ii) The grievance process must specify time frames for review of the grievance and the provision of a response.
  - (iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

##### (b) Standard: Exercise of rights.

- (1) The patient has the right to participate in the development and implementation of his or her plan of care.
- (2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- (3) The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with § 489.100 of this part (Definition), § 489.102 of this part (Requirements for providers), and § 489.104 of this part (Effective dates).



- (4) The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.

**(c) Standard: Privacy and safety.**

- (1) The patient has the right to personal privacy.
- (2) The patient has the right to receive care in a safe setting.
- (3) The patient has the right to be free from all forms of abuse or harassment.

**(d) Standard: Confidentiality of patient records.**

- (1) The patient has the right to the confidentiality of his or her clinical records.
- (2) The patient has the right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.

**(e) Standard: Restraint or seclusion.**

All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

- (1) Definitions.
  - (i) A restraint is —
    - (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or
    - (B) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.
    - (C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).
  - (ii) Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.
- (2) Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient a staff member or others from harm.
- (3) The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm.
- (4) The use of restraint or seclusion must be —
  - (i) In accordance with a written modification to the patient's plan of care; and
  - (ii) Implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with State law.
- (5) The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.
- (6) Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).

- (7) The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion.
- (8) Unless superseded by State law that is more restrictive —
  - (i) Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours:
    - (A) 4 hours for adults 18 years of age or older;
    - (B) 2 hours for children and adolescents 9 to 17 years of age; or
    - (C) 1 hour for children under 9 years of age; and
  - (ii) After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) of this part and authorized to order restraint or seclusion by hospital policy in accordance with State law must see and assess the patient.
  - (iii) Each order for restraint used to ensure the physical safety of the nonviolent or non-self-destructive patient may be renewed as authorized by hospital policy.
- (9) Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order.
- (10) The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy.
- (11) Physician and other licensed independent practitioner training requirements must be specified in hospital policy. At a minimum, physicians and other licensed independent practitioners authorized to order restraint or seclusion by hospital policy in accordance with State law must have a working knowledge of hospital policy regarding the use of restraint or seclusion.
- (12) When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1 hour after the initiation of the intervention—
  - (i) By a—
    - (A) Physician or other licensed independent practitioner; or
    - (B) Registered nurse or physician assistant who has been trained in accordance with the requirements specified in paragraph (f) of this section.
  - (ii) To evaluate—
    - (A) The patient's immediate situation;
    - (B) The patient's reaction to the intervention;
    - (C) The patient's medical and behavioral condition; and
    - (D) The need to continue or terminate the restraint or seclusion.
- (13) States are free to have requirements by statute or regulation that are more restrictive than those contained in paragraph (e)(12)(i) of this section.
- (14) If the face-to-face evaluation specified in paragraph (e)(12) of this section is conducted by a trained registered nurse or physician assistant, the trained registered nurse or physician assistant must consult the attending physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) as soon as possible after the completion of the 1-hour face-to-face evaluation.

- (15) All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored—
  - (i) Face-to-face by an assigned, trained staff member; or
  - (ii) By trained staff using both video and audio equipment. This monitoring must be in close proximity to the patient.
- (16) When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:
  - (i) The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;
  - (ii) A description of the patient's behavior and the intervention used;
  - (iii) Alternatives or other less restrictive interventions attempted (as applicable);
  - (iv) The patient's condition or symptom(s) that warranted the use of the restraint or seclusion; and
  - (v) The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.

**(f) Standard: Restraint or seclusion: Staff training requirements.**

The patient has the right to safe implementation of restraint or seclusion by trained staff.

- (1) Training intervals. Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion—
  - (i) Before performing any of the actions specified in this paragraph;
  - (ii) As part of orientation; and
  - (iii) Subsequently on a periodic basis consistent with hospital policy.
- (2) Training content. The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:
  - (i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.
  - (ii) The use of nonphysical intervention skills.
  - (iii) Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition.
  - (iv) The safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia);
  - (v) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.
  - (vi) Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the 1-hour face-to-face evaluation.
  - (vii) The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.
- (3) Trainer requirements. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors.
- (4) Training documentation. The hospital must document in the staff personnel records that the training and demonstration of competency were successfully completed.

