CaringEdge

CALL HOSPICE

A nurse is available 24 hours a day.

(218) 216-7243

CaringEdge Hospice
4195 Westberg Road
Hermantown, MN 55811

Fax: (612) 254-8243

STATEMENT OF CONFIDENTIALITY

This booklet may contain protected health information. Persons other than you and your health care provider must have your permission to view this booklet.

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CaringEdge

Patient/Family Orientation

For

Hospice Care

(218) 216-7243 OFFICE

(612) 254-8243 FAX

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Hermantown, MN 55811

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CaringEdge

Patient/Family Orientation for Hospice Care

Section 1: Welcome, Mission and Philosophy

CaringEdge Hospice is dedicated to promoting quality of life by addressing the medical, emotional, and spiritual needs of our patients and their families. We understand that each patient and family is unique. We are guided by the belief that providing the highest quality of patient care with dignity, compassion, and respect for each person is the most important activity of the organization.

We believe:

- Hospice affirms life.
- Hospice recognizes dying as a process and so our care provides comfort rather than cure.
- Hospice neither hastens nor postpones death.
- Hospice helps the terminally ill person maintain quality of life and helps family members through an extremely stressful time in their lives.

Hospice is primarily a home care program, but services may also be provided in a hospital or nursing home. A hospice team helps the patient and family make informed decisions about caregiving, teaches the necessary skills for “hands-on” care, and helps with the approaching and actual death. Hospice also offers help through the bereavement period.

CaringEdge Hospice is privately owned and operated. We are committed to ensuring your rights and privileges as a hospice patient. We have written this booklet to help you better understand hospice care. If you have additional questions, please do not hesitate to ask us.

Thank you for selecting us as your hospice and palliative care provider.

Sincerely,

The Management and Staff of CaringEdge Hospice

ACCREDITATION

A STATE LICENSED, MEDICARE CERTIFIED-HOSPICE AGENCY.
Community Health Accreditation Partner as a deemed hospice agency.

Section 1: Hospice Overvieww

Policies

This book contains general information regarding your rights and responsibilities as a patient. As state and federal regulations change, there may be additions or changes to this book as necessary. Our complete policy and procedure manual regarding your care and treatment is available upon request for your viewing at the agency office any time during normal business hours.

Criteria for Admission

Admission to our hospice program is made upon the recommendation of your physician and is based upon your needs. Normally, appropriate candidates for hospice are patients:

- With a life expectancy of 6 months or less if the illness runs its normal course;
- Who desire palliative care;
- Who want to stay at home as long as possible; and
- Who have a primary care person.

On admission, our nurse will visit with you or your family to discuss hospice services, assess your immediate needs, and recommend a plan of care.

If we cannot meet your needs, either directly by our hospice or indirectly through service agreements with other providers, we will not admit you or continue to provide services to you.

Hospice Concept

What is Hospice?

- Hospice care provides comfort and kindness to those persons nearing the end of life's journey.
- Hospice will help you make decisions about how and where you want to spend the rest of your life.
- Hospice is a special kind of caring.
- Every 14 days, an interdisciplinary team meets to review your plan of care. This team includes but is not limited to: a physician (Medical Director), a nurse (Case Manager), a chaplain; and a social worker.

Why Hospice?

- Hospice treats you, not the disease. The focus is on care, not cure. Your medical needs, along with you and your family's social, emotional, and spiritual needs, are addressed by a team of hospice professionals and volunteers.
- Hospice considers your entire family, not just you, as the "unit of care". You and your family are included in the decision making process. Hospice will help you and your family make choices about end-of-life issues and enable you to have greater control over these choices. Bereavement counseling is provided to your family for up to 13 months after death.
- Hospice offers palliative/comfort, rather than curative treatment. Hospice will provide care and comfort when a cure is no longer an option. Through ever advancing technology, pain and symptom control will enable you to live as fully and comfortably as possible.
- Hospice emphasizes quality and comfort rather than curative measures. Hospice neither hastens nor postpones your death. It affirms life and regards dying as a normal process.

Services

Hospice services include:

- Nursing
- Medical Social Services
- Physician Services
- Spiritual Counseling
- Volunteer Services
- Hospice Aide/Homemaker Services
- Dietary Counseling
- Bereavement Counseling

All services are provided under the direction of a physician and/or the Hospice Medical Director. Arrangements will be made for hospice approved medications, medical supplies, and equipment as appropriate.

Levels of Hospice Care

ROUTINE HOME CARE: Care is provided intermittently by hospice team members in the patient's or family's home or in a nursing care facility.

GENERAL INPATIENT CARE: Care is given at a contracted facility for patients who need pain control or acute/chronic symptom management or who have a breakdown in the family caregiving system. Paid length of stay for inpatient care and necessity of inpatient care will be determined by the hospice interdisciplinary group. If a hospice patient needs hospitalization for any reason unrelated to the terminal diagnosis, Medicare Part A will be utilized.

INPATIENT RESPITE CARE: Under the direction of the hospice plan of care, up to five (5) days of respite care at a contracted nursing care facility will be paid by hospice. This benefit may be used to give the family/caregiver a rest and the patient does not need to meet acute care standards.

CONTINUOUS HOME CARE: Care to be provided only during periods of crisis to maintain the patient at home. Criteria for continuous home care are the same as general inpatient care. Hospice staff will provide a minimum of eight (8) hours of care per calendar day.

Medicare Hospice Benefit

Medicare will reimburse the cost of hospice care under your Medicare Hospital Insurance (Part A). When all requirements are met, Medicare will cover the following:

SERVICES COVERED UNDER THE MEDICARE HOSPICE BENEFIT (if included in the plan of care)	**SERVICES NOT COVERED UNDER THE MEDICARE HOSPICE BENEFIT**
• Physician services • Nursing care • Medical appliances and supplies • Medications for symptom management and pain relief of the terminal illness (must be pre-approved by hospice) • Short-term inpatient care for pain and symptom control • Hospice aide/homemaker • Spiritual counseling • Physical Therapy, Occupational Therapy, and Speech Therapy • Medical Social Services • Dietary Counseling • Volunteer Services • Short-Term Respite Care	• Treatment for the terminal illness which is not for palliative symptom management and is ***not within*** the hospice plan of care • Care provided by another hospice that was not arranged by the patient's hospice • Ambulance transportation not included in the plan of care. • Medications that are not related to the terminal illness • Visits to the emergency department without the prior approval or arrangements by hospice • Inpatient care at non-contracted facilities • Sitter services/hired caregivers • Admission to the hospital without the prior approval or arrangements by hospice • Lab studies, medical testing and/or any treatments not indicated

If you are receiving care under the Medicare Hospice Benefit, Medicare requires that no more than 30 days prior to the beginning of the third benefit period (180 days) and prior to each subsequent benefit period, a hospice physician or nurse practitioner must conduct a face-to-face visit with you to determine continued eligibility for hospice care. If you refuse to allow the face-to-face visit, you will no longer be eligible to receive hospice care under the Medicare Hospice Benefit.

Charges

In most cases, your insurance company will pay hospice directly; however, not all insurance plans provide full coverage for hospice care and some hospice services may not be covered under your plan. We receive our reimbursement from Medicare, Medicaid and private health insurance for services. All third party payors are billed for hospice services as appropriate.

All patients, who meet the requirements, are accepted regardless of the ability to pay. Medicare or Medicaid patients will not be refused care or have their hospice care discontinued or reduced due to their inability to pay for that care. Our social worker will meet with the patient/family to determine concerns and needs.

Should any change be made in this policy regarding services or charges, you or your responsible party will be advised. Please call our office if you have questions about charges or insurance billing.

SERVICE	COST	INS. PAYS	YOU PAY	SERVICE	COST	INS PAYS	YOU PAY
SN				ST			
HHA				MSW			
PT				Spiritual Counselor			
OT				Dietary Counselor			

Co-Payment: $ ________________ Deductible: $ _________________ Date: ______________

*Please see the Payment Responsibility portion of your legal documents for an actual cost breakdown.

Plan of Care, Treatments, and Services

Our hospice involves key professionals and other staff members in developing your individual plan of care. Your plan of care is based upon identified problems, needs and goals, physician orders for medications, treatments and care, your environment, and your personal wishes whenever possible. Effective pain management is an important part of your treatment plan.

This plan includes five basic areas:

- Physical Care
- Personal Care and Comfort
- Spiritual Needs
- Psychosocial Needs; and
- Bereavement Care

The plan is reviewed and updated as needed, based on your changing needs. We encourage your participation and will provide necessary medical information to assist you. You have the right to refuse any medication or treatment procedure. However, such refusal may require us to obtain a written statement releasing the agency from all responsibility resulting from such action. Should this happen, we would encourage you to discuss the matter with your physician for advice and guidance.

Upon admission, you and an agency representative will create a list of your current medications (including any over-the-counter medications, herbal remedies, and vitamins). We will compare this list to the medications ordered by your physician. Our staff will continue to compare the list to the medications that are ordered, administered, or dispensed to you while under our care. This will be done to resolve any discrepancies (such as omissions, duplications, contraindications, unclear information, potential interactions and changes).

We fully recognize your right to dignity and individuality, including privacy in treatment and in the care of your personal needs. We will always notify you if an additional individual needs to be present for your visit for reasons of safety, education, or supervision. Prior to anyone visiting your home, we will ask your permission. You have the right to refuse any visitors and this will not compromise your care in any way.

We do not participate in any experimental research connected with patient care except under the direction of your physician and with your written consent.

There must be a willing, able, and available caregiver to be responsible for your care between hospice visits. This person can be you, a family member, a friend, or a paid caregiver.

Medical Records

Your medical record is maintained by our staff to document physician orders, assessments, progress notes, and treatments. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering, or unauthorized use. Our Notice of Privacy Practices describes how your protected health information may be used by us or disclosed to others, as well as how you may have access to this information.

Discharge, Transfer, and Referral

Discharge, transfer, or referral from hospice may result from several types of situations including the following:

- The hospice determines that the patient is no longer terminally ill;
- The patient moves out of the hospice's service area;
- The patient transfers to another hospice;
- The patient's behavior (or situation) is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the hospice to operate effectively is seriously impaired;
- Issues of patient or staff safety cannot be resolved; and
- Patient/family requests to end (revoke) the services of the hospice.

You will be given a timely advance notice of a transfer to another agency or discharge, except in case of emergency. If you are referred, transferred, or discharged to another organization, we will provide them with a list of your current medications and information necessary for your continued care, including pain management.

If you are discharged because you are no longer considered to be terminally ill, we will provide any necessary family counseling, patient education, or other services as indicated.

All transfers or discharges will be documented in the medical record on a discharge summary. When a discharge occurs, an assessment will be completed and instructions will be provided for any needed ongoing care or treatment. We will coordinate your referral to available community resources as needed.

NOTICE OF MEDICARE NON-COVERAGE: You or your authorized representative will be asked to sign and date a Notice of Medicare Non-Coverage at least two days before your covered Medicare services will end. If you or your authorized representative are not available, we will make contact by phone, and then mail the notice. If you do not agree that your covered services should end, you must contact the Quality Improvement Organization (QIO) at the phone number listed on the form no later than noon of the day before your services are to end and ask for an immediate appeal.

Patient Satisfaction

Our patients are very important to us. Please ask questions if something is unclear regarding our services or the care you receive or fail to receive.

Grievance Procedure

We are committed to ensuring that your rights are protected. If you feel that our staff has failed to follow our policies or has, in any way, denied you your rights, please follow these steps without fear of discrimination or reprisal.

1. Notify the Hospice Administrator by phone at **(218) 216-7243**, during normal business hours Monday-Friday. You may also submit your complaint in writing to 4195 Westberg Road, Hermantown, MN 55811. Most problems can be solved at this level.
2. You may contact the CHAP hotline 24 hours a day at **(800) 656-9656**.
3. You may also contact the state's Home Care/Hospice hotline at **(800) 369-7994** which operates from 8am-5pm Monday-Friday (except holidays). If voicemail answers, please leave a message and your call will be returned. The purpose of this hotline is to receive complaints or questions about local home health agencies and to lodge complaints concerning the implementation of advance directive requirements.

Section 3: The Role of Hospice Staff

Primary Care Nurse

You will be assigned a primary care nurse who will coordinate your care with other members of the interdisciplinary group and handle any nursing needs. The role of the nurse is to help prevent and relieve pain and other symptoms, as well as teach caregivers ways to provide for your care. The nurse will also make certain that necessary medical supplies and equipment are ordered, and will assist in monitoring medications. Regular communication with your physician will make certain he/she is aware of your status and that orders are being followed. Your hospice nurse will try to anticipate your needs and assist you to better understand the natural progression of your illness. With this information you will be encouraged to make decisions regarding your care.

Physician Services

The hospice medical director, physician employees, and contracted physician(s) of the hospice, along with your attending physician are responsible for the palliation and management of your terminal illness and any conditions related to the terminal illness. If your attending physician is not available, the hospice medical director, contracted physician and/or the hospice physician employee is responsible for meeting your medical needs.

Social Worker

Facing a serious illness can be a time of tremendous pain and confusion for you and your family. Because you must deal with emotions and challenges throughout the time in which the illness is occurring, a social worker may be assigned to help you and your family. Services that may be provided by the social worker include:

- Providing emotional support, counseling, and guidance to the patient and family in coping with stress related to the illness.
- Identify community resources which are available to help you.
- Assisting the patient and family with planning for funeral arrangements, nursing home placement, etc.
- Offering information about Advance Directives.

Spiritual Counselor

Hospice spiritual care is based on a high respect for the patients' and caregivers' personal faith and beliefs. The hospice spiritual counselor is available to assist patients and families cope with the significant spiritual issues that often arise during terminal illness. The services offered include regular pastoral care visits, on-call and available for crisis, conducting funerals and memorial services as requested, and contacting a patient's own clergy, pastoral counselor, or other individuals for additional support, if desired. The hospice spiritual counselor does not impose his/her own personal belief systems or seek to change the beliefs of others.

Dietary Counselor

Dietary counseling may be provided by a dietitian, nurse, or other qualified staff member to address and ensure that your dietary needs are met.

Hospice Aide Homemaker

Our hospice aide/homemaker services are provided under the supervision of a registered nurse to patients who have a need for personal care on a part-time basis. Our hospice aides have experience in caring for people in need and have been carefully chosen to provide care for the patients of the hospice. The hospice aide assists with the patient's personal care which may include bathing, hair care, shaving, skin care, linen changes, catheter care, and straightening the patient's immediate surroundings. Hospice aides are not allowed to dispense medication. They will report any changes in the condition of the patient to the appropriate team member. The nurse schedules their visits and days may vary to meet the patient's needs.

