

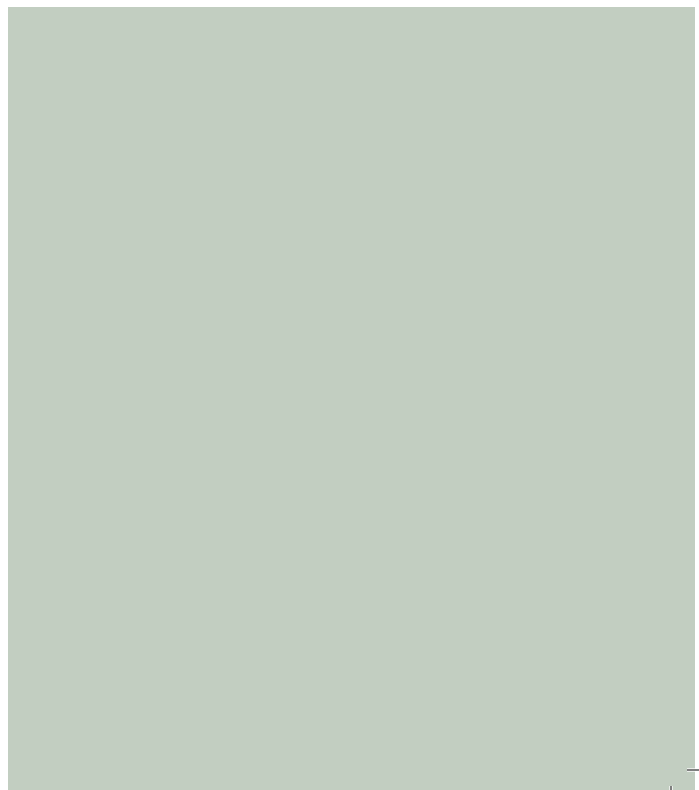


bloom  
healthcare

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Hospice  
Patient & Family  
Guide

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## Welcome

Welcome to the Bloom Hospice family. I'm John Freeman, and I want to express our profound honor in being chosen to accompany you on this part of your journey. At Bloom Hospice, we go beyond mere caregiving; we stand beside you and your loved ones, promising unwavering support, compassion, and understanding. Your comfort, safety, and peace of mind forms the core of our mission. If you have any questions or wish to discuss your care, please reach out.

Remember, you are never alone—we are here with you, every step of the way.

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## About Us

Bloom Hospice aims to redefine compassionate care for individuals and families facing life-limiting illnesses. We have an unwavering commitment to caring for the whole person and believe in providing exceptional holistic end-of-life care.

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## Our Story

In the early 2000's, John Freeman, Dr. Tom Lally, and Jeanine Lally began their journey in healthcare, focusing on end-of-life and palliative care in Colorado. Their collective experience and compassionate approach laid the foundation for what would become Bloom Hospice.

Our story isn't just about healthcare expertise; it's about a heartfelt commitment to making the end-of-life journey as peaceful and meaningful as possible. We understand that this is a time of emotional complexity for both patients and their families. That's why we extend our care beyond the physical, offering emotional and spiritual support tailored to each individual's needs and wishes.

At Bloom Hospice, we're not just healthcare providers; we're a support system, a listening ear, and a comforting presence when you need it most. Our philosophy is simple: to treat each person with the dignity, compassion, and respect they deserve, at every stage of their journey.

We're not just aware, but intimately understand the challenges, fears, and the profound sense of vulnerability patients and their families endure during their final journey together. That's why we go to extraordinary lengths to bring comfort, support, and understanding, standing by them throughout their entire hospice journey. We strive to infuse each day with dignity, peace, and a sense of togetherness, fostering an atmosphere of warmth and compassion that transcends the boundaries of hospice care. We at Bloom Hospice don't just provide care – we become a part of your extended family, there for you in your time of need.