**(g) Standard: Death reporting requirements: Hospitals must report deaths associated with the use of seclusion or restraint.**

- (1) The hospital must report the following information to CMS:

- (i) Each death that occurs while a patient is in restraint or seclusion.
  - (ii) Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.
  - (iii) Each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.
- (2) Each death referenced in this paragraph must be reported to CMS by telephone no later than the close of business the next business day following knowledge of the patient's death.
  - (3) Staff must document in the patient's medical record the date and time the death was reported to CMS.100

**(h) Standard: Patient visitation rights.**

A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. A hospital must meet the following requirements:

- (1) Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.
- (2) Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
- (3) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- (4) Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

As adopted July 2, 1999, effective August 2, 1999, and amended December 8, 2006, effective January 8, 2007 and amended, effective January 18, 2011. effective January 18, 2011.

# **Bayaanka Bukaanka Xuquuqdiisa ee Minnesota**

## **Qasadka Sharci-dajinta (Legislative Intent)**

Qasadka Baarlaamanka ayaa ah in bayaankaan uu hormariyo danaha iyo maslaxaladda bukaanka rugaha daryeelka ku jira. Marnaba lama oggola in rug daryeel ay bukaanka ku amarto in in uu ka tanasulo xuquuqyadaan oo sharuud looga dhigo si uu rugta ku soo gaalo. Ilaaliye ama wali kasta ee bukaanka ama, mar uusan meesha ku jirin ilaaliye ama wali, qof daneeya, ay raadin karaan adkaynta xuquuqyadaan iyaga oo bukaanka u hadlaya. Qof daneeynaya waxaa kale ee u raadin karaa in xuquuqyadaan la adkeeyo asaga oo u danaynaya eel eh ilaaliye ama wali ayadoo loo marayo hayadaha maamulka ama dardaraan maxkamad laga haysto ama maxkamad degmo ee sharci u leh ilaalinta iyo waliganimada. Ayadoo go'aan laga sugayo waxa nidaamu u socda adkaynta rugta caafimaadu waxa ay, ayadoo ay daacad ka tahay, waxa ay adeecaysaa waxa uu ilaaliyaha ama waliga farayo. Qasadka qeybtaan ayaa ah in bukaank asta xuquuqdiisa madaniga iyo xorriyadda diinta uu rabo, ay ka midyihiin go'aanka uu shakhsi ahaan xor ugu yahay iyo aqoonta fursadaha u furan, in aan faragalin lagu samayn iyo in markaasi ay rugtu ku dhiirrigalin iyo ku caawin doonto in sida ugu awood badan xuquuqyadaan lagu meelmariyo.

## **Qeexitaanka**

Ujeddooyi bayaankaan laga leeyahay, macnaha “bukaanka” waxa kale ay tahay qof la soo seexiyay rug bukaanjiifka daryeel culus u baahan ee muddo 24 saacadood ka badan, taaso ujeeddadu tahay in uu jiro cudur ama daawayn saamaysa caafimaadka jirka ama maskaxda ee qofkaa. “Bukaanka” macnaheeda waxa ay tahay qof da' yare ee barnaamijka rugta la soo dhigay sida ku qeexan Qaybta 7, Sharciga Minnesota 1986, Cutubka 326 (Section 7, Laws of Minnesota 1986, Chapter 326). Wax ujeeddada bayaankaan quseysa, “bukaanka” macnaheeda waxa ay tahay qof kasta ee caafimaadka dhimirka laga daaweynayo qaab bukaansocod ama barnaamij jaalliyaddu taagereyso ama barnaamij kale ee jaalliyadda ku salaysan.

## **Qaraarka Qaanuunka Guud**

Waxa qaraar lagu gaaray qaanuunka guud ee gobolkaan in danta bukaan kasta lagu ilaaliyo qaraar ah bayaanka bukaanka xuquuqdiisa kuwaso ay ku jiraan balse aan ku koobnayn xuquuqda qaaska ee bayaankaan.

### **1. Macluumaadka Xuquuqda Ku Taxluqa**

Bukaanka, marka la seexiyo, waxaa loo sheegi doonaa in ay jiraan xuquuq sharciyeed ee ayaga lagu ilaalinayo muddada joogitaankaa rugta ama muddada ay daawaynta u soconaysao iyo ku haynta jaalliyadda iyo in kuwakan lagaga warbixiyay bayaanka qoraalka la socda ee xuquuqda iyo waajibaayada lagu dabaqayo ee u taagan qeybtaan. Haddii ay dhacdo in bukaanka barnaamijka dejinta iy ku haynta jaalliyaadda sida ay Qaybta 7 ugu qeexantahay, bayaanka qoraalka ah waxa uu ka warbixin doonaa xuquuqda qof 16 sano jira ama ka weyn in uu siidayn ku codsado sida Qaybta 253B.04, Qaybhoosaadka 2 (Section 253B.04, Subdivision 2) ku xusan, iyo ay la qori doono magacyada iyo lambarrada telefoonka shakhsiyaadka iyo hayadaha bixiya