Volunteers

A vital part of hospice is the carefully selected and well-trained volunteers working alongside the professional staff. These special people provide many different types of support for the hospice program and those coping with terminal illness, grief, and loss. They are good listeners, nonjudgmental, adaptable, and have a strong desire to reach out with love and concern to others. Volunteers may be used on a regular schedule. You can call the office if volunteer services are desired.

Bereavement

Bereavement services are an integral part of the hospice program. Following a terminal diagnosis, patients, and families often struggle with anticipatory grief issues. The medical social worker and spiritual counselor are available to assist families during this emotionally difficult time, as well as provide information on common aspects of anticipatory grief. Following a hospice patient's death, hospice continues to provide bereavement support to grieving families. While one individual is identified as the primary contact with the family, generally the spouse or primary caregiver, all members of the family are eligible to receive bereavement services.

These services are available for a period of thirteen months following the patient's death. They include regular mailings to provide support and education regarding grief issues, a grief support group, phone contacts, and individual visits (as desired by the bereaved family) by the medical social worker or spiritual counselor to assess bereavement coping skills and provide emotional support. For needs that exceed the scope of hospice bereavement services, referrals to other organizations and professionals within the community are available. These services are also made available to anyone in the community in which hospice services are provided.

Hospice Client's Bill of Rights

All hospice clients have the following rights. The family or guardian may exercise the patient's rights if the patient is judged incompetent.

Patients have the right to:

1. Be informed of his or her rights.
2. Be provided written information in plain language about rights during the initial visit, and in advance of the provider furnishing care to the client. The written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities, including what to do if rights are violated.
3. Verbal notice of the client's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary.
4. Exercise all rights at any time.
5. Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation, and be free from any discrimination or reprisal for exercising his or her rights for voicing grievances to the provider or other outside entity.
6. Have your property and person treated respectfully by anyone furnishing services on behalf of this agency.
7. Be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect, financial exploitation/misappropriation of property, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
8. Complain to staff and others of the client's choice about services, treatment or care provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services. The right to be advised of the MN Adult Abuse Reporting Center (MAARC), that its purpose is to receive complaints and the state toll free home health telephone hot line, its contact information, hours of operation for questions about local providers.
   MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC)
   Phone: 1-844-880-1574
   For more information:
   Vulnerable adult protection and elder abuse (https://mn.gov/dhs/adult-protection/)

Home Care Client’s Bill of Rights (cont.)

10. Know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance.
    Belinda Saylor, RN
    Administrator
    4195 Westberg Road
    Hermantown, MN, 55811
    Phone) 218-216-7243

11. Be advised of the names, addresses, and telephone numbers of federally funded and state-funded entities that serve the area where the patient resides, including the (1) Agency on Aging; (2) Center for Independent Living; (3) Protection and Advocacy Agency; (4) Aging and Disability Resource Center; (5) Quality Improvement Organization;

12. Be free from any discrimination or reprisal for exercising his or her rights for for voicing grievances to the organization or an outside entity

13. Receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services.

14. Be told before receiving services and the right to participate in, be informed about, and consent or refuse care in advance of and during treatment, with respect to:

    - Other choices that are available for addressing home care needs and the potential consequences of refusing these services.
    - The mode of care-delivery, including the use of telecommunications when applicable.
    - Completion of all assessments.
    - The care to be furnished, based on the comprehensive assessment.
    - Establishing and revising the care plan.
    - The disciplines that will furnish care.
    - The frequency of visits.
    - Expected outcomes of care, including client-identified goals, and anticipated risks and benefits.
    - Any factors that could impact treatment effectiveness.
    - Any changes in the care to be furnished.

15. Be told in advance of any recommended changes by the provider in the service plan and to take an active part in decisions about changes to service plan.

Home Care Client's Bill of Rights (cont.)

16. Receive all services outlined in the plan of care.
17. Refuse service or treatment.
18. Know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
19. Be told, before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs or other sources including Medicare and Medicaid, or any other Federally-funded or Federal aid program known by the provider, if known; what charges the client may be responsible for paying, and any changes to payment information as soon as possible, in advance of the next provider visit.
20. Know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.
21. Choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance or other health programs, or public programs.
22. Have a confidential patient record and access to or release of patient information and records in accordance with the Health Insurance Portability and Accountability Act (HIPAA) law.
23. Have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information, including an Outcome and Assessment Information Set (OASIS) privacy notice for all clients for whom the OASIS data is collected.
24. Access the client's own records and written information from those records in accordance with the Minnesota Health Records Act, Minnesota Statutes, Section 144.291 to 144.298.
25. Be advised of the extent to which payment for services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the organization.
26. Be advised of the charges the individual may have to pay before care is initiated
27. Be advised of the charges the individual may have to pay before care is initiated.

Home Care Client's Bill of Rights (cont.)

28. Be advised of any changes in the information provided with respect to payment and charges, if they occur. The patient and representative (if any) are advised of these changes as soon as possible, in advance of the next home health visit, and in accordance with the patient notice requirements.

29. Reasonable, advance notice of changes in services or charges, in advance of a specific service being furnished, if the provider believes that the service may be non-covered care, or in advance of the provider reducing or terminating on-going care.

30. Know the provider's reason for termination of services.

31. Be informed of the provider's policies and procedures for transfer and discharge, in a language that the client can understand, and is accessible to individuals with disabilities, within 4 business days of the initial evaluation visit. The provider may only transfer or discharge the client if:

    - The transfer or discharge is necessary for the client's welfare because the provider and the physician who is responsible for the plan of care agree that the provider can no longer meet the client's needs, based on the client's acuity. The provider must arrange a safe and appropriate transfer to other care entities when the needs of the client exceed the providers' capabilities.

    - The client or payer will no longer pay for the services provided.

    - The transfer or discharge is appropriate because the physician who is responsible for the plan of care and the provider agree that the measurable outcomes and goals set forth in the plan of care have been achieved, and the provider and the physician who is respon5sible for the plan of care agree that the client no longer needs the services.

    - The client refuses services, or elects to be transferred or discharged.

    - The provider determines, under a policy set by the provider for the purpose of addressing discharge for cause that meets the requirements of this section, that the client (or other persons in the client's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the client or the ability of the provider to operate effectively is seriously impaired. The provider must do the following before it discharges a client for cause:

        - Advise the client, representative (if any), the physician(s) issuing orders for the plan of care, and the client's primary care practitioner or other health care professional who will be responsible for providing care and services to the client after discharge from the provider (if any) that a discharge for cause is being considered.

Home Care Client’s Bill of Rights (cont.)

    - Make efforts to resolve the problem(s) presented by the client’s behavior, the behavior of other persons in the client’s home, or situation.
    - Provide the client and representative (if any), with contact information for other agencies or providers who may be able to provide care.
    - Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records.

  - The client dies; or
  - The provider agency ceases to operate.

32. At least ten calendar days’ advance notice of the termination of a service by a home care provider. This clause does not apply in cases where:
    - The client engages in conduct that significantly alters the terms of the service plan with the home care provider.
    - The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services.
    - An emergency or a significant change in the client’s condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.
33. A coordinated transfer when there will be a change in the provider of services.
34. Be informed of the right to access auxiliary aids and language services and how to access these services.
35. Place an electronic monitoring device in the client’s or resident’s space in compliance with state requirements.

Home Care Client's Bill of Rights (cont.)

If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care of the Office of the Office of Ombudsman for Mental Health and Developmental Disabilities.

MINNESOTA DEPARTMENT OF HEALTH
OFFICE OF HEALTH FACILITY COMPLAINTS
PO Box 64970
St. Paul, Minnesota 55164-0970
Phone: 651-201-4201 or 1-800-369-7994
Fax: 651-281-9796
health.ohfc-complaints@state.mn.us
Office of Health Facility Complaints
(https://www.health.state.mn.us/facilities/regulation/ohfc/index.html)

OFFICE OF OMBUDSMAN FOR LONG-TERM CARE
PO Box 64971
St. Paul, MN 55164-0971
1-800-657-3591 or 651-431-2555
MBA.OOLTC@state.mn.us
Ombudsman for Long-Term Care (http://www.mnaging.org/Advocate/OLTC.aspx)

OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
121 7th Place East
Metro Square Building
St. Paul, MN 55101-2117
1-800-657-3506 or 651-757-1800
Ombudsman.mhdd@state.mn.us
Office of Ombudsman for Mental Health and Developmental Disabilities
(https://mn.gov/omhdd/)

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION PROVIDED IN THIS DISCLOSURE CAREFULLY.

PRIVACY PROMISE:

CaringEdge Hospice understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

OUR PRIVACY RESPONSIBILITIES: CaringEdge Hospice is required by law to:

- Maintain the privacy of your health information;
- Maintain this notice that describes the way we may use and share your health information; and
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. You may request a copy of any notice from our office (see the “Contact Us” section following).

HOW WE USE YOUR HEALTH INFORMATION:

When you receive care from CaringEdge Hospice, we may use your health information during your treatment, billing for services, and conducting our normal business (known as “health care operations”). Examples of how we use your information include:

- **TREATMENT –** We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with a specialist who will assist in your treatment. Some health records, including some confidential communications with a mental health care professional, some substance abuse treatment records, some genetic test results, and some health information of minors may have additional restrictions for use and disclosure under state and federal laws.
- **PAYMENT –** Your information may be used to obtain payment from Medicare, your secondary insurance company or other third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from Medicare or your insurance company.
- **HEALTH CARE QUESTIONS –** We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities. For example, we may use your health information to evaluate the quality of treatment and services provided by our physicians, nurses, and other health care workers.

OTHER SERVICES WE PROVIDE AND/OR OTHER WAYS WE MAY USE YOUR HEALTH INFORMATION:

- In recommending treatment alternatives;
- To inform you about health services and/or products that may benefit you;
- To share information with family or a friend involved in your care or payment for your care, when appropriate;
- To share information with third parties that assists us with treatment, payment, and health care operations. Our business associates must protect your information by following our privacy practices;
- To include you in our patient directory for callers, visitors, and clergy;
- To contact you for fund-raising purposes; and
- To provide appointment reminders.

IF YOU DO NOT WISH TO PARTICIPATE, NOTIFY THE CARINGEDGE HOSPICE ADMINISTRATIVE OFFICES. FOR MORE INFORMATION ABOUT THE PRACTICES AND RIGHTS DESCRIBED IN THIS NOTICE, NOTIFY THE CARINGEDGE HOSPICE ADMINISTRATOR AT (218) 216-7243.

SHARING YOUR HEALTH INFORMATION:

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- For public health purposes, such as reporting communicable diseases, work-related illnesses, or other diseases and injuries that are permitted to be disclosed by law; reporting deaths; reactions to drugs; and problems with medical devices;
- To protect victims of abuse, neglect, or domestic violence;
- For health oversight activities such as investigations, audits, and inspections;
- For lawsuits and similar proceedings;
- When otherwise required by law;
- When requested by law enforcement as required by law or court order;
- To coroners, medical examiners, and funeral directors;
- For organ and tissue donation;
- To reduce or prevent a serious threat to public health and safety; and
- For specialized government function such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

YOUR INDIVIDUAL RIGHTS:

- Request restriction on how we use and share your information. We will consider all requests for restriction carefully, but are not required to agree to any restriction;
- Request that we use a specific telephone number or address to communicate with you;
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information, and you may request a review of the denial;
- Review corrections or additions to your health information (must be a written request);
- Request an accounting or certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, health care operations, and some disclosures required by law;
- Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. The first accounting is free, but a fee will apply if more than one request is made in a 12-month period (must be a written request); and
- Request a paper copy of this notice even if you agree to receive it electronically.

This notice describes the privacy of CaringEdge Hospice. Caringedge Hospice services include affiliations with hospitals, clinics, doctor’s offices, long-term care facilities, and assisted living facilities. This notice also describes the privacy practices of affiliated providers while they are performing services with CaringEdge Hospice, unless they provide you with a notice of their specific privacy practices.

Affiliated providers may have different privacy practices from those described in this Notice. For more information about the privacy practices of affiliated providers, please contact them directly.

CONTACT US:

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that was made about access to your health information, please contact the Administrator. We will investigate all complaints and will not penalize or treat you differently for filing a complaint. The State of Minnesota Department of Health and Welfare has a state hotline for complaints or questions about local agencies: **(800) 369-7994**. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. If you have any questions or concerns about CaringEdge Hospice, you may contact the Community Health Accreditation Program (CHAP) hotline at **(800) 656-9656**.

IMPORTANT PHONE NUMBERS

Welcome to CaringEdge Hospice. We are pleased you will be receiving service from us. Below we have listed information about the staff that will be attending to your care. We have also included a care calendar and the key to this calendar can be found with your signature pages. As in all things, if you have any questions please contact our office at **(218) 216-7243**. We thank you for using us for your hospice and palliative care needs. We can be reached 24 hours a day/7 day a week at **(218) 216-7243**.

Warm Regards,

The Staff at CaringEdge Hospice

Your Administrator is: Belinda Saylor, RN____

Your Director of Nursing is: Sarah Warren, RN____

Your Primary Nurse is: ____

Your Hospice Aide is: ____

Your Spiritual Counselor is: ____

Your Social Worker is: ____

***Other Important Phone Numbers on the following page.**

IMPORTANT PHONE NUMBERS CONT.

Minnesota Department of Health
Office of Health Facility Complaints
651-201-4200
800-369-7994
Email: health.ohfc-complaints@state.mn.us https://www.health.state.mn.us/facilities/regulation/ohfc/index.html
Open 24 hours a day/7 days a week

Office of Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971
651-431-2555
1-800-657-3591
Email: MBA.OOLTC@state.mn.us
http://www.mnaging.org/Advocate/OLTC.aspx

Office of Ombudsman for Mental Health and Developmental Disabilities
121 7th Place East
Metro Square Building
St. Paul, MN 55101-2117
651-757-1800
1-800-657-3506
Email: Ombudsman.mhdd@state.mn.us
https://mn.gov/omhdd/

Mid-Minnesota Legal Aid/Minnesota Disability Law Center
(Protection and Advocacy Systems)
430 First Avenue North, Suite 300
Minneapolis, MN 55401-1780
1-800-292-4150
Email: mndlc@mylegalaid.org
http://mylegalaid.org/

Minnesota Department of Human Services
(Medicaid Fraud and Abuse - payment issues)
Surveillance and Integrity and Review Services
PO Box 64982
St. Paul, MN 55164-0982
651-431-2650
1-800-657-3750
Email: DHS.SIRS@state.mn.us

Senior Linkage Line
(Aging and Disability Resource Center/Agency on Aging) Minnesota Board on Aging
PO Box 64976
St. Paul, MN 55155
1-800-333-2433
Email: senior.linkage@state.mn.us
www.seniorlinkageline.com

Centers for Independent Living
Department of Employment and Economic Development - Living Independently
https://mn.gov/deed/job-seekers/disabilities/independent/
(See website for names, addresses and telephone numbers.)

Medicare Beneficiary & family Centered Care Quality Improvement Organization
Livanta LLC - BFCC-QIO Program
Annapolis Junction, MD 20701-1105
1-888-524-9900
TTY - 1-888-985-8775

IMPORTANT PHONE NUMBERS CONT.

Stratis Health (Quality Improvement Organization)
2901 Metro Drive, Suite 400
Bloomington, MN 55425-1525
952-854-3306
1-877-STRATIS (787-2847)
Fax: 952-853-8503
Email: info@stratishealth.org

Minnesota Department of Health
Health Regulation Division
PO Box 64970
St. Paul, MN 55164-0970
651-201-4101
Email: health.fpc-web@state.mn.us
www.health.state.mn.us

Pinnacle Quality Insight
7440 S. Creek Rd.
Sandy, UT 84093
(801) 293-0700
Open M-F 9:00 am - 5:00 pm

AT&T USADirect Language Assistance
1 (831) 648-7582
Open 24 hours a day/7 days a week
Relay TYY/TDD
TTY: 1-800-627-3848
Voice: 1-800-377-1363
Spanish: 1-866-252-0684
Speech-to-Speech: 1-888-791-3004 Customer Care
Information: 1 (800) 368-6185 V/TYY PO Box 285
Aurora, NE 68818
Open 24 hours a day/7 days a week

Many people want to decide ahead of time what kinds of treatment they want to use. Advance Directives let you make your wishes for treatment known in advance.

Minnesota recognizes three types of advance directives: Living Will, a Durable Power of Attorney for Health Care (DPAHC) and a Physician Orders for Life Sustaining Treatment (POLST) form.

A **Living Will** is a legal document that lets you state your wishes about medical care in the event that you are terminally ill or in a persistent vegetative state and can no longer make your own medical decisions. Your Living Will becomes effective when a medical doctor certifies that you are terminally ill and that your death will occur with or without the use of life-sustaining procedures or that you are in a persistent vegetative state. If you do not want to receive artificial nutrition or hydration and you are terminally ill or in a persistent vegetative state, you must check this on the living will document or your attending physician will not be able to withhold or withdraw artificial nutrition and hydration from you. If you are pregnant, your Living Will may not be honored due to restrictions in state law.

A **Durable Power of Attorney for Health Care (DPAHC)** is a legal document which allows you to designate a particular person (agent) to make decisions regarding your medical care when you are not able to do so. This person should be someone you trust to carry out your wishes and should be reasonably available. This person cannot be your doctor or other treating health care provider; an employee of a treating health care provider unless he/she is related to you; an operator of a community care facility; or an employee of an operator of a community care facility unless he/she is related to you. You can also name alternate agent(s). Your agent has the same rights as you do regarding the use and disclosure of your individually identifiable health information or other medical records. If you designate your spouse as your agent or alternate agent and your marriage dissolves, your agent designation will be revoked. You can limit your agent’s authority to make health care decisions for you, by writing limitations on the DPHAC form.

The **Physician Orders for Life Sustaining Treatment (POLST)** form is completed and signed by your physician and contains orders such as “Do-Not-Resuscitate” in the event that your heart stops or you stop breathing and your treatment wishes that you have discussed with your physician. The POLST form becomes effective when you develop an incurable or irreversible injury, disease, illness, or condition or are in a persistent vegetative state and cannot make your wishes known.

Your physician will work with your Durable Power of Attorney for Health Care (If you have one), to carry out your wishes. If your Living Will and POLST form have conflicting instructions, your physician will follow the POLST form or amend the POLST form to better care for your needs at the time, if it is in your best interest.

All healthcare providers and Emergency Medical Service personnel should follow your wishes if you have a valid POLST form, or you are wearing POLST identification, such as a necklace, wrist or ankle bracelet that has been approved by the Department of Health and Welfare. This document can travel with you from one health care setting to another, making sure all healthcare personnel recognize your wishes.

The law only requires that you sign your living will and Power of Attorney for Healthcare to make it legal. If you think there is a possibility that your document may be disputed at anytime, you may consider having your signature witnessed and/or notarized. The POLST form must be signed by your physician to make it legal.

You should give a copy of your Living Will and/or DPAHC to your doctor, family or friends, and health care providers. Keep the originals with other important documents in a safe place that is easy to find. **PLEASE INFORM US IF YOU EXECUTE OR CHANGE EITHER OF THESE DOCUMENTS DURING THE COURSE OF YOUR CARE.**

You can revoke any Advance Directive at any time by canceling, defacing, obliterating (burn/tear) or otherwise destroying the document or directing another to do so in your presence; signing a written revocation; or telling someone of your intent to revoke your document.

If you have a valid Living Will, Durable Power of Attorney for Health Care or other instrument that was signed before the new law went into effect July 1, 2005, it is still effective and will be interpreted according to previous law. If you executed an advance directive when you lived in another state, it is still effective if it substantially complies with Minnesota law.

AGENCY POLICY ON ADVANCE DIRECTIVES

PURPOSE – To support the implementation of the Patient Self-Determination Act within the framework of state and federal law and organization policies.

POLICY – CaringEdge Hospice recognizes that all adult persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care. It is the policy of CaringEdge Hospice to encourage individuals and their families/caregivers to participate in decisions regarding care, treatment and services. Valid Advance Directives, such as Living Wills, Durable Powers of Attorney and DNR (Do Not Resuscitate) or DNI (Do Not Intubate) orders will be followed to the extent permitted and required by law. In the absence of Advance Directives, CaringEdge Hospice will provide appropriate care according to the plan of care/ service or as authorized by the attending physician. CaringEdge Hospice will not determine the provision of care/service or otherwise discriminate against an individual based on whether or not the individual has executed an Advance Directive.

Section 6: Safety

All patients need to take special precautions to ensure a safe living environment. Most accidents in the home can be prevented by eliminating hazards. This list will help you find potential hazards in your home. Take note of each statement that you need to work on to make your home a safer place. Please speak with your nurse/therapist or call the agency at any time if you have any concerns of questions about patient safety.

At least half of all falls happen at home. Each year, thousands of Americans experience falls that result in serious injuries, disability, and even death. Falls are often due to hazards that are easily overlooked but easy to fix. Use the following SELF ASSESSMENT to see your fall risk. Check all of the risk factors below that apply to you and your home. The more factors checked, the higher your risk for falling.

- ☐ **HISTORY OF FALLING** – 2 or more falls in the last 6 months.
- ☐ **VISION LOSS** – Changes in ability to detect and discriminate objects; decline in depth perception; decreased ability to recover from sudden exposure to bright light or glare.
- ☐ **HEARING LOSS** – May not be as quickly aware of a potentially hazardous situation.
- ☐ **FOOT PAIN/SHOE PROBLEMS** – Foot pain; decreased sensation/feeling; skin breakdown; ill-fitting or badly worn footwear.
- ☐ **MEDICATIONS** – Taking 4 or more medications; single or multiple medications that may cause drowsiness, dizziness, or low blood pressure.
- ☐ **BALANCE AND GAIT PROBLEMS** – Decline in balance; decline in speed of walking; weakness of lower extremities.
- ☐ **HIGH OR LOW BLOOD PRESSURE**- That causes unsteadiness.
- ☐ **HAZARDS INSIDE YOUR HOME** – Tripping and slipping hazards; poor lighting; bathroom safety; spills; stairs; reaching; pets that get under feet.
- ☐ **HAZARDS OUTSIDE YOUR HOME** – Uneven walkways; poor lighting; gravel or debris on sidewalks; no handrails; pets that get under feet; hazardous materials (snow, water, ice, oil) that need periodic removal and clean up.

REVIEW EACH OF THE FOLLOWING SAFETY TIPS AND NOTE THE ONES THAT YOU NEED TO WORK ON:

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and can’t get up.
- Wear shoes that give good support and have thin, non-slip soles. Avoid wearing slippers, avoid athletic shoes with deep treads.
- Remove things you can trip over (such as paper, books, clothes, and shoes) from stairs and places where you walk.
- Keep outside walkways and steps clear of snow and ice in the winter.
- Remove small throw rugs or use double sided tape to keep them from slipping.
- Ask someone to move any furniture so your path around the house is clear.
- Clean up spills immediately.
- Be aware of where your pets are at all times.
- Do not walk over or around cords or wires, i.e., cords from lamps, extension cords, or telephone cords. Coil or tape cords and wires next to the wall so you can’t trip over them. Have an electrician add more outlets if needed.
- Keep items used often within easy reach (about waist high).

- Use a steady step stool with a hand bar. Never use a chair as a step stool.
- Improve the lighting in your home. Replace burned out bulbs. Lamp shades or frosted bulbs can reduce glare.
- Make sure stairways, halls, entrances, and outside steps are well lit. Have a light switch at the top and bottom of the stairs.
- Place a lamp, flashlight, and extra batteries within easy reach of your bed.
- Place night-lights in bathrooms, halls, and passageways so you can see where you're walking at night.
- Make sure the carpet is firmly attached to every step. If not, remove the carpet and attach non-slip rubber treads on the stairs. Paint a contrasting color on the top front edge of all steps so you can see the stairs better.
- Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs. Fix loose or uneven steps.
- Install grab bars next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Use an elevated toilet seat and/or shower stool, if needed.
- Exercise regularly. Exercise makes you stronger and improves your balance and coordination. Talk to our doctor about what exercise is right for you.
- Have your nurse, doctor, or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- Use a cane or assistive device for extra stability, if needed.
- Consider wearing an alarm device that will bring help in case you fall and can't get up.

Fire Safety/Burn Precautions

- Post the fire department number on every telephone. All family members and caregivers should be familiar with emergency 911 procedures.
- Notify the fire department if a disabled person is in the home.
- Do not smoke in bed or where oxygen is being used. Never leave burning cigarettes unattended. Do not empty smoldering ashes in a trash can. Keep ashtrays away from upholstered furniture and curtains.
- Install smoke alarms on every floor of your home, including the basement. Place smoke alarms near rooms where people sleep. Test smoke alarms every month to make sure they are working properly.
- Install new smoke alarm batteries twice a year or when you change your clocks for daylight savings time in the spring and fall.
- Fire extinguishers should be checked frequently for stability.

- Make a family fire escape plan and practice it every six months. At least two different escape routes should be planned from each room for each family member. If your exit is through a ground floor window, make sure it opens easily.
- If you live in an apartment building, know where the exit stairs are located. Do not use an elevator during a fire emergency.
- Designate a safe place in front of the house or apartment building for family members to meet after escaping a fire.
- If your fire escape is cut off, remain calm, close the door, and seal cracks to hold back smoke. Signal for help at the window.
- Evacuate a bedbound patient to a safe area by placing him/her on a sturdy blanket and pulling/ dragging the patient out of the home.
- Remember, life safety is first, but if the fire is contained and small, you may be able to use your fire extinguisher until the fire department arrives.
- Have your heating system checked and cleaned regularly by someone qualified to do maintenance.
- Wood burning stoves should be properly installed, chimney should be inspected and cleaned by a professional chimney sweep and trash should not be burned in the stove because this could overheat the stove. Gasoline or other flammable liquids should never be used to start wood stove fires.
- Keep portable electric or kerosene heaters out of high-traffic areas. Operate them on the floor at least three feet from upholstered furniture, drapes, bedding, and other combustible materials, and turn them off when family members leave the house or go to sleep. Use kerosene heaters only in well-ventilated rooms. Store kerosene outside in a tightly sealed, labeled container.
- Make sure electrical appliances and cords are clean, in good condition and not exposed to liquid.
- Electrical outlets should be grounded and outlets with several plugs should not be used.
- Keep cooking areas free of flammable objects (potholders, towels, etc.).
- Keep storage area above the stove free of flammable/combustible items.
- Wear short or tight sleeves while cooking; don’t reach over stove burner.
- Do not leave the stove unattended when cooking, especially when the burner is turned to a high setting. Turn the pan handles away from burners and the edge of the stove.
- Avoid cooking on high heat with oils and fat.
- Puncture plastic wrap before heating foods in the microwave.
- Never place hot liquids/solids at the edge of a counter.
- Place layered protection between skin and heating pad.
- Keep electrical appliances away from the bathtub/shower area.
- Never leave patient alone in the shower/tub.
- Set water thermostat below 120°F to prevent accidental scalding.
- Store flammable liquids in properly labeled, tightly closed, non-glass containers. Store away from heaters, furnaces, water heaters, ranges, and other gas appliances. Make sure the garage is adequately ventilated.

Medication Safety

- Do not take medications that are prescribed for someone else.
- Create a complete list of current medications (including prescription and over-the-counter medications, herbal remedies, and vitamins), and keep this list with you at all times in the event of emergency situations. Review the list for discrepancies and make changes immediately as they occur. Show the list to your doctor or pharmacist to keep from combining drugs inappropriately.
- Know the name of each of your medicines; why you take it; how to take it; potential side effects; and what foods or other things to avoid while taking it.
- Report medication allergies or side effects to your health care provider.
- Take medications exactly as instructed. If the medications looks different that you expected, ask your health care provider or pharmacist about it.
- Drug names can look alike or sound alike. To avoid errors, check with your health care provider if you have questions.
- Do NOT use alcohol when you are taking medication.
- Do NOT stop or change medicines without your doctor’s approval, even if you are feeling better. If you miss a dose, do NOT double the next dose later.
- Use a chart or container system (washed egg carton or med-planner) to help you remember what kind, how much and when to take medicine.
- Take your medicine with a light on so you can read the label.
- Read medicine labels (including warnings) carefully and keep medicines in their original containers.
- Store medications safely in a cool, dry place according to instructions on the label of the medication.
- Keep medicines away from children and confused adults.

Federal Disposal Guidelines for Medications

Remove drugs from their original containers. Conceal or remove personal information and prescription number using the black marker, duct tape, or by scratching it off. Mix drugs with an undesirable substance like coffee grounds, soap, or kitty litter. Put the mix in an empty margarine tub or sealable bag. Throw it and the empty containers in the trash. If your community has a pharmaceutical take-back program, take your unused drugs to them for proper disposal.

Safe Use and Disposal of Controlled Drugs

PURPOSE – To ensure the appropriate use and disposal of controlled substances in accordance with applicable state and federal regulations.

POLICY – CaringEdge voluntarily adheres to a controlled drug reporting process.