adeegyada u doodidda iyo sharciga ee rugta daaweynta bukaanka quseeyas. Waxa dacwayactir macquul ah loo diyaarin doona kuwa dhegaha culus, iyo kuwa ku hadla luqad an ingiriis ahayn. Qawaaniinta rugaha ee hadda jira, baaritaannada dhacdooyinka bayaanka qoraalka xuquuqyada waxaa la siinaya bukaanna, ilaaladooda ama wakiillada ay doorteen ay sidaasi macquul ah kaga codsadaan agaasimaha ama shaqaalaha ay u xilsaareen, kaaso addecsan cutubka 13, Sharciga Dhacdooyinka Macluumaadka, iyo Qaybta 626.557 (Data Practices Act, and Section 626.557), taaso dadka waaweyn ee baylahan la xariirta.

## **2. Daaayn Xushmad Leh**

Bukanaanada waxa ay xaq u leeyihiin in si xushmad iyo ixtiraam leh loogu daaweeyo ayaado shaqaalaha ama qofka adeegayda ku siinaya rugta daryeelka caafimaadka ku dhawra gaarahaanshahooda shakhsiyadeed.

## **3. Daryeel Caafimaadka Ku Habboon**

Bukaannada waxa ay yeelan doonaan daryeel ku caafimaad ee ku habboon iyo daryeelka shakhsiyadeed taaso baahida shakhsinimadooda ku salaysan. Xuquuqda waxa ay ku koobantahay marka adeegga ayasan gudi karin ilaaha gaarka iyo kuwa guud loo leeyahay.

## **4. Dhakhtarka Aqoonsigiisa**

Bukaannada oo idil waxaa heli doonaan ama la siin doonaa, ayadoo qoraal, magaca, cinwaanka mehereda, lambarka telefoonka, iyo takhasuska, ee qof kasta, ee dhakhtarka masuul ka ah isuduwidada daryeelkooda. Marka ay caafimnaad sidaa ku habboonayn, sida uu ka qoray dhakhtarka bukaanka xogtiisa la socda, macluumaadka waxa la siinaya bukaanka ilaalayihiisa ama qofka kale ee bukaanka uu u magacaabay in uu wakiilkiisa ama wakiilkeeda ahaado.

## **5. Cilaqaadka Lala Leeyahay Adeegyada Kale ee Caafimaadka**

Bukaannad adeegyada laga siinayo daryeele dibadda ah, marka ay codsadaan, waa in loo sheego aqoonsiga daryeelaha. Macluumaadka waxaa ka mid ahaan doonaa magaca dareyeelaha dibadda, cinwaanka, iyo warbixin ku taxluqda adeegyada ay dhici karto in la bixiyay. Marka ay caafimnaad sidaa ku habboonayn, sida uu ka qoray dhakhtarka bukaanka xogtiisa la socda, macluumaadka waxa la siinaya bukaanka ilaalayihiisa ama qofka kale ee bukaanka uu u magacaabay in uu wakiilkiisa ama wakiilkeeda ahaado.

## **6. Macluumaadka Daawaynta ku Taxluqa**

Bukaannada waxa ay dhakhaatiirtooda ka heli doonaan macluumaadkooda oo dhammaystiran iyo macluumaadka hadda jira ee la xariira cudurkooda, daawaynta, daawaynta duwan, halista iyo naatijada la filayo sida ku xusan dhakharta waajibka sharciga ah ee ka saaran siidaynta macluumaadka. Macluumaadkaan in uu yeesho macno iyo luqad uu bukaanka fahmi karo ama la filayo in uu fahmayo. Bukaannada waxa goobjoog la ahaan kara xubnaha qoyskooda ama wakiillo kale oo day doorteen, ama labadaba. Macluumaadkaan waa in ku jiraan dhicitaanka xaalad caafimaad ama reebitaan xagga miyirka ee daawaynta ama daawaynta duwan. Marka ay caafimnaad sidaa ku habboonayn, sida uu ka qoray dhakhtarka bukaanka xogtiisa la socda, macluumaadka waxa la siinaya bukaanka ilaalayihiisa ama qofka kale ee bukaanka uu u magacaabay in uu wakiilkiisa ama wakiilkeeda ahaado. Shakhsiyaadka xaq waxa ay u leeyihiin in macluumaadkaan diidaan.