PROCEDURE –

1. Controlled substances will be distributed directly to the patient or his/her representative. The dispensing pharmacist will be responsible for monitoring the amount of drugs issued and the length of time between renewals.
2. The Case Manager will provide a copy of the written policies and procedures on the management and disposal of controlled drugs to the patient/representative and family. The Case Manager will verbally discuss the policy in a language and manner that they understand to ensure the safe use and disposal of controlled drugs.
3. The Case Manager will outline an informal documentation procedure for the patient and family/caregiver when hospice personnel are not present in the home.
4. In cases where hospice personnel are in the home 24 hours a day, a drug count will be made by the licensed personnel at the time of shift change.
5. Controlled drugs will be accounted for on a narcotic count record.
6. When a hospice patient no longer has a need for a controlled substance, the Case Manager will instruct the patient or family/caregiver to dispose of them.
7. The Case Manager will document in the clinical record that the patient and family/caregiver were given the written policies and procedures for managing controlled drugs and disposal of medications.
8. The hospice nurse, social worker, or chaplain attending the death of a hospice patient will inform the family/caregiver of their responsibility to dispose of all the patient's prescribed medications and will document this instruction in a clinical note.

Hazardous Items and Poisons

- Know how to contact your poison control team.
- Carefully store hazardous items in their original containers.
- Do not mix products that contain chlorine or bleach with other chemicals.
- Purchase insecticides for immediate need only and store excess properly.
- Keep hazardous items, cleaners, and chemicals out of reach of children and confused or impaired adults.
- Dispose of hazardous items and poisons only as directed.

Medical Equipment Safety

- Keep manufacturer's instructions with or near specialized medical equipment.
- Perform routine and preventative maintenance according to the instructions.
- Keep phone numbers available in the home to obtain service in case of equipment problems or equipment failure.
- Have backup equipment available, if indicated.
- Provide adequate electrical power for medical equipment.

- Test equipment alarms periodically to make sure that you can hear them.
- Have equipment batteries checked regularly by a qualified service person.
- Have bed side rails properly installed and use only when necessary. Do not use bed rails as a substitute for a physical protective restraint.
- If bed rails are split, remove or leave the foot-end down so that patient is not trapped between the rails.
- Mattress must fit the bed. Add stuffers in gaps between the rail and mattress or between the head and foot board and mattress to reduce gaps.
- Register with your local utility company if you have electrically powered equipment such as oxygen or ventilator.

Oxygen Safety

- Use oxygen only as directed.
- **DO NOT SMOKE AROUND OXYGEN.** Post “No Smoking” signs in the home.
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Keep oil/petroleum products (such as Vaseline®, oily lotions, face creams or hair dressings), grease and flammable material away from your oxygen system. Avoid using aerosols near oxygen.
- Dust the oxygen cylinder with a cotton cloth and avoid draping or covering the system with any material.
- Keep open flames (such as gas stoves and lit candles) at least 10 feet away from the oxygen source.
- Have electrical equipment properly grounded and avoid operating electrical appliances such as razors and hairdryers while using oxygen. Keep any electrical equipment that may spark at least 10 feet away from the oxygen system.
- Use 100% cotton bed linens and clothing to prevent sparks from static electricity.
- Place oxygen cylinders in appropriate stand to prevent tipping, or secured to the wall or placed on their side on the floor. Store in a well-ventilated area and not under porches, decks or cars.
- Have a back-up portable oxygen cylinder in case of a power or oxygen concentrator failure.

EMERGENCY PREPAREDNESS PLAN

In the event of a natural or man-made disaster, inclement weather, or emergency, we have some emergency operations plan to continue necessary patient services. We will make every effort to continue home care visits; however, the safety of our staff must be considered. When roads are too dangerous to travel, our staff will contact you by phone, if possible, to let you know that they are unable to make your visit that day. Every possible effort will be made to support that your medical needs are met.

All patients are assigned a priority category code that is updated as needed. The category assignment determines agency response priority, in case of a disaster or emergency these codes are maintained in the agency office, along with information which may be helpful to Emergency Management Services in case of an area disaster or emergency. You will be contacted for medical attention:

Category 1 - Within 24 hours: Patients who cannot safely forgo care and require health care intervention regardless of other conditions. Patients in this category may include: highly unstable patients with a high probability of inpatient admission if home care is not provided; IV therapy patients; highly skilled wound care patients with no family/caregiver or other outside support.

Category 2 - Within 24-48 hours: Patients with recent exacerbation of disease process; patients requiring moderate level of skilled care that should be provided that day; patients with essential untrained families/caregivers not prepared to provide needed care.

Category 3 - Within 48-72 hours: Patients who can safely forego care or a scheduled visit without a high probability of harm or deleterious effects; this category may include homemaker patients, routine supervisory visits, evaluation visits, patients with frequencies of one or two times a week if health status permits, or if a competent family/caregiver is present.

In case of bad weather or other situations that might prevent our staff from reaching you, turn to your local radio and/or television station(s) or check local news websites. Listen/watch for official information and follow the instructions provided by emergency response personnel. Based on what is known about the threat, you may be asked to take shelter, go to a specific location or evacuate the area. Please notify our office if you evacuate to another location or emergency shelter.

POWER OUTAGE

If you need help in a power outage and our phone lines are down:

- Call 911 or go to the emergency room if you have a crisis or an emergency.
- Call your closest relative, friend, or neighbor if it is not an emergency.

LIGHTNING

IF YOU ARE INSIDE:

- Avoid tubs, faucets, and sinks because metal pipes conduct electricity.
- Stay away from windows.
- Avoid using the phone except for emergencies.

IF YOU ARE OUTSIDE:

- Avoid natural lightning rods such as tall trees in open areas.
- Get away from anything metal.

FLOOD

Be aware of flood hazards, especially if you live in a low-lying area, near water, or downstream from a dam. Flooding can take days to happen, but flash floods produce raging waters in minutes. Six inches of moving water can knock you off your feet. Avoid moving water if you must walk in a flooded area. Use a stick to test if the ground is firm enough to walk on.

Be ready to evacuate if a flood watch is issued. Move important items upstairs. Fill a clean bathtub with water in case water becomes contaminated or is shut off. Turn off your utilities at the main valves if you are instructed to do so. Do not touch electrical equipment if you are wet or standing in water

TORNADO

As soon as a tornado is sighted, go to the lowest floor and find an interior room. Good shelters are basements, rooms and halls with no outside walls, bathtubs, and spaces under the stairs. Many public buildings have designated shelter areas. Stay away from windows, doors, and outside walls. Get under a sturdy item, such as a table, and protect your head. Stay until the danger passes.

IF THE PATIENT IS BEDBOUND, move the bed as far from windows as you can. Use heavy blankets or pillows to protect the head and face.

IF YOU ARE IN A VEHICLE, TRAILER, OR MOBILE HOME, get out immediately and go to a sturdy structure. If there is not one close by, lie flat in the nearest ditch and cover your head. Do not try to out-drive a tornado. They are erratic and move swiftly.

LANDSLIDE

If you live in a low-lying area or near a stream or channel, be alert for any sudden increase or decrease in water flow and notice whether the water changes from clear to muddy. Move away from the path of a landslide or debris flow as quickly as possible. Mudflows can move faster than you can walk or run. Look upstream before crossing a bridge and do not cross the bridge if a mudflow is approaching.

HOT WEATHER

There is a higher risk for heat-related illness in the summer. When it is hot outside:

- Never leave anyone sitting in a closed, parked care
- Drink adequate water even if you are not thirsty. Avoid alcohol and caffeine.
- Eat small, frequent meals.
- Stay inside and out of the sun. Stay on the lowest floor, pull shades over the windows and use fans if you do not have air conditioning.
- Mist or sponge yourself frequently with cool water.
- Use sunscreen.
- Wear hats and clothes that are loose and lightweight. Clothes with light colors will reflect away the sun's energy.
- Talk to your doctor about how sun and heat exposure will affect you if you take drugs such as diuretics or antihistamines.
- Move to a cool place at the first sign of heat illness (dizziness, nausea, headache, cramps). Rest and slowly drink a cool beverage. Seek medical attention immediately if you do not feel better.

WINTER STORM

Heavy snowfall and extreme cold can immobilize a region, resulting in isolation. Icy and/or blocked roads and downed power lines can happen any time it is cold or snowy. Wear layers of loose, lightweight, warm clothes, rather than one heavy layer. Wear hats and outer layers that are tightly woven and water repellent. Mittens will keep your hands warmer than gloves.

EARTHQUAKE

Protect yourself from falls, falling objects and crumbling buildings. It is best to stay where you are. Stay away from the outside of buildings, walls, power lines, trees, street lights and signs.

If you are inside, stay there and:

- Get under a sturdy table and protect your head.
- If you are in a wheelchair, move to a doorway, lock the wheels and cover your head with your arms
- If you are in bed, stay there. Cover your head with a pillow to protect it from falling objects and debris

If you are outside, stay there. Stay away from the outside of buildings.

If you are in a car, stop, park away from dangerous items and stay there until the quaking stops.
After the earthquake, wait a few minutes before moving. Make any noise you can if you are trapped or shine a flashlight. Be prepared for aftershocks.

WILDFIRE

Wildfires often begin unnoticed and can spread quickly. If a wildfire threatens your area, follow these simple steps to protect yourself:

Evacuate immediately when asked by firefighters and law enforcement officials.

- Wear only cotton or wool clothes.
- Proper attire includes long pants, long sleeved shirt or jacket and boots.
- Carry gloves, a handkerchief to cover your face, water to drink and goggles.
- Keep a flashlight, mobile phone and portable radio with you at all times.
- Take important documents with you (bank, IRS, trust, investment, insurance policy, birth certificates, passports, medical records).
- Make sure to designate a safe meeting place and contact person.
- Close all interior doors of your home.
- Remove lightweight, non-fire resistant curtains and other combustible materials from around windows.
- Turn off all pilot lights.
- Move overstuffed furniture, such as couches and easy chairs, to the center of the room.
- Place vehicles in the garage, pointing out with keys in the ignition.

CIVIL DISTURBANCE

- Consider installing an electronic security system.
- Unless instructed to evacuate, the safest place to stay is your home.
- Do not go to observe the disturbance or unrest.
- Close all window blinds and curtains.
- Lock all doors and windows and secure your valuables and important records.
- Stay away from doors and windows.
- If you are confronted, remain calm and try to peacefully remove yourself from the situation.
- Call 911 if there is threat to life or safety.

BIOLOGICAL THREAT

The first evidence of an attack may be when you notice symptoms of the disease caused by exposure to an agent. It may take time for public health officials to determine exactly what the illness is, how it should be treated and who is in danger. Watch TV, listen to the radio, or check local news websites for official news and information including signs and symptoms of the disease, and areas in danger, if medications or vaccinations are being distributed and where you should seek medical attention if you become ill. In the event of a biological threat or attack, follow these safety guidelines:

BIOLOGICAL THREAT *(Continued)*

- If you become aware of an unusual or suspicious substance, quickly get away.
- Protect yourself, cover your mouth, and hold nose with layers of fabric that can filter the air, but still allow breathing. Examples include two to three layers of cotton, such as a t-shirt, handkerchief, or towel.
- There may be times when you would want to consider wearing a face mask: to reduce spreading germs if you are sick; or to avoid coming in contact with contagious germs if others around you are sick.
- If you have been exposed to a biological agent, remove and bag your clothes and personal items. Follow official instructions on disposal of contaminated items. Wash yourself with soap and water and put on clean clothes.
- If a family member becomes sick, it is important to be suspicious; however, do not assume that you should go to the emergency department or that any illness is a result of the biological attack. Symptoms of many common illnesses may overlap; however, if your or your family member's symptoms match those described, and you and your family members are in the group considered to be at risk, immediately seek emergency medical attention.
- Be prepared for public health officials and medical professionals to issue mandatory quarantine if the illness caused by the biological agent is believed to be contagious.
- Otherwise expect to receive a medical evaluation and follow instructions of the doctor and other public health officials.
- Implement the health and hygiene practices listed in the Infection Prevention and Control section of this booklet.

CHEMICAL EXPOSURE

In the event of an exposure to a hazardous chemical, item, or poison follow these safety steps:

- Seek medical attention for screening and professional treatment.
- Drink only stored water.

If you are outdoors, get as far away as possible from the contamination by moving upwind (and uphill if possible) from it.

If you are indoors, close doors and windows tightly, shut off heating and air conditioning, and close fireplace dampers. Tape plastic over windows in the room and use duct tape around the windows and doors to make an unbroken seal. Also, tape over any vents in the room and seal any electrical outlets or other openings. Sink and toilet drain traps should have water in them, so you can use the sink and toilet as usual.

CHEMICAL EXPOSURE *(continued)*

Remove possible contamination from your person by:

- Removing any exposed clothing (avoid touching any contaminated areas) as quickly as possible. Clothing that must be pulled over your head should be cut off instead of pulled over your head.
- Wash contaminants from your skin with large amounts of soap and water as quickly as possible. If your eyes are burning or your vision is blurred, rinse your eyes with plain water for 10 to 15 minutes. If you wear contacts, remove them and put them with the contaminated clothing. Do not put the contacts back in your eyes. If you wear eyeglasses, decontaminate them with household bleach, then rinse and dry.
- To dispose of contaminated clothing, avoid touching contaminated areas of clothing by wearing gloves or using tongs, tool handles, etc., and place anything that has touched the contaminated clothing inside a plastic bag. Seal the bag and then seal that bag inside another plastic bag.
- Dress in clothing that is not contaminated. Clothing stored in a drawer or closet is unlikely to be contaminated, therefore, that will be your safest choice.
- When you leave your shelter-in-place location, follow instructions from local emergency coordinators to make your home safe again and to avoid any contaminants outside.

EXPLOSION

- Get under a sturdy table or desk if things are falling around you. When they stop falling, leave quickly, and watch for falling debris.
- Stay low if there is smoke and check for hazards such as damaged floors and stairs.
- Do not stop to retrieve personal possessions or make phone calls.
- Do not use elevators.
- Check for fire and other hazards.
- Once you are out, do not stand in front of windows, glass doors, or other potentially hazardous areas.
- Move away from sidewalks or streets to be used by emergency officials or others still exiting the building.
- Make any noise you can or shine a flashlight if you are trapped. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.
- Avoid unnecessary movement so you do not kick up dust.
- Cover your nose and mouth with anything you have on hand.

NUCLEAR EXPLOSION

Remember the three protective factors: distance, shielding ,and time. Radioactive fallout can be carried by the wind for hundreds of miles. Radiation levels are extremely dangerous after a nuclear detonation, but the levels reduce rapidly. During the period with the highest radiation levels, it is safest to stay inside.

If a nuclear attack warning is issued:

- Take cover as quickly as you can, below ground if possible, and stay there until instructed to do otherwise. Go as far below ground as possible or in the center of a tall building.
- Find the nearest building, preferably built of brick or concrete, and go inside to avoid any radioactive material outside. If other shelter, such as a multi-story building or basement can be reached within a few minutes, go there immediately.
- Expect to stay inside for at least 24 hours, unless told otherwise by authorities.
- If you are downwind from the detonation, you may also be asked to take protective measures.

If you are caught outside and unable to get inside immediately:

- Do not look at the flash or fireball as it can blind you.
- Take cover behind anything that might offer protection.
- Lie flat on the ground and cover your head. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit.
- Get clean as soon as possible, to remove radioactive material that may have settled on your body.
- Remove your clothing to keep radioactive material from spreading. Removing the outer layer of clothing can remove up to 90% of radioactive material.
- If practical, place your contaminated clothing in a plastic bag and seal or tie the bag. Place the bag as far away as possible from humans and animals so that the radiation it gives off does not affect others.
- When possible, take a shower with lots of soap and water to help remove radioactive contamination. Do not scrape or scratch the skin. If you cannot shower, use a wipe or clean wet cloth to wipe your skin that was not covered by clothing.
- Wash your hair with shampoo or soap and water. Do not use conditioner in your hair because it will bind radioactive material to your hair, keeping it from rinsing out easily.
- Gently blow your nose and wipe your eyelids, eyelashes and ears with a clean wet cloth.

NUCLEAR POWER PLANT EMERGENCY

Follow Emergency Alert System (EAS) instructions carefully.

- Minimize your exposure by increasing the distance between you and the source of the radiation.
- If you are told to evacuate, keep car windows and vents closed; use recirculating air.
- If you are advised to remain indoors, turn off the air conditioner, ventilation fans, furnace and other air intakes; shield yourself by placing heavy, dense material between you and the radiation source; and go to a basement or other underground area, if possible.
- Do not use the telephone unless necessary.
- Stay out of the incident zone. Most radiation loses its strength quickly.

INFECTIOUS DISEASE

Infectious disease emergencies are circumstances caused by biological agents, including organisms such as bacteria and viruses with the potential for significant illness or death in the population. Some examples of recent infectious diseases in the United States are Influenza, COVID-19 (Corona Virus), Severe Acute Respiratory Syndrome (SARS), Zika Virus, Bird Flu and Measles.

For certain people--particularly those with underlying illnesses that may weaken the immune system—it's more difficult to avoid getting sick with an infection.

The best defense is prevention.The following everyday preventative actions can help prevent the spread of illnesses.

Clean your hands often:

- Wash hands: Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Hand sanitizer: If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Soap and water: Soap and water are the best option if hands are visibly dirty.
- Avoid touching: Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces everyday:

- Clean and disinfect: Practice routine cleaning of high touch surfaces. High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
- Disinfect areas with bodily fluids: Also, clean any surfaces that may have blood, stool, or body fluids on them.
- Household cleaners: Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Avoid close contact: These infectious diseases are spread mainly from person-to person.

- Avoid close contact with people who are sick
- Put distance between yourself and other people if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick.

INFECTIOUS DISEASE *(CONTINUED)*

If you are sick or suspect you may be infected with a virus that causes any infectious disease, you should call your healthcare provider immediately.

You can help prevent the spread of the virus by taking the following steps:

Stay home except to get medical care:

- **Stay home:** You should restrict activities outside your home, except for getting medical care.
- **Avoid public areas:** Do not go to work, school, or public areas.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home:

- **Stay away from others:** As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.
- When possible, have another member of your household care for your animals while you are sick. Avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a face mask.

Call ahead before visiting your doctor:

- If you have a medical appointment, call the healthcare provider and tell them you suspect you may have an infectious disease. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a face mask if you are sick:

- **If you are sick:** You should wear a face mask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office.
- **If you are caring for others:** If the person who is sick is not able to wear a face mask (for example, because it causes trouble breathing), then people who live with the person who is sick should not stay in the same room with them, or they should wear a face mask if they enter a room with the person who is sick.

Cover your coughs and sneezes:

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds or, if soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

INFECTIOUS DISEASE (CONTINUED)

Avoid sharing personal household items:

- **Do not share:** You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home.
- **Wash thoroughly after use:** After using these items, they should be washed thoroughly with soap and water.

Monitor your symptoms:

- **Seek medical attention: S**eek prompt medical attention if your illness is worsening (e.g., difficulty breathing).
- **Call your doctor:** Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19.
- **Wear a face mask when sick:** Put on a face mask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.
- **Alert health department:** Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

Household members, intimate partners, and caregivers in a non-healthcare setting may have close contact with a symptomatic person with. Close contacts should monitor their health; they should call their healthcare provider right away if they develop symptoms (e.g., fever, cough, shortness of breath)

Close contacts should also follow these recommendations:

- Make sure that you understand and can help the patient follow their healthcare provider's instructions for medication(s) and care. You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Monitor the patient's symptoms. If the patient is getting sicker, call his or her healthcare provider. This will help the healthcare provider's office take steps to keep other people in the office or waiting room from getting infected. Ask the healthcare provider to call the local or state health department for additional guidance.
- Household members should stay in another room or be separated from the patient as much as possible. Household members should use a separate bedroom and bathroom, if available.
- Prohibit visitors who do not have an essential need to be in the home.
- Household members should care for any pets in the home. Do not handle pets or other animals while sick.
- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.

INFECTIOUS DISEASE *(CONTINUED)*

- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- You and the patient should wear a face mask if you are in the same room.
- Wear a disposable face mask and gloves when you touch or have contact with the patient's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
- Throw out disposable face masks and gloves after using them. Do not reuse.
- When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of face mask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
- Avoid sharing household items with the patient. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the patient uses these items, you should wash them thoroughly (see below "Wash laundry thoroughly").
- Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
- Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
- Wash laundry thoroughly.
- Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
- Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, face masks, and other contaminated items in a lined container before disposing of them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.
- Discuss any additional questions with your state or local health department or healthcare provider.

HOME EMERGENCY KIT

If there is an emergency situation, it could be several days (or weeks) without power, internet or running water. But in the event of an emergency, anything can happen. You should have an emergency plan and supplies ready for any type of disaster.

Depending on where you live, a disaster could mean heavy snow, flooding, a tornado or a hurricane. So make your plan personal – no matter what the weather is like in your area, a little preparedness can go a long way.

Keep a kit with at least the following items:

- Battery powered radio
  Medications
- Lamps and flashlights
- Extra batteries
- Non-perishable food
- Manual can opener
- Utensils, cups, and plates
- Extra blankets
- Water in clean milk or soda bottles
- Rock salt or sand for walkways
- Extra fuel
- Water (one gallon per person, per day)
- First aid kit

SHELTER SUPPLIES

The following is a list of what to bring to a shelter during an evacuation:

- Two-week supply of medications
- Medical supplies and oxygen
- Wheelchair, walker, cane, etc. S
- pecial dietary foods/can opener
- Bedding
- Air mattress, sleeping bag, or cot
- Lightweight folding chair
- Extra clothing, hygiene items, glasses
- Important papers
- Valid ID with current name and address
- Hospice Folder

Section 7: Infection Control at Home

Stay clean and use good hygiene to help stop the spread of infection. Items used in health care, such as bandages or gloves, can spread infection and harm the environment. They can harm trash handlers, family members, and others who touch them if they are not disposed of properly. Be careful when you handle them.

Some illnesses and treatments (such as chemotherapy, dialysis, AIDS, diabetes, and burns) can make people more at risk for infection. Your nurse will tell you how to use protective clothing (such as gowns or gloves) if you need it.

Please tell your doctor or a home care staff member if you notice any of the following signs or symptoms of infection:

- Pain, tenderness, redness, or swelling
- Inflamed skin, rash, sores, or ulcers
- Pain when urinating
- Confusion
- Nausea, vomiting, or diarrhea
- Fever or chills
- Sore throat or cough
- Increased tiredness or weakness
- Green or yellow pus

Wash Your Hands

WASH YOUR HANDS FREQUENTLY AND CORRECTLY, EVEN IF YOU WEAR GLOVES. IT IS THE SINGLE MOST IMPORTANT STEP IN CONTROLLING THE SPREAD OF INFECTION.

ALWAYS WASH HANDS BEFORE:

- **Tending to a sick person**
- **Treating a cut or wound**
- **Touching or eating food**

ALWAYS WASH HANDS AFTER:

- Tending to a sick person
- Treating a cut or wound
- Using the bathroom
- Touching animals or their waste
- Touching soiled linens
- Touching garbage
- Changing diapers
- Coughing, sneezing, or blowing your nose

IF YOU HAVE VISIBLY DIRTY HANDS, or they are contaminated or soiled in any way, wash them with soap (liquid soap is best) and warm running water. Remove jewelry, apply soap, wet your hands, and rub them together for at least 20 seconds. Wash all surfaces, including wrists, palms, back of hands, between fingers, and under nails. Rinse off the soap and dry your hands with a clean towel that has not been shared. If one is not available, air-dry your hands. Use a towel to turn off the faucet. If you used paper towels, throw them in the trash.

IF YOU DO NOT HAVE VISIBLY DIRTY HANDS, use an alcohol based hand rub to clean them. Use a rub with 60-90% ethyl or isopropyl alcohol. Open the cap or spout and apply a dime-sized amount in one palm, then rub hands vigorously, covering all surfaces of hands and fingers, until they are dry.

Disposable Items and Equipment

SOME ITEMS THAT ARE NOT SHARP: paper cups, tissues, dressings, bandages, plastic equipment, catheters, depends, Chux, plastic tubing, gloves, etc.

Store these in a clean, dry area. Throw away used items in waterproof (plastic) bags. Fasten the bags securely and throw them in the trash.

Non-Disposable Items and Equipment

SOME ITEMS THAT ARE NOT THROWN AWAY: *dirty laundry, dishes, thermometers, toilets, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc.*

WASH DIRTY LAUNDRY SEPARATELY in hot, soapy water. Handle it as little as possible so you don't spread germs. If the patient has a virus, add a mix of 1 part bleach and 10 parts water to the load.

CLEAN EQUIPMENT AS SOON AS YOU USE IT. Wash small items (not thermometers) in hot, soapy water, then rinse and dry them with clean towels. Wipe thermometers with alcohol before and after each use. Store them in a clean, dry place. Wipe off equipment with a normal disinfectant or bleach mix. Follow the cleaning instructions that came with the item and ask your nurse or therapist if you have any questions.

POUR LIQUIDS IN THE TOILET. Clean their containers with hot, soapy water, then rinse them with boiling water and let them dry.

SHARP OBJECTS

SOME SHARP ITEMS: *needles, syringes, lancets, scissors, knives, staples, glass tubes, glass bottles, IV catheters, razors, etc.*

Put used sharps in a clean, hard plastic or metal container with a screw on or tight lid. Seal it with heavy duty tape and dispose of it in the trash or according to area regulations. Do not overfill sharps containers or re-cap used needles. DO NOT use glass or clear plastic containers. NEVER put sharps in containers that will be recycled or returned to a store.

BODY FLUID SPILLS

Put on gloves and wipe the fluid with paper towels. Use a solution of 1 part bleach and 10 parts water to wipe the area again. Double bag used paper towels and throw them in the trash.

Section 8: Pain Management

Discuss with your physician or your hospice nurse any concerns or questions you have about your pain management. Following are a few of the common concerns or questions of hospice patients:
IF I HAVE A LOT OF PAIN, DOES THAT MEAN I'M IN BAD SHAPE?
Pain is not a measurement of disease advancement. Some people have severe pain early in the disease process, others have no pain. Pain depends solely on the location and involvement of the disease, not on how far along it is.

HOW WILL MY PAIN BE CONTROLLED?
Your physician and nurse will work with you so that you are as pain free and alert as possible. The nurse will ask you at each visit how your pain and comfort have been and will need honest answers from you about your pain.

SHOULD I ONLY TAKE MY PAIN MEDICATION IF IT GETS REAL BAD?
It is proven that the best way to control pain is to prevent pain. Your physician and nurse will encourage you to take your pain medication regularly, rather than only when needed. For example: every 4, 6, 8, or 12 hours. You'll sleep better and generally feel better if you keep your pain under control.

WHAT IS THE CORRECT DOSE I SHOULD BE TAKING?
The correct dose of pain medication is the dose that relieves your pain and is within the orders prescribed by your doctor.

IF I TAKE PAIN MEDICATIONS, SUCH AS NARCOTICS, WILL I SLEEP ALL THE TIME?
It is normal to experience mild drowsiness the first two to three days when narcotics are prescribed. This is due to your body getting much needed rest. Fighting pain is exhausting. After the first few days, you will feel and sleep better as your pain will be under control. Narcotic medication is often in a long-acting form, so you can have longer pain relief.

IF I TAKE PAIN MEDICATION TOO OFTEN, WILL I GET ADDICTED?
People fear addiction needlessly. You will not become addicted because there is a real need for the medication – pain relief. If you take medication to relieve pain, you are not an addict.

WHAT IF I CAN'T SWALLOW?
There are many ways to deliver pain medication. If you have difficulty swallowing, other ways will be suggested. Other options are equally effective as oral, such as rectal, under the tongue, under the skin, patches, or intravenous.

WHAT IF I DON'T WANT TO TAKE MORIPHINE BECAUSE IT IS SO STRONG AND IS USED AS A LAST RESORT?
Morphine is no longer viewed as a last resort for pain control. It is easy to use, easy to change, offers the best relief for people who have pain and has a very wide window of safety. Studies have shown that many ideas about morphine are fiction and not fact.

I'VE HEARD THERE ARE SIDE EFFECTS FROM TAKING NARCOTICS. WHAT IF I DON'T WANT TO TAKE THEM?
To prevent the common side effects from narcotics, your physician and nurse will suggest such medications as laxatives, anti-nausea medications, and anti-histamines.