Bukaan kasta ee kaansarka nasaha qaba waa in warbixin buuxda la siiyo, kahro ama waqtiga rugta la dhigayo iyo muddada lagu hayo, iyo guudahaan dawayn waxtaraysa ee duwan kuwaaso dhakhtarka goobjoogga uu ka warhayo, ay ka midyihiin qlitaanka, raajada, kiimikada kansarka daawaynaysa daaawyn la isku milay iyo halista ka soo bixi karta marka hababkaas la raaco.

## 7. Ka Qeybqaadashada Qorsheynta Daawaynta

Ogaysiiska u Jeeda Xubnaha Qoyska:

(a) Bukaannada waxa ay xaq u yeelan doonaan in ka qeybqaataan qorsheynta daryeelka caafimaadkooda. Xuquuqdaan waxaa ka mid ah fursadda ah in laga hadlo dawaynta iyo waxa kale ee shakhsiyaadka daryeelka bixiya, fursad lagu codsato iyo laga qeybqaato kulan rasmi, iyo xaq loo leeyahay in lagu daro xubnaha qoyska ama wakiillo kale ee la doortay, ama labadaba. Haddii ay dhacdo in bukaanka uusan kulanka imaan karin, xubin qoyska ka tirsan ama wakiil kale ee bukaanka uu doortay ayaa dhici karta in kulankaa lagu soo daro. Wakiilka la doortay waxa dhici karta in uu noqdo caawiye bukaanka doorashadiisa ku timid.

(b) Haddii bukaan soo galay rugta uusan miyir lahayn ama miyirbeel dheer ku jiro usaanna awood u lahayn uu warramo, rugtu waxa daadal caqligal u galaysaa si shardi ku ah baragaraafka (c) in la waco xubin qoyska ah ama qof u qoraal bukaanka ku wakiishaday in la waco marka ay jiraan xaalado degdeg ah ee sheegaya in bukaanka rugta loo dhigay. Rugtu waa in ay xubnaha qoyska u oggolaato in a ka qeybqaataan qorshaha daawaynta, waa haddii aysan rugtu ogtahay ama rumeysantahay in bukaanka uu si qaas ee qoraal ah uu ku codsadeen in aysan rabin xubin qoyska ah in uu ka qeybqaato qorshaha daawaynta. Kaddib markii loo sheego xubin qoyska ka mid ah iyo kahor inta la oggolaan in xubin qoyska ka tirsan in uu qorsheynta ka qeybqaato, taaso raacaysa hawlaha caqgligalka ee daawaynta, in go'amada laga gaaro haddii bukaanka uu horay u bixiyey dardaaran quseeya bukaanka daryeelka caafimaadkiisa. Ujeeddoyin quseeya baragaraafkaan, "dadaal caqligal" waxaa ka mid ah:

- (1) la dhawro bukaanka waxa uu gaarka u leeyahay;
- (2) la dhawro xogta bukaanka caafimaadkiisa ee rugta ay gacanta ku hayso;
- (3) laga wardoono cid kasta ama xubin kasta ee qoyska oo xaalad degdeg awgeed wax laga weydiyo haddii uu bukaanka kal hore dardaarmay iyo haddii bukaanka uu leyahay dhakhtar si joogta ah daryeelkiisa ka arrimiya; iyo
- (4) laga wardoono dhakhtarka si joogto bukaanka daryeelkiisa ka arrimiya, haddii la yaqaanno, iyo haddii bukaanka uu dardaarmay. Haddii rugtu ay xubin qoyska ka tirsan la soo xariirto ama u oggolaato xubin qoyska ka tirsan in ka qeybqaato qorsheynta daawaynta ayadoo la tixgalinayo baragaraafkaan ku qoran, rugtu eed uma ay geysanayso bukaanka khasaaro bukaanka ka soo gaarta ogaysiiska xubin qoyska ama qof qoyska ka tirsan in xaalad degdeg ah lagala soo xariiray ay tahay wax aan qumanayn ama jabisay bukaanka xuquuqdiisa uu gaarka u leeyahay.