PAIN SCALES

NON VERBAL: Wong-Baker FACES™ Pain Rating Scale

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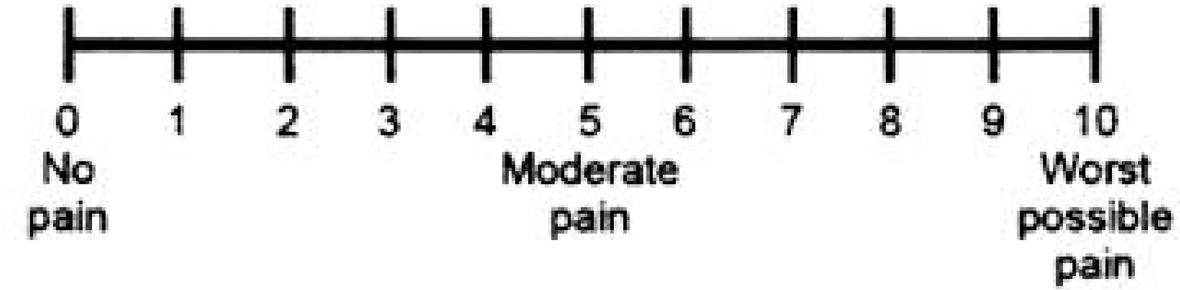
VERBAL:



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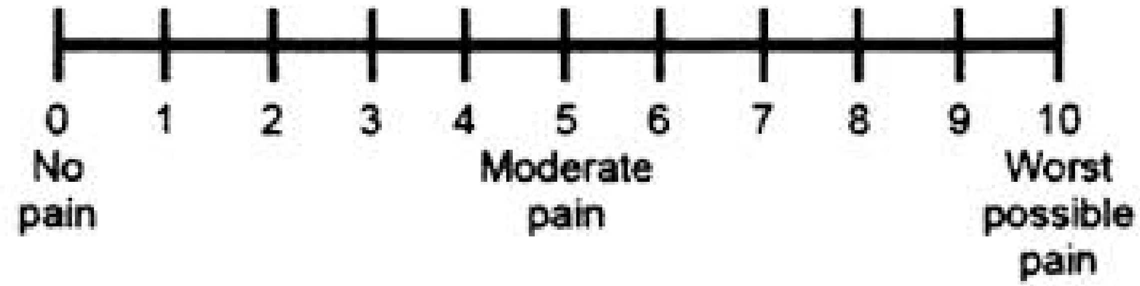

0-2: Resting
3-4: Restlessness
5-6: Grimacing on Movement
7-8: Thrashing on Movement
9-10: Thrashing/Moaning

Section 9: Nutrition

GENERAL INFORMATION:

Nutrition is an important part of our lives, from the time we take our first breath as an infant. Our culture places great importance on meal planning and social interactions centered on food. Often feeding and preparing meals for a loved one is a non-verbal way of communicating love, concern, and caring.

Whenever anyone is ill, it is common for his or her appetite to decrease, whether the illness is the flu or a cancer-related process. The body's need for calories and other nutrients is altered because of the change in activity and the change in metabolic rate, due to the disease process.

Many hospice patients experience one or more of the following problems that interfere with nutrient intake: decrease or loss in appetite, nausea, vomiting, chronic pain, diarrhea, and constipation. This makes it difficult to find the right kind of foods that are well tolerated and accepted by the patient. Too often this challenge can turn into friction between the patient and the caregiver and interfere with open communication. To keep communication open, it is best to allow the patient to eat what and when he/she desires. When a person is facing the end of their life, their priorities change and eating is often not important to them. Furthermore, the disease process and medication can cause taste aversions and specific foods may taste bland, salty, sour, or too sweet.

The following are some frequent eating problems and suggestions for overcoming them. Remember that these are just suggestions. Each person has individual needs and preferences. For increased nutritional needs such as calories, protein, fluids, vitamins, and/or minerals, contact the hospice nurse.

WHEN IT IS DIFFICULT TO SWALLOW LIQUIDS OR SOLIDS

1. Thin liquids are usually the most difficult to swallow, softer blended foods are easier to swallow. There is also commercial thickener available.
2. If mucous is a problem, then cranberry, pineapple, or citrus juice may be helpful in cutting or thinning the mucous. If milk is a problem and increases intolerance to mucous production, a milk free nutritional supplement can be used. (For further information swallowing difficulties or for special products, contact the hospice nurse)

WHEN YOU'RE JUST NOT HUNGRY

1. Keep snacks handy and in sight for "nibbling."
2. Drinks made with ice cream or frozen yogurt (such as milk shakes and smoothies) provide a large number of calories within a small volume. Also, supplemental drinks such as Carnation® Breakfast Essentials™ provide nutrients.
3. Breakfast foods are often well tolerated. Do not feel that a particular food should be eaten at a particular time. Eat whatever you like, whenever you like.
4. Try eating small meals with snacks in between. (Small meals may even be just one item.)

4. Take your stool softener/laxative pill as prescribed. The dose can range from two to eight (2-8) pills per day or more if needed. Examples of such preparations are Peri-Colace®, Senokot S®, or Doxidan®.
5. Other laxative preparations can be added if the stool softener/laxative pill alone does not work. Examples of these are Dulcolax®, milk of magnesia, Phillips' M-O, or lactulose.
6. Call the nurse if you do not have a bowel movement in three (3) days. It might be necessary for you to have a rectal suppository, an enema, or be checked for stool impaction.
7. Call the nurse if you have any of the following symptoms:
    - Abdominal distention or bloating,
    - Rectal pain with your bowel movement,
    - The urge, but inability to pass stool,
    - Oozing of liquid stool after no bowel movement for several days, or
    - Rectal fullness and pressure.

Section 11: Primary Caregiver Guidelines

We at **CARINGEDGE HOSPICE** thank you for the privilege of assisting you with the care of your loved one. We salute you for all you have done to surround your loved one with understanding care, to provide your loved one with comfort and calm, and to enable your loved one to leave this world with a sense of peace and love. You have given your loved one the most wonderful, beautiful, and sensitive gifts we as humans are capable of, and, in giving that gift, have given yourself a wonderful gift as well.

Caring in the home for a loved one who has a limited life expectancy and who is undergoing many physical, emotional, mental, and spiritual changes, can be a challenging and fulfilling experience. It can also be confusing and tiring.

Our hospice supports your willingness to undertake the role of primary caregiver for your loved one. In this way, you permit him or her to be maintained in comfortable and familiar surroundings at this vulnerable time in his or her life's journey.

We will do everything possible to help you do this effectively and appropriately. We see ourselves as a team, with each of us having differing roles and responsibilities which, taken together, achieve maximum benefit for your loved one and for you.

Primary care refers to the basic physical and emotional activities involved in meeting the regular ongoing daily living needs of your loved one at home.

This may involve doing such things as maintaining the person's hygiene, nourishment, and use of medications. It may involve such comfort measures as preventing constipation, nausea, or other symptoms, turning, skin care, oral care, bathing, and grooming. It may include learning such skills as ostomy care and utilizing special equipment. It may include filling prescriptions, communicating with the physician, communicating with community resources, utilizing printed materials, and making final arrangements. Generally, it means being available to your loved one to listen, to touch, to share, to be present, and to care.

Your individual hospice team is pledged to support you in every possible way as you undertake this role. It will help you deal with your limitations and frustrations. It will help you arrange for all supportive services that are needed in the home. It will help facilitate utilization of respite care and inpatient care as needed. It will help you deal with your own feelings and how this situation is affecting your life, your needs, and your hopes. It will help you clarify your choices, your available alternatives and resources, and your values, priorities and beliefs, and to implement them in the most helpful manner.

The team will explain the progression of the illness, how the needs of your loved one will change and how to respond as these changes take place. It will seek to help you anticipate these changes and implement procedures so that they do not become big problems or out-of-control situations.

In all that the team says, does, and offers you, it is the team's deepest commitment to enable you to maximize your involvement of time, energy and love with your loved one.

TO BE ABLE TO TAKE CARE OF ANOTHER, YOU MUST FIRST TAKE CARE OF YOURSELF.

TIPS ON TAKING CARE OF YOURSELF:

- If you don't care for yourself, you can't care for the one you love.
- Get enough rest, perhaps naps during the day. Conserve your energy.
- Exercise. Even a short walk helps sleep and gives energy.
- Eat well. Choose a variety of foods from the five basic food groups. Drink plenty of water.
- Reduce stress. Think about what has helped in the past.
- Take breaks. Relax and think of other things.
- Pay attention to what your body is telling you. Is it tired, stressed, tense?
- Nurture your spiritual side. Pursue those things that are uplifting to you.
- Pamper yourself, especially on difficult days. Be patient and considerate of yourself.
- Avoid unrealistic expectations of yourself.
- Allow others to help you.
- Set limits. It's okay to say "no" sometimes.
- Recognize your needs and limitations.

TIPS ON HELPING LOVED ONES:

- Allow them to talk. Listen without judgment and with only occasional comment.
- Acknowledge and validate their feelings and let them express their feelings in many ways.

- Avoid taking any negative feelings personally.
- Let them have control over their situation as much as possible.
- Include them in decision making and discussions.
- Let them do as much as they want to and have energy for, no matter how slow, painful, or difficult it seems to you.
- Don't underestimate their pains, symptoms, and fear. They are valid and real.
- Avoid judging.
- Talk about subjects you used to discuss together, the times you shared. Laugh together.

Experience has shown that often times, the best patient care provided is given by family and friends. Regardless of how capable and efficient a professional's care may be, the presence and touch of a person who has a close relationship with the patient will provide the greatest gift.

Section 12: Preparing for the Dying Process

When a person enters the final stage of the dying process, two different, but interrelated, dynamics are at work. On the physical plane, the body begins the final process that ends when all physical activities cease to function. Usually, this is an orderly and progressive series of physical changes that, rather than invasive intervention, are best responded to through comfort enhancing measures.

The second dynamic of the dying process occurs on the emotional/spiritual/mental plane. This dynamic may appear as a withdrawal from one's present surroundings and relationships or a letting go of all that keeps one attached to this life. This process also tends to follow its own path and schedule but it often includes activity or conversations to resolve whatever is unfinished in one's life. Examples of this work may be attempts to resolve misunderstandings or broken relationships, or to make preparations for the well-being of a loved one following one's own death. There is sometimes the need to receive family permission to die or "to let go". For patient and for family, it is helpful to offer words of forgiveness, if needed, as well as words of appreciation and love. Acceptance and compassionate support/assist both patient and family through this time of transition.

When a person's body is ready to stop but he/she still has important matters that are not resolved or a significant individual with whom he/she has not made peace, the patient may linger even though very debilitated. On the other hand, when a person is emotionally, spiritually, mentally ready to let go, but his or her body has not completed its final physical process, he/she will continue to live. The person dying appears to have some control over the process, and sometimes staff, reading the signs, can offer estimates of when death is approaching. Ultimately, however, one's own death is not under human control or prediction.

The goal of hospice care, at this point, is to help you and your family to prepare for dying, death, and for their continued living. Working with hospice staff to control symptoms that cause pain and discomfort, taking responsibility to complete unfinished business and understanding what the dying process looks like will give you active ways to interact with loved ones as caregivers.

The physical, emotional, spiritual, and mental changes which indicate impending death are offered to you below to help you understand the natural circumstances which may happen and how you can respond appropriately. Not all of these changes will occur with every person, nor will they occur in this particular sequence. Each person is unique. What has been most characteristic of the way your loved one has lived consistently, may affect the way this final death phase and release occurs. This is not the time to try to change your loved one, but the time to give full acceptance, support and comfort.

Physical Changes with Suggested Responses

COOLNESS: The person's hands and feet, then arms and legs become increasingly cool to the touch and at the same time the color of the skin may change. This is a normal indication the circulation of blood is decreasing to the body's extremities and being reserved for the most vital organs. Keep the person warm with a blanket. Do NOT use an electric blanket.

SLEEPING: The person may spend an increasing amount of time sleeping and appear to be non-communicative and unresponsive. This normal change is partly due to changes in body chemistry. Sit with your loved one, hold hands and speak softly and naturally. Do not talk about the person in the person's presence as the sense of hearing remains intact during the dying process. Speak to him or her directly as you normally would, even though there may be no response.

DISORIENTATION: The person may seem confused about the time, place, and identity of family and friends. This is also due in part to the body's chemistry changes. Sometimes a paper or white board reminder of the day and time is helpful. Identify yourself by name before you speak rather than asking the person to guess who you are. For the patient's comfort, speak softly, clearly, and truthfully when you have to communicate, such as, "It is time to take your medication…" and explain the reason for the communication, such as "...so you won't begin to hurt."

INCONTINENCE: The person may lose control of urine and/or bowel matter as the muscles in those areas begin to relax. Discuss with the hospice nurse what can be done to keep your loved one clean and comfortable as well as how to protect the bed.

CONGESTION: The person may have sounds of congestion coming from his/her throat or chest, as small amounts of fluids accumulate and cause a vibration noise. This normal change is due to the decrease of fluid intake and inability to cough up normal secretions. Suctioning usually only increases the secretions and causes much discomfort. Gently turn the person's head to the side and allow gravity to drain the secretions. You may also gently wipe the mouth with a moist cloth. The sound of the congestion does not indicate the onset of severe or new pain and is normal for the physical decline.

INTAKE DECREASE: The person may begin to want little or no food or liquid. This means the body is conserving energy for other functions and getting ready for the end phase. Do not try to force food or drink or use guilt to manipulate them into eating or drinking. To do this only makes the person uncomfortable. Small chips of ice, frozen juice, or sports drink may be refreshing in the mouth. Glycerin swabs may help keep the mouth and lips moist. A cool, moist washcloth on the forehead may increase physical comfort.

URINE DECREASE: The person's urine output normally decreases due to the decreased fluid intake as as well as decrease in circulation through the kidneys. Consult with your hospice nurse to determine whether there may be a need to insert or irrigate a catheter.

BREATHING PATTERN CHANGE: The person's regular characteristic breathing pattern may change with the onset of a different breathing pace which alternates with periods of no breathing. This pattern is called the "Cheyne-Stokes" syndrome. It is very common and indicates a decrease in circulation in the internal organs. Elevating the head, holding hands, and speaking gently may help bring comfort.

EMOTIONAL/SPIRITUAL/MENTAL CHANGES WITH SUGGESTED RESPONSES

DECREASED SOCIALIZATION: The person may only want to be with a very few or even just one person. This is a sign of preparation for release and affirms from whom the support is most needed in order to make the approaching transition. If you are not a part of this inner circle at the end, it does not mean you are not cared about, or are unimportant. It means you have already fulfilled your task with him/her and it is the time for you to say goodbye. If you are part of the final inner circle of support, the person needs your affirmation, support, and permission.

WITHDRAWAL: The person may seem unresponsive, withdrawn, or in a comatose-like state. This indicates preparation for release, a detaching from surroundings and relationships and a beginning of "letting go." Hearing is believed to remain until the end, so speak to your loved one in your normal tone of voice, identify yourself by name when you speak, hold his/her hand and say whatever you need to say that will help the person let go.

SENSORY EXPERIENCES: The person may speak or claim to have spoken to those who have already died, or to see or have seen places not presently accessible or visible to you. This does not indicate a drug reaction or hallucination. The person is beginning to detach from this life and is being prepared for the transition so it will not be frightening. Do not contradict, explain away, belittle, or argue about what the person claims to have seen or heard. Just because you cannot see or hear it does not mean it's not real to your loved one. Affirm the experiences. They are normal and common. If they frighten your loved one, explain to him or her that they are normal.