(c) Marka dadaal cagligal loo galayo si ogaysiiyo in xubin qoyska ah ama qofka xaaladda degdegga u magacaaban la xariiriyo, rugtu waxa ay iskudayaysaa in ay ogaato xubinta qoyska ama qofka xaaladda degdegga u magacaaban in eegaan waxa uu bukaanka gaarka u leyahay

iyo xogta caafimaadka bukaanka oo ay rugtu gacanta ku hayso. Haddii rugtu ay healeeliweydo in ay ogaysiiso xubin qoyska ah ama qofka xaaladda degdegga u magacaaban muddo 24 sacaadood gudahood ee ka soo wereegtay marka rugta la keenay, rugtu waxa ay la xariiraysa hay'adda adeegyada bulshada ee degmada ama boliiska degmada in bukaanku uu rugta joogo iyo in rugtu ay suurtoagal u noqonwday in ay qof qoyska ka tirsan ama qofka xaaladda degdegga u magacaaban la xariirto. Hay'adda adeegyada bulshada degmada ama boliiska ee rugta caawinaysa ma qaadayso eedda khasaaraha waxa uu bukaanka leeyahay soo gaara taaso lagu salaynayo in ogaysiiska loo diray xubin qoyska ah ama qofka xaaladda degdegga u magacaan ay jibisay bukaanka xuquuqdisa gaarka ah. ama qofka xaaladda degdegga u magacaaban.

## **8. Taxnaanshaha Daryeelka**

Bukannada waxa ay xaq u yeelanayaan in lagu daryeelo si caqligal joogto ah iyo taxnaansho leh ee hawsha shaqaalaha illaa inta ay qaanuunka rugta uu oggolaanayo.

## **9. Xaq Daryeelka lagu Diidayo**

Bukaannada lixaadka leh waxa ay xaq u leeyihiin in daawaynta diidan taaso ku salaysan macluumaadka lagu waajibiyay Right No. 6 (Xuqa Lambar 6). Xaaladaha marka bukaanka uu fahmadwaayo xaaladda uu ku suganyahay balse aad weli sharci ahaan lagu sheegion in uusan masuul iska noqon karin, ama marka sharciga xadidayo waajibaadka uu xaq u leeyahay in waa daawaynta diido, arrimahaa iy oxaaladaha waa in uu dhakhtarka ku diwaangeliyo bukaanka xogtiisa caafimaadka.

## **10. Tijaabada Cilmibaarista**

Oggolashada qoraalka, ogayssinta waxa shardi in la helo inta kahorreysa bukaanka ka qeybqaadashadiisa tijaabada cilmibaarista. Bukaanku waxa uu xaq u leeyahay in uu ka qeybqaadashada diido. Oggolaasha iyo diidmadaba, labada, wa in lagu diwaangeliyo xogta daryeelka bukaanka.

## **11. Darxumada Xor Laga Ahaado**

Bukaannada waa in ay darxumada xor ka ahaadaan sida Sharciga Badbaada Dada Waaweyn ee Baylahan (Vulnerable Adults Protection Act) lagu xusay. Darxumada macnaheeda waa ula dhaqan laga warbixiyay Qaybta 626.5572, Qaybhoosaadka 15 (Section 626.5572, Subdivision 15), ama si ulakaca iyo jirka xanuun ama dhawaac loo geysto, ama habraac kasta ee joogto ah ee loogu talagalay dhiibato maskaxeed iyo mid qiira ah lagu geysanayo. Bukaanku kasta waa un xor ka ahaado xauun kiimika iyo mid jireed lagu xakameynayo, marka laga reebo xaalado si buuxda lagu diwaangeliyey, ama qoraal lagu fasaxay kaddib marka bukaanka dhakhtarkiisa uu baaritaan ku sameeyay muddo khaas iyo koobaan, iyo marka keliya ay baannantahay si bukaanka uusan isugu geysan dhaawac ama uu dad kale dhawaaco.

## **12. Daawaynta Qarsoodiga Ah**

Bukaannada waxa ay xaq u yeelanayaa in la xusmeeyo iyo qarsoodi laga dhigo wax la xarira barnaamijyada daawayntooda iy daryeelkooga gaarka u ah ku taxluqa. Ka xajoodka, wadatashiga, baaritaanka, iyo daawaynta kiiska ku taxluqa waa kuwo asturan iyo aan daboolka laga qaadayn. Waxa qarsoodiga ah waa in si xushma le lagu sameeyo isticmaalka suuliga,



qubeyska , iyo hawalaha kale ee fayadhowrka shakhsiyeed, marka laga reebo waxa ammaanka ama gargaarka bukaanka la xariira.

### **13. Asturnaanta Xogta**

Bukaannada waa in loo xaqiijiyo asturnaanta daawaynta ee xogta shakhsiyadooda iyo daawadooda, iyo ay oggolaan karaan ama diidi karaan siidayntooda u socota shakhsi kasta ee rugta ka baxsan. Macluumaadka nuqullada iyo qoraalka xogta ee xogta ku jiray in la gubiyo aydoo la xusayo qaybhoosaadkaan iyo Qaybta 144.335 (Section 144.335). Xaqqaan laguma dabaqi karo baaritaannada cabashooyinka iyo baaritaannada ay waaxda caafimaadka waddo, marka ay waajibantahay dhinac saddexad bixiyada qandaraasyda, ama haddii kale sida uu sharciga ku xusan.