RESTLESSNESS: The person may perform repetitive and restless tasks. This may be caused by decreased oxygen circulation to the brain and body chemistry changes. The restlessness may, in part, indicate that something is unresolved or unfinished that is disturbing, and prevents him or her from letting go. Do not interfere or try to restrain such motions. Your hospice team member will assist you in identifying what may be happening and help you find ways to help the person find and release from the tension or fear. Other things which may be helpful in calming the person are to speak in a quiet natural way, recall a favorite place, lightly massage the forehead, reading to the person, and/or playing music. Give assurances that it is okay to let go.

UNUSUAL COMMUNICATION: The person may make statements, gestures, or requests that are seemingly out of character. This may indicate the time is ready for the person to say goodbye and is testing to see if you are ready to let him/her go. Accept this moment as a beautiful gift when it is offered. Kiss, hug, hold, cry, and say whatever you need to say.

GIVING PERMISSION: Giving permission to your loved one to let go without making him or her feel guilty for leaving, or trying to keep him or her with you to meet your own needs can be difficult. A dying person will normally try to hold on, even though it brings prolonged discomfort, in order to be sure that those who are going to be left behind will be all right. Therefore, your ability to release the dying person from this concern and give him or her assurance that it's all right to let go whenever he or she is ready is one of the greatest gifts you have to give your loved one at this time.

SAYING GOODBYE: When the person is ready to die and you are able to let go, then is the time to say goodbye. Saying goodbye is your final gift of love to the loved one, for it achieves closure and makes the final release possible. It may be helpful to lie in bed with the person and hold him/her. It may also be helpful to take their hand and say everything that you need to say so that afterward you do not have regrets for not saying certain things to your loved one. It may be as simple as saying, "I love you." It may include recounting favorite memories, places, and activities you shared. It may include saying, "I'm sorry for whatever I contributed to add tensions or difficulties in our relationship." It may also include saying "thank you for…"

Tears are normal and a natural part of saying goodbye. Tears do not need to be hidden from your loved one and you do not need to apologize for them. Tears express your love and help you to let go.

HOW WILL YOU KNOW WHEN DEATH HAS OCCURRED?

The death of a hospice patient is not a medical emergency. Nothing must be done immediately. The signs of death include such things as:

- No breathing
- No heartbeat
- Loss of control of bowel and bladder
- No response
- Eyelids slightly open
- Eyes fixed on a certain spot
- No blinking
- Jaw relaxed and mouth slightly open

FAMILY GUIDELINES WHEN DEATH OCCURS

We have a hospice nurse on call 24 hours a day, 7 days a week.

1. **DO NOT CALL 911.**
2. Call the hospice nurse at (218) 216-7243.
3. The hospice nurse will call the funeral home when he/she arrives.

Section 13: Consents

As part of the admission process, we ask for your consent to treat you, release information relative to your care and allow us to collect payments directly from your insurer. You or your legal representative must sign this consent before we can admit you.

CONSENT FOR TREATMENT – We require your permission before we can treat you. The treatments that we provide will be prescribed by your doctor and carried out by professional health care staff. Without your consent or your representative's consent, we cannot treat you.

You may refuse treatment at any time. If you decide to refuse treatment, we will ask you for a written statement releasing us from all responsibility resulting from such action.

In the event an employee inadvertently comes in contact with your blood or body fluids, we must test your blood for Hepatitis B, C, and HIV (The virus that causes AIDS). We will pay for these tests.

RELEASE OF INFORMATION – Your medical record is strictly confidential and protected by federal law. We may release protected health information as explained in our Notice of Privacy Practices in order to carry out treatment, payment, and/or health care operations. Protected health information may be received or released by various means including telephone, mail, fax, etc.

AUTHORIZATION FOR PAYMENT – We will directly bill your insurer for the services which we provide to you. You authorize us to collect payments on your behalf.

SPECIAL SERVICES – We will coordinate all of your medical needs and supplies while under the hospice plan of care. Should you obtain services or supplies on your own, you will be responsible for their cost.

CONSENT TO PHOTOGRAPH/FILM/RECORD – You consent for us to record or film your care, treatment, and services and allow us to use the photographs/recordings for internal use (e.g., performance improvement, education), for documenting your medical condition or for insurers to document your condition for payment purposes.

ADVANCE DIRECTIVES – You must tell us if you have an advance directive so that we may obtain a copy to allow us to follow your directives. We will provide you care whether or not you have executed an advance directive, but having an advance directive may have an impact on the type of care provided during emergency situations.

ELECTION OF HOSPICE BENEFIT – You and your family are electing the hospice benefit and acknowledge, consent, and agree to the election requirements.

Public Disclosure Statement: CaringEdge Hospice

Names and addresses of individuals, corporations, or subcontractors having a combined direct or indirect ownership or 5% or more in the organization:

Angela Hilleshiem
Phil Gisi

Names and addresses of those persons directly related (spouse, sibling, parent, child) to individuals named in "A": None at this time

Names and addresses of individuals in "A" or "B" with an ownership or controlling interest in a Medicare or Medicaid facility: Edgewood OpCo: None

When the organization is a corporation, the names and addresses of officers, directors, or partners:

Edgewood OpCo
Phil Gisi, President/CEO
322 DeMers Ave, Ste 500
PO Box 13238
Grand Forks, ND 58208-3238

Description of any criminal offense conviction involving titles XVIII, XIX, or XX brought against any persons listed in "A", "B", or "C": None

Names and addresses of any individual currently employed in a managerial, accounting, auditing, or similar capacity who were employed by the organization's fiscal intermediary within the previous 12 months: None

Changes in the Administrator, Program Director, or Medical Director during the previous 12 months: None

Actual or anticipated change in ownership or control in the previous or next 12 months: None

Anticipated bankruptcy filings: None

Operational changes by a management company: None

Leasing agreements by another organization: None

Address changes for the parent, subunits, or branches: None

The annual disclosure statement will be signed by the Executive Director/Administrator of CaringEdge Hospice.

Mission statement: CaringEdge Hospice is dedicated to promoting quality of life by addressing the medical, emotional, and spiritual needs of our patients and their families. We understand a that each patient and family is unique. We are guided by the belief that providing the highest quality of patient care with dignity, compassion, and respect for each person is the most
important activity of the organization. We feel that we should help every patient facing end of life decisions to be free of pain and in a safe compassionate environment. These choices allow patients to spend their final days with dignity, comfort, and surrounded by their loved ones.

Licensure and accreditation status, as applicable: Currently Deemed Status through Community Health Accreditation Program.

Belinda Saylor, RN
Administrator
CaringEdge Hospice
belinda.saylor@caringedge.com
(218)216-7243

CaringEdge

Your Professional Hospice Staff

NURSE: ____

NURSE: ____

MEDICAL DIRECTOR: _______________________________

HOSPICE AIDE: ____________________________________

SOCIAL WORKER: __________________________________

SPIRITUAL COUNSELOR: _____________________________

VOLUNTEER(S): ___________________________________

MISSION STATEMENT

The mission of CaringEdge Hospice is to provide physical, emotional, social, and spiritual support to terminally ill patients, as well as their families and loved ones, while assisting patients and families to live with dignity and comfort as the cop with end of life issues.

(218) 216-7243

NOTES FOR PATIENT CARE

NOTES FOR PATIENT CARE

CaringEdge

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Hospice Benefit Revocation Form

Patient Name: ____

Attending Physician: ____

Current Benefit Period: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Date period began: ______________________________ Date of revocation: ____________________________

Reason for revocation:

____

____

____

____

____

____

____

I understand I am revoking my election of the Medicare hospice benefit for the remainder of the current benefit period. If eligible, I can at any time in the future re-elect Medicare hospice coverage. I am, however, forfeiting Medicare hospice coverage for the days remaining in the current benefit period. I understand that the Medicare health care benefits I waived to receive Medicare hospice coverage will be resumed on the date of this revocation.

Case Managing RN Signature: ____

Medical Director Signature: ____

Director of Nursing Signature: ____

Patient/Representative Signature:____

CaringEdge

Patient Name: ______________________

DOB: ______________________

Today's Date: ______________________

ALF Coordinated Plan of Care

Resident Name:	**Room #:**	**Daytime Phone:**
Diagnosis:	**Bed #:**	**After Hours Phone:**

RN Case Manager:	Hospice Social Worker:
Hospice Aide:	Hospice Volunteer:
Hospice Chaplain:	Other:

Date			Date		
Start	End	**Nurse Visits**	Start	End	**Hospice Aide Visits**
		Frequency:			Frequency:
		Frequency Change:			Frequency Change:
		Hospice Social Worker Visits			**Hospice Volunteer Visits**
		Frequency:			Frequency:
		Frequency Change:			Frequency Change:
		Hospice Chaplain Visits			**Wound Care Visits**
		Frequency:			Frequency:
		Frequency Change:			Frequency Change:

Date			**Party Responsible & Frequency**	
Start	End	**Treatments**	Hospice	ALF
		Foley Catheter Change		
		Other Tx: (therapy, labs, trach care, ostomy care, etc.)		

Medications

Medical Supplies Provided by Hospice:

☐ Incontinence	☐ Dressings	☐ Foley Catheter
☐ Other	☐ Other	☐ Other
☐ Other	☐ Other	☐ Other

DME Provided by Hospice:

☐ Oxygen	☐ Commode	☐ Walker
☐ Bed	☐ Nebulizer	☐ Wheelchair
☐ Walker	☐ Wheelchair	☐ Other

CaringEdge Representative	CaringEdge Representative Signature	Date
Facility Representative	Facility Representative Signature	Date

CaringEdge

Patient Name: ______________________________

DOB: ______________________________

Today's Date: ______________________________

SNF Coordinated Plan of Care

Resident Name:	**Room #:**	**Daytime Phone:**
Diagnosis:	**Bed #:**	**After Hours Phone:**

RN Case Manager:	Hospice Social Worker:
Hospice Aide:	Hospice Volunteer:
Hospice Chaplain:	Other:

Date			Date		
Start	End	**Nurse Visits**	Start	End	**Hospice Aide Visits**
		Frequency:			Frequency:
		Frequency Change:			Frequency Change:
		Hospice Social Worker Visits			**Hospice Volunteer Visits**
		Frequency:			Frequency:
		Frequency Change:			Frequency Change:
		Hospice Chaplain Visits			**Wound Care Visits**
		Frequency:			Frequency:
		Frequency Change:			Frequency Change:

Date			**Party Responsible & Frequency**	
Start	End	**Treatments**	Hospice	SNF
		Foley Catheter Change		
		Other Tx: (therapy, labs, trach care, ostomy care, etc.)		

Medications

Medical Supplies Provided by Hospice:

☐ Incontinence	☐ Dressings	☐ Foley Catheter
☐ Other	☐ Other	☐ Other
☐ Other	☐ Other	☐ Other

______________________________ ______________________________ ____________________

CaringEdge Representative CaringEdge Representative Signature Date

______________________________ ______________________________ ____________________

Facility Representative Facility Representative Signature Date

Patient Name: ______________________________

DOB: ______________________________

Today's Date: ______________________________

SNF Coordinated Plan of Care –
Delineation of Services/Responsibilities

Resident Name:____

Hospice Name: CaringEdge Hospice

SOC:

Item #			**Duties & Responsibilities**	**Hospice**	**SNF**	**Comments**
1			Arrange for the provision of Hospice Services by written agreement with Medicare Certified hospice	**X**	**X**	
2			Ensure that hospice services meet professional standards and principles that apply to individuals providing the services and to the timeliness of services	**X**		
3			Have written agreement with hospice, signed by authorized representatives that sets out at least the following	**X**	**X**	
	3a		The hospice service to be provided	**X**	**X**	
	3b		Hospice responsibilities for determining the appropriate hospice plan of care	**X**	**X**	
	3c		Services facility will continue to provide based on each hospice patient's plan of care	**X**	**X**	
	3d		A communication process including how the communication will be documented between the facility and hospice to ensure the needs of the hospice patient are met 24-hours per day	**X**	**X**	**Hospice 24-hour # 218-216-7243**
4			Facility immediately notifies hospice of the following		**X**	
	4a		A significant change in hospice patient's physical, mental, social or emotional status	**X**	**X**	**Collaboration: facility notify family and hospice assess and provide updates**
	4b		Clinical complications that suggest a need to alter the plan of care	**X**	**X**	**Collaboration: Change care plan as needed**
	4c		A need to transfer hospice patient from facility for any condition	**X**	**X**	**Joint decision**
	4d		The hospice patient's death	**X**	**X**	**Hospice to respond to call and provide facility support if not already present.**
5			Designate interdisciplinary team member to be responsible for working with hospice representative to coordinate care of the hospice patient provided by facility and hospice staff. The individual must meet the following requirements and responsibilities.		**X**	
	5a		Have a clinical background function within their state scope of practice act and have the ability to assess the hospice patient or have access to someone who has the skills and capabilities to assess hospice patient		**X**	

Patient Name: ____________________________

DOB: ____________________________

Today's Date: ____________________________

SNF Coordinated Plan of Care –
Delineation of Services/Responsibilities

Resident Name: ____

Hospice Name: CaringEdge Hospice

SOC:

Item #			**Duties & Responsibilities**	**Hospice**	**SNF**	**Comments**
	5b		Be responsible for collaborating with hospice representatives and coordinating facility staff for those hospice patient receiving hospice services		**X**	
	5c		Communicate with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness related conditions and other conditions to ensure quality of care for the patient and family		**X**	
	5d		Ensure the facility communicates with Hospice Medical Director, patients attending physician and other practitioners participating in the care		**X**	
	5e		Obtain the following information from hospice:		**X**	
		5e1	Most recent hospice plan of care for each patient	**X**		
		5e2	Hospice election form	**X**		
		5e3	Physician certification and recertification of the terminal illness specific to each patient	**X**		
		5e4	Names and contact information for hospice personnel involved in hospice care of each patient	**X**		
		5e5	Instructions on how to access the hospice 24-hour on call system	**X**		
		5e6	Hospice medication information specific to each patient	**X**		
		5e7	Hospice physician and attending physician (if any) orders specific to each patient	**X**		
	5f		Ensure facility staff provides orientation in facility policies/procedures, including patient rights and appropriate forms and record keeping to hospice staff	**X**	**X**	
6			Responsible for all care decisions related to the terminal diagnosis of hospice patients			
7			Determines hospice services to be provided			
8			Provide bereavement counseling to facility staff upon request			
9	**Start**	**End**	Personal Cares Frequency: Hospice to Provide			
			Skilled Nurse			
			MSW			
			Volunteer			
			Bath Aide			
			Chaplain			

Patient Name: ______________________

DOB: ______________________

Today's Date: ______________________

SNF Coordinated Plan of Care – Delineation of Services/Responsibilities

Resident Name:____

Hospice Name: CaringEdge Hospice **SOC:**

10	**Start**	**End**	Treatments: Frequency and party responsible	
			Example: Foley Catheter Change	
11	**Start**	**End**	Medications:	
12	**Check if yes**		Medical Supplies: Provided by hospice	
	☐		Incontinence	
	☐		Dressings	
	☐		Foley Catheter	
	☐		Other:	
	☐		Other:	
	☐		Other:	
	☐		Other:	

______________________ ______________________ __________

Facility Representative Name Facility Representative Signature Date

______________________ ______________________ __________

CaringEdge Representative Name Facility Representative Signature Date

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

MINNESOTA

Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH		
PRIMARY MEDICAL CARE PROVIDER NAME	PRIMARY MEDICAL CARE PROVIDER PHONE *(WITH AREA CODE)*	

A

CHECK ONE

CARDIOPULMONARY RESUSCITATION (CPR) *Patient has no pulse and is not breathing.*

☐ **Attempt** Resuscitation / CPR (Note: selecting this requires selecting "Full Treatment" in Section B).