### **14. Siidaynta Adeegyada Jira**

Bukaannada in lagu wargeliyo, kahor ama waqtiga ay galayaan iyo muddada ay joogayaan, adeegyada ay u jiraan jiscinka rugta u qoondeeyesay ama kharashka maalinkiiiba ee qolka iyo in adeegyada kale ee dheeraadka lacag kale lagu dallacayo. Rugtu waxa ku dadaal xog leh u galaysaa sidii ay ku caawin lahayd in bukaannadu ay helaan macluumaadka ah haddii barnaamijka Medicare ama Medical Assistance (Gargaarka Caafimaadka) ay bixin doonaan kharash kasta ama kharashyada idil ee halkaan lagu soo hadalqaaday.

### **15. Adeegyada Jawaabta Sugan**

Bukaannada waxa ay xaq u yeelan doonaan in sida ugu dhaqsiyo badan iyo ugu cagligalsan su'aalhooda iyo cosiyadooda looga jawaabo.

### **16. Asturnaanta Shakhsiyeed**

Bukannada waxa ay xaq u yeelan doonaan mudnaansha kasta ee u jeedda asturnaantooda, shakhsi ahaantooda, iyo aqoonsiga dhaqameed ee heerkooda bulshadeed, diimeed, iyo niyad ahaan xalad fiicnaanshohooda la xariirta.

### **17. Cabashooyinka**

Bukaannada waa in lagu dhiirrigaliyo iyo lagu cawiyo, muddada joogitaankooda idil ee rugta ama inta ay daawadooda u socoto, in ay fahmaan iyo isticmaalaan xuquuqdooda bukaan iyo midda muwaddiin ahaan. Bukaanada waxa ay soo jeedin karaan cabashadooda iyo soo jeediyaan talooyin isbaddallo qawaaniinta iyo adeegyada la xariira u gudbiyaan shaqaalaha iyo kuwa kaleba doorashadooda, xor ka ah caqabadayn, faragalin, handadaad, takoorid, ama aargudasho, ay ku jirto handadaad ka saarid ah. Ogaysiiska nidaamka cabashooyinka ee rugta ama barnaamijyada, iyo xita cinwaannada iyo lambarrada telefoonnada ee Xafiiska Cabashooyinka Rugta Caafimaadka (Office of Health Facility Complaints) iyo qeybaha sarkalka ashtakada guryaha daryeelka ee Sharciga Waayeelka Maraykanka (Older Americans Act, Section 307 (a)(12) waa in lagu dhejiyo meel ay la arki karo.

Rug kasta ee buukaanjiifka daryeelka xanuun adag, barnaamijyada rug kasta sid ku qeexan Qaybta 7 (Section 7), iyo rug kasta ee shaqaalaysiisa wax laba qof ka badan ee bixinaysa adeegyada daryeelka caafimaadka dhimirka ee bukaansocodka waa in ay leehato nidaam cabashooyinka gudaha ee qoraal ah oo, ugu yaraan, ee lahaato nidaam la raaco; waqti qaas ee xaddidan, ay ku jiraan xaddidyo ay rugtu kaga jawaabayso; bukaanka siinayso in uu gargaarka u



doode; ku waajiban jawaab qoraal ah marka ay cabashooyin qoraal jiraan; iyo waqti loo qabtay ay ku bixinayso go'aan ku salaysan go'aan uu go'aangaare dhexdhexaad ka gaaray cabashooyinka waa haddii aanan la xallin. Adeecitaanka isbitaallada, barnaamijyada degganaanshaha sida ku qeexan Qaybta 7 (Section 7) kuwaaso ah barnaamijyo daawaynta koobaad ee isbitaalka kusalaysan, iyo xarumaha qallinka bukaansocodka ee la socda Qaybta 144.691 (Section 144.691) iyo u adeecnaanta laga rabo hayadaha haynta caafimaadka ee la socda Qaybta 62D.11 (Section 62D.11) ayaa la rabaa in ay u adeecnaato waajibka qoraalka nidaamka cabashada gudaha.

### **18. Asturnaanta Xog-isdhaafiska**

Bukannadu waxa ay la saaxibi iyio xog-sdhaafsan karaan qofka ay doonaan iyo ay rugta galaan, marka laga reebo sida uu qorayo Sharciga Daawaynta ee Minnesota (Minnesota Commitment Act), kana baxaan haddii ay sidaad doorteen. Bukaannada waxa ay adeegsan doonaan, kharashkooda iska bixiyaan, qalaq wax la qorto, warqado iyo qalmaan, iyo tigidhada waraaqaha lagu dirsado. Warqadaha la dirsado waxa lagu dirsan doonaan ayadoo aysan wax faragalin dhicin iyo warqadaha lagu helo ayadoon aysan cidna furin marka laga reebo jiritaanka qorshe horay loo bixiyay iyo dhakhtar u siidaasi u xogta caafimaadka u geliyey. Waa in ay jirto adeegsashada telefoonka kaaso uu bukaanku telefoon ku dirsan karo lagana soo wici karo siidaasina uu xogtiisa gaarka uga hadlo. Rugaha aan lahayn meelo gaar ah waa in ay si caqligal ugu raalligaliyaan asturnaanta bukaannada wacitaankooda. Xuquuqdaan waxa ay ku xaddidantahay meelaha aan caafimaad ahaan surtogonal ahayn, sida uu dhakhtarka ku diiwaangeliyey bukaanka xogtiisa daryeelka. Marka qorshe horay loo bixiyay ay rugtu u xaddiday kahortagga xadgudubka qorshaha ayaado la raacayo Sharciga Badbaadada Dadka Baylahan, Qaybta 626.557, Qaybhoosaadka 14, Baragaraaf (b) (Vulnerable Adults Protection Act, Section 626.557, Subdivision 14, Paragraph (b)), xuquuqdaan waa in la xaddido sidii loogu talagalay.

### **19. Hantida Gaarka Loo Leeyahay**

Bukannada waxaa haysan karaan waxa ay gaarka u leeyihiin sida dharkooda iyo waxooda kale haddii boos ku filan lo ohayo, waa haddisan waxakan caqabad ku noqon xuquuqda bukaannada kale, ammaanka, ama sababaha siidasi loogu qorsheyey. Waxaa dhici karta in rugtu, balse aysan ku qasbanayn, in bixis lacag ama wax ku baddasho shayada lumay ama la xaday.

### **20. Adeegyada Rugta laga Qabanayo**

Bukaannadu rugta uma ay qaban doonan shaqo ama adeeyo waa haddii aysan hawlahaan ku jirin wax lagu horumarinayo daawanta iyo yihiin kuwo ujeedo la xariira ee xogtooda caafimaadka shaqsida ku jirta.

### **21. Adeegyada Ilaalinta iyo U Doodidda**

Bukaanada waxa ay xaq u yeelan in waqti cagligal ay adeegsadaan xuquuq kasta ee adeegyada ilaalinta iyo adeegyada u doodidda si markaasi uu bukaanku ku helo gargaarka lagu eegayo, la adeegsanayo, iyo lagu ilaalinayo xuquuqda ku xusan Qeybtaan iyo kuwo ku xasan sharci kale. Xuquuqdaan waxaa ku jiri doona fursadda xog-isdhafi asturan ee dhexmara bukaanka iyo wakiilkiisa ee xuquuqda adeegyada ilaalinta ama adeegyada u doodidda.

## **22. Xaqa Siidaynta Xog-isdhaafiska iyo Xaqa Ku-xirnaanshaha loo Leeyahay**

Marka rugta la soo galayo, taaso sharciyada federaalka aan oggolayn siidaynta macluudka aan fasax loo haysan ee aqoonsiga bukaanka lagu siinayo dad soo wacaya iyo soo booqanaya, bukaanka, ama ilaaliyaha ama waliga sharciga leh ee bukaanka, waa in la siiyo fursad ay ku oggalaadaan siidaynta ee bukaanka joogitaankiisa rugta ee wacayaasha iyo martida rabi kara in ay bukaanka la xariiraan. Illaa inta ay surtogonal tahay, ilaaliyaha ama waliga sharciga leh ee bukaanka waxa ay ka fiirsan doonaan fikradaha uu bukaanka ka qabo waxa la xariita siidaynta joogitaankiisa ee rugta.

Bukaanku waxa uu xaq u leeyahay booqashada shakhsi uu bukaanka magacaabay in uu ahaado bukaanka wakiilkiisa daryeelka caafimaadka sida uu cutubka 145C (chapter 145C) qorayo iyo go'aama gaarista daryeelka caafimaadka uu shakhsi uu bukaanka magaacabay sida uu baragaraafka 22 (paragraph 22) qorayo.