☐ **Do Not Attempt** Resuscitation / DNR (**Allow Natural Death**).

When not in cardiopulmonary arrest, follow orders in B.

B

CHECK ONE

(NOTE REQUIREMENTS)

MEDICAL TREATMENTS *Patient has pulse and/or is breathing.*

☐ **Full Treatment.** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.

TREATMENT PLAN: Full treatment including life support measures in the intensive care unit.

☐ **Selective Treatment.** Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.

TREATMENT PLAN: Provide basic medical treatments aimed at treating new or reversible illness.

☐ **Comfort-Focused Treatment (Allow Natural Death).** Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.

TREATMENT PLAN: Maximize comfort through symptom management.

C

CHECK ALL THAT APPLY

DOCUMENTATION OF DISCUSSION

☐ **Patient** (*Patient has capacity*)

☐ **Parent of Minor**

☐ **Court-Appointed Guardian**

☐ **Health Care Agent**

☐ **Other Surrogate**

☐ **Health Care Directive**

SIGNATURE OF PATIENT OR SURROGATE

SIGNATURE ***(STRONGLY RECOMMENDED)***	NAME *(PRINT)*
RELATIONSHIP *(IF YOU ARE THE PATIENT, WRITE "SELF")*	PHONE *(WITH AREA CODE)*

Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.

D

SIGNATURE OF PHYSICIAN / APRN / PA

My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.

NAME *(PRINT)* ***(REQUIRED)***	LICENSE TYPE ***(REQUIRED)***	PHONE *(WITH AREA CODE)*
SIGNATURE ***(REQUIRED)***	DATE ***(REQUIRED)***	

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. *FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.*

INFORMATION FOR ______________________________

PATIENT NAMED ON THIS FORM

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

E ADDITIONAL PATIENT PREFERENCES *(OPTIONAL)*

CHECK ONE FROM EACH SECTION

ARTIFICIALLY ADMINISTERED NUTRITION *Offer food by mouth if feasible.*

☐ **Long-term artificial nutrition by tube.**

☐ **Defined trial period of artificial nutrition by tube.**

☐ **No artificial nutrition by tube.**

ANTIBIOTICS

☐ **Use IV/IM antibiotic treatment.**

☐ **Oral antibiotics only (no IV/IM).**

☐ **No antibiotics. Use other methods to relieve symptoms when possible.**

ADDITIONAL PATIENT PREFERENCES *(e.g. dialysis, duration of intubation).*

____

____

HEALTH CARE PROVIDER WHO PREPARED DOCUMENT

PREPARER NAME ***(REQUIRED)***	PREPARER TITLE ***(REQUIRED)***
PREPARER PHONE *(WITH AREA CODE)* ***(REQUIRED)***	DATE PREPARED ***(REQUIRED)***

NOTE TO PATIENTS AND SURROGATES

The POLST form is always voluntary and is for persons with advanced illness or frailty. POLST records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. A Health Care Directive is recommended for all capable adults, regardless of their health status. A Health Care Directive allows you to document in detail your future health care instructions and/or name a Health Care Agent to speak for you if you are unable to speak for yourself.

DIRECTIONS FOR HEALTH CARE PROVIDERS

Completing POLST

- Completing a POLST is always voluntary and cannot be mandated for a patient.
- POLST should reflect current preferences of persons with advanced illness or frailty. Also, encourage completion of a Health Care Directive.
- Verbal / phone orders are acceptable with follow-up signature by physician/APRN/PA in accordance with facility/community policy.
- A surrogate may include a court appointed guardian, Health Care Agent designated in a Health Care Directive, or a person whom the patient's health care provider believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known, such as a verbally designated surrogate, spouse, registered domestic partner, parent of a minor, or closest available relative.

Reviewing POLST

This POLST should be reviewed periodically, and if:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change, or
- The patient's Primary Medical Care Provider changes.

Voiding POLST

- A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
- Draw line through sections A through E and write "VOID" in large letters if POLST is replaced or becomes invalid.
- If included in an electronic medical record, follow voiding procedures of facility/community.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. *FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.*

The CaringEdge staff realize that making the decision to utilize Hospice services is not an easy one to make. We understand that the time that precedes a loved one's death may be one of the most difficult times that you and your family may ever experience. Our Hospice Interdisciplinary Team feel it is a great privilege to serve you at this very challenging, yet sacred time of life.

While there are a number of different professionals that are part of our Interdisciplinary Team, we share a common mission in providing services intended to enhance the quality of life of those whom we serve. An important aspect to providing quality Hospice services is communicating effectively, which is fundamental to our mission. We believe in communicating openly, honestly and in a manner that is supportive to you during this very profound experience.

Through providing Hospice services, it has been our experience that many whom we have served have understandably expressed fear related to the unknown. We offer you the information conveyed on this form with the intention of preparing you for what may occur during the final stages of life.

The description of the signs and symptoms included below are ways in which the physical body prepares for death, thus are indicators that often precede death. It is important to keep in mind as you read the descriptions of these indicators listed below that because every person is unique, the signs and symptoms indicative of death may not appear simultaneously and some may not appear at all. Although we have provided some suggestions with each of these signs/symptoms, we encourage you to contact our staff with any questions or concerns as or if they arise.

SIGNS AND SYMPTOMS OF HOW THE BODY PREPARES FOR DEATH:

FATIGUE AND WEAKNESS: During the dying process, the body's physiology experiences metabolic changes, some of which are observable in sleep patterns – your loved one may experience lack of energy, be sleeping more and at times may be very difficult to arouse from a sleep state.

Hospice Suggestion: Plan visit times for family/friends when your loved one seems most alert and keep visits brief. Although visitors mean well, there are times when visitors/visits can be overwhelming for the patient and loved ones alike. At such times, it can be hard for loved ones to set/establish boundaries with visitors and visiting times. If you find this to be the case, please let your Hospice staff know so that we can assist you.

FOOD: During the dying process, the physical body naturally begins a withdrawal from life sustaining nourishment which may be observable through changes in food preferences, a decrease in appetite and subsequent weight loss. The physical body has begun to conserve energy and digestive processes become increasingly slower.

Your loved one's food preferences may change from eating heavier foods (meats, cheeses) to lighter foods (eggs, toast, potatoes), to soft foods (ice cream, applesauce, smoothies) and soon may only want liquids (juices, soup broth, water, ice chips) and finally, may not want anything to eat or drink.

> This is often the case when family members are afraid that the patient is dying of starvation or thirst or both. It is so very important to realize that the withdrawal from food and fluids is a natural process that actually supports the dying person's comfort. It does not create suffering because the dying body's needs do not entail physical healing and ongoing life.
>
> *Denys Cope, RN, BSN. Dying: A Natural Passage p. 32*

Hospice Suggestion: Life is sustained through eating and drinking and a natural inclination may be to encourage your loved one to eat and drink. Your loved one may not feel hunger or even be able to eat, but may benefit from being given ice chips, small sips of water through a straw and or a moist washcloth. People experience a dry mouth and lips due to breathing more through their mouths rather than through their noses. Your nurse will be a valuable resource as to instructing you on oral hygiene/care techniques.

VISIONING: (term used by Denys Copes, RN, BSN, author of Dying: A Natural Passage, p.51)

"As people withdraw from food and fluid and go into a natural fasting state, they often begin to report experiences of seeing loved ones who have already died." (Copes, p. 51) Reports of visioning are not only very common but usually involve seeing and or talking/interacting with someone whom was/is a reassuring presence. (ibid p. 52-53) Copes describes visioning as an “expected occurrence” describing these phenomena as a “spiritual experience” (ibid p. 59) that often occurs about two weeks prior to death. (ibid p. 52)

Hospice Suggestion: Listen and be a supportive presence to your loved one. Copes describes how the dying “go in and out of responsiveness” and encourage caregivers/loved ones to reassure a loved one when he/she is responsive and can recall having had a vision experience.

HALLUCINATIONS/CONFUSION: Sometimes the dying can be disoriented and even experience hallucinations. According to Copes, hallucinations are usually rare and explains the difference between hallucinating and visioning as follows: “People who are visioning make sense in their communication” and “Their language is not garbled, they are not confused or restless, and they are not irrational in their thought processes.”(ibid. p. 59-60) Copes goes on to say that those experiencing visioning “…are present and aware of the person with whom they are talking, and are often aware that what they are seeing is different from the normal experience of living”. (ibid p. 60) Whereas hallucinations may consist of a nonsensical type of speech, irrationality of thought, disorientation, and lack of insightfulness about the experience. Copes attributes the occurrence of hallucinations/confusion as a symptom of some type of disease such as cancer or an adverse reaction to a medication.

Hospice Suggestion: Again, be a supportive, calm presence. Reassure loved one by re-orienting them to who you are, the location (where they are) and what day it is – time of day. Consult with your nurse for further suggestions regarding this experience.

INCONTINENCE: Loss of control pertaining to urine and bowel movements often does not occur until death is imminent; however, incontinence may occur early in the dying process. If your loved one has had a bladder catheter placed, you may observe that the urine will decrease in amount and darken in color as death draws nearer.

Hospice Suggestion: If this occurs earlier in the dying process, it is important to normalize this experience for and with your loved one by offering verbal reassurance and validation that incontinence is part of the body’s letting go process and is a natural occurrence. Consult your nurse as you may need extra supplies and or some instruction on hygienic techniques used for cleanliness.

RESTLESSNESS: As discussed earlier, the dying process involves a number of physiologic changes, one of which has to do with a decrease of oxygenation in the blood, which may result in restlessness. Signs of restlessness are varied and may involve movement of the arms/hands, pulling at garments or bed linen, agitation, attempts to get out of bed, etc. Copes describes this experience as being a common occurrence and often can occur when death is imminent. The source of discomfort is often not known and is distressing for loved ones.

Hospice Suggestion: If your loved one is in danger of falling out of bed, elevating the bed’s side rails may prevent a fall from occurring. Sometimes providing a reassuring presence – or a soothing touch such as a gentle hand/foot massage may help reduce restlessness. Call your Hospice Nurse to inform her of the patient’s symptoms and to explore other possible options such as medications that can be effective in relaxing the patient and helping him//her through this phase.

SKIN CHANGES: Changes in color and temperature of the skin occur because the heart is no longer circulating blood as effectively to the extremities as it once had. Changes in blood pressure and circulation result in discoloration of the skin (frequently in the extremities) that is often referred to as mottling. At this stage, the underside of your loved one’s body may also appear darker than normal and your loved one’s skin may feel cool to the touch.

Hospice Suggestions: You may want to use warm blankets to provide extra warmth and comfort for your loved one. Keeping your loved one warm is important. Gentle massage of hands/arms/legs and feet can be a very soothing and reassuring experience for your loved one. Playing some favorite music softly also may be comforting not only for your loved one, but also for the family and caregiver(s).

BREATHING: Breathing patterns will change throughout the dying process. During final stages of life, your loved one may be breathing through the mouth in regular intervals and then may pause. Breathing will restart (pausing without breath can last anywhere from seconds to over a minute). This type of breathing pattern inclusive of a pause is referred to as “apneic” breathing and is a sign that death is near. (ibid. p. 62) The breathing rhythm can transition to a deep regular pattern and as the dying process progresses, the breath sounds often become shallow and slower. The breath has moved from a deep breathing from the abdomen/chest to the upper lungs, and ultimately you may only observe your loved one's mouth and neck moving as the final breaths are taken.

In the final stages of life, the breathing may have a rattling sound which is caused by oral secretions that collect in the back of your loved one's throat. The reason these secretions collect in the throat is due to a decreased fluid intake and your loved one simply being too weak to cough and clear his/her throat. This sound can be very distressing to loved ones so it may be comforting to know that this is a normal part of the dying experience.

Hospice Suggestions: Elevating the head of the bed using pillows or using a hospital bed may be of benefit. As previously stated, hearing one's changing breathing sounds and the rattling sound caused by secretions that are building up in your loved one's throat can be very distressing.

Copes encourages the caregivers to…

> Be assured that the people who are dying in this situation are fine. As they are leaving their body, their experience of being in their body is different from what we, from the outside, might imagine it to be.

Denys Copes, Dying: A Natural Passage. p. 71

There is a medication option that has the effect of drying some of these secretions which you can learn more about by consulting with your Hospice nurse.

THE IMPORTANCE OF GOODBYES: Sometimes a dying patient will wait or linger if he/she is waiting for a family member to arrive or if the patient feels that the family is not prepared to let go. The patient may need some reassurance from loved ones that they will be okay and that it is alright for the patient to die.

We encourage you to keep in mind that although your loved may no longer be responding to you verbally or opening his/her eyes, that his/her ability to hear remains until death. Therefore, the words you speak to your loved one or the words spoken in the presence of your loved one are very important.

WHEN DEATH IS IMMINENT: We are here to support you so if you would like a Hospice staff member to be with you, please let us know. We are available 24 hours a day and consider it a privilege to be invited by you to be a supportive presence during such a profound and sacred life experience.

SIGNS THAT INDICATE THAT DEATH HAS OCCURRED:

1. No breathing or breath sounds
2. No heart beat
3. Incontinence of bowel and or bladder
4. Not responsive
5. Eyelids slightly open
6. Eyes are fixed on a specific spot

*****If death occurs or is imminent, rather than calling 9-1-1 please call our office at: 1-218-216-7243*****

If you are calling after 5 pm, you will reach our answering service. The answering service will contact the on-call Hospice Nurse who will in turn contact you promptly by telephone, which is then followed by a visit. If death has occurred the Hospice Nurse will confirm death, contact your Medical Provider, the funeral home, your minister and will offer you a supportive presence and or assistance with any other needs that you may have.

"**You matter** because **you** are **you**, and **you matter** to the end of your life. **We** will do all **we** can not only to help **you** die peacefully, but also to live until **you** die."

–***Dame Cicely Saunders****, nurse, physician and writer, and founder of hospice movement (1918 – 2005)*