Kaddib marka rugta la galiyo, bukaanka ama ilaaliyaha sharciga ama waliga sharciga ee bukaanka, waa in la siiy fursadda ah in ay magacaaabaan qof aan qaraaba soke ahayn oo geli doona booska qofka bukaanka qaraabadiisa marka la la hadlahayo arrimaah booqashada iyo go'aan garistga daryeelka caafimaadka quseeya. Magacaabitaanka in bukaanka xogta caafimaadkiisa lagu soo daro. Ayadoo la dhawrayo samaynta goanka daryeelka caafimaadka, dardaaranka daryeelka caafimaadka ama magacaabidda wakiilka daryeelka caafimaadka sida ku qoran cutubka 145C uu ku fidi karo magacaabid lagu sameeyay baragaraafkaan. Qof aan qaraabada ahayn waxaa sidaasi ku aqoonsanayo bukaanka ama bukaanka goyskiisa.

## **XUQUUQ DHEERAAD AH EE BARNAMIJYADA DAAWYNTA CULUS EE LAGU BIXINAYO DAAWAYNTA KU TIIRSANAANTA MAANDORIYAHA AMA DHALLINYARADA XANUUNKA DHIMIRKA QABA AMA RUG ADEEGYADA DHALLINYARADA QIIL:**

### **23. Faquuqidda iyo Xakamaynta**

Bukaanka dhallinta yar ee barnamijka rugta la geeyey sida ku xusan Qaybta 7, waxa uu xaq u leeyahay in xor ka ahaado xakamaayn jireed iyo faquuqid marka laga reebo xaalado ay dhici karto in bukaanka nafsad ahaantiisa ama qof kale uu dhaaci doono. Nidaamyadaan waxaa kaloo loo isticmaali karaa ama uu biixiyay dhakhtarka, daaweehaha caafimaadka dhimirka, ama xeeldheere lagala tashado caafimaadka cilmu nafsiga, marka habab kale ee xakamaynta ah ay shaqaayn waayeen ama aysan surtogonal ahayn iyo in dhicitaan waxaan oo idil noqoto muuddo aad u gaaban.

### **24. Qorshaha Daawaynta**

Bukaanka dhallinyarada ah ee barnamijka rugta la dhigay sida Qaybta 7 ku xusan, waxa uu xaq u leeyahay qorshe daawayn ee qoraal ee ka hadlaya xeerarka dabeecadda ee dhiibaatooyinka kiiska, ujeeddada saxda ah ee qorshaha, iyo nidaamka la isticmaali doono si lagu soo gaabiyo muddaada uu bukaanaku sida bukaanjiif loo daawaynayo. Qorshuhu waa in uu si cad u kala dhigdhiigo ujeeddada loogu gudbinayo rug ka xakamayn yar iyo tallaabooyinka daawaynta iyo adeegyada xigi doona, haddii ay ku habbontahay. Illaa inta la qiyaasi karo, bukaanka dhallinyarada ah iyo waalidkiisa am awaalidkeeda ama ilaalliya ayaa ka qeybqaadanaya qorshaha horumarka daawaynta iyo ka bixidda.



**Su'aalaha ama cabooshooyinka quseeya caafimaadka daawaynta burkaanka ama Xeerka Bukaanka Xuquuqdiisa waxa loo diri karaa:**

**Guddiga Minnesota ee Hawlaha Caafimaadka**

**(Minnesota Board of Medical Practice)**

2829 University Ave. SE, Suite 400

Minneapolis, MN 55414-3246

Telefoonka: (612) 617-2130

(800) 657-3709

**Xafiiska Cabashooyinka Rugta Caafimaadka**

**(Office of Health Facility Complaints)**

P.O. Box 64970

St. Paul, MN 55164-0970

Telefoonka: (651) 201-4201

(800) 369-7994

**Su'aalaha la xariira helitaanka daryeelka bixitaanka ka hormaray waqtiga loo qabtay waxaa loo diri karaa:**

**Sarkaalka Baara Cabashada Daryeelka Muddada Dheer**

**(Ombudsman for Long-Term Care)**

P.O. Box 64971

St. Paul, MN 55164-0971

Telefoonka: (800) 657-3591 ama

(651) 431-2555 (magaalada iyo degaannada u dhow)

**Qoraalka waxa bixiyay Isbitaallada Minnesota iyo Iskaashatada Daryeelka Caafimaadka (Minnesota Hospital and Healthcare Partnership). Turjumidda waxaa maalgalisay Waaxda Caafimaadka ee Minnesota (Minnesota Department of Health). Macluumaadka dheeraada ee turjimiddaan ku taxluqda, la xariir Minnesota Department of Health ee laga wacayo (651) 201-3701.**