**Contact Your Hospice Team**

**24 Hours/7 Days A Week**

**1 (303) 459-4000**

Primary Nurse: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Spiritual Care Provider: \_\_\_\_\_

Hospice Personal Care Aide: \_\_\_\_\_

Supervisor/Team Manager: \_\_\_\_\_

Executive Director/Administrator: \_\_\_\_\_

Notes/Questions/Reminders: \_\_\_\_\_

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### Hospice Information

- Office Hours and On-Call Guidelines
- About Hospice
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- Frequently Asked Questions
- Resolving and Reporting Concerns

### Clinical Information

- EPA Disposal of Controlled Substances
- Pain and Symptom Management
- Fall Prevention
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- Emergency Preparedness Plan
- What to Expect at the End of Life
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### Important Documents

- Hospice Email and Text Policy
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- Notice of Privacy Practices
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- Informed Consent & Election of Benefits
- Plan/Consent for Primary Caregiver
- Authorization for Payment
- Hospice Revocation

### Office Hours:

Monday to Friday: 8:30 a.m. to 5 p.m., excluding company holidays or as approved by the Administrator.

### After-Hours Coverage:

We provide 24/7 on-call services, including nursing and medical assistance. Contact our office anytime, and we will be ready to help.

### Weather Conditions:

During severe weather or natural disasters, our team may be unable to reach your location. We'll try to inform you via phone if your visit is affected. Bloom Hospice will collaborate with local emergency services to address your medical and palliative needs.

Please call the main number if you need to speak with a team member. The receptionist will contact that team member and request that you be called back. If you need help immediately, ask the receptionist to connect you with a supervisor who will help you.

**All Other Hours:** Your call will be routed to an On-Call nurse. This nurse can access your medical records and will work with you to address the issue over the phone. If the problem cannot be resolved over the phone, we will arrange to visit your home. All calls are directed either to an On-Call nurse or the Administrator On-Call.

### Many things can be handled during regular business hours. Simply call our office. Some examples include:

- Medication refills
- Messages for your nurse: examples include needing supplies, inquiries about your visits, or a need to change visit time/day. Sometimes, there is a need for a visit by the nurse, who will work with you to help manage symptoms so you can stay at home in familiar surroundings with your family.
- Calls for the social worker, spiritual care provider, or other team member
- Questions about the hospice aide or aide services



### What is Hospice?

**Hospice is not a place, hospice is people.** Hospice does not hasten death but strives to improve your quality of life. Your care while on hospice is customized to meet your needs. The benefit provides for visits by a Registered Nurse, a Social Worker, and a Spiritual Care Provider. Our hospice also provides the services of a Hospice Aide. Your plan of care will be determined by the team's collaboration with you and your family members.

It is the hospice's responsibility to ensure you are not in pain and to manage your symptoms effectively and that you receive the medical, spiritual, social, and supportive care that you need. In addition to our care for you, hospice makes sure that your loved ones receive the support they need during your time on hospice. You and your loved ones are at the center of our circle of care. Hospice is here to accompany you on your very personal journey.



### Hospice Levels of Care

**There are different levels of care that hospices can provide.**

#### **Routine Home Care**

Most of your days on hospice will be what Medicare refers to as Routine Home Care. It is important to understand that "Home" is wherever you reside, whether it be your own home, an assisted living community or a long-term care facility. Our hospice team members will provide care for you intermittently in your home. The frequencies of these visits will be dictated by the care plan we develop with you and your family as well as issues that may arise in your condition and symptoms.

#### **Short-Term Inpatient Respite Care**

Sometimes, your caregiver might need a few days to rest. When this happens, we can place patients into a skilled nursing facility or inpatient hospice unit for up to five (5) days. If respite care is needed, your social worker and your nurse will work together to help make this happen.

#### **Short-Term General Inpatient Care**

Hospice will do everything it can to keep you comfortable and symptom-free at home, but sometimes the measures that hospice can give you at home is not enough to ease your symptoms. When this happens, we will work to place you into a hospital or skilled facility for more intense care and monitoring. This level of care is only for a short time, and our goal is always to return you home as soon and as comfortable as possible. How long you will remain on the general inpatient level of care will be dictated by how quickly your symptoms can be brought under control.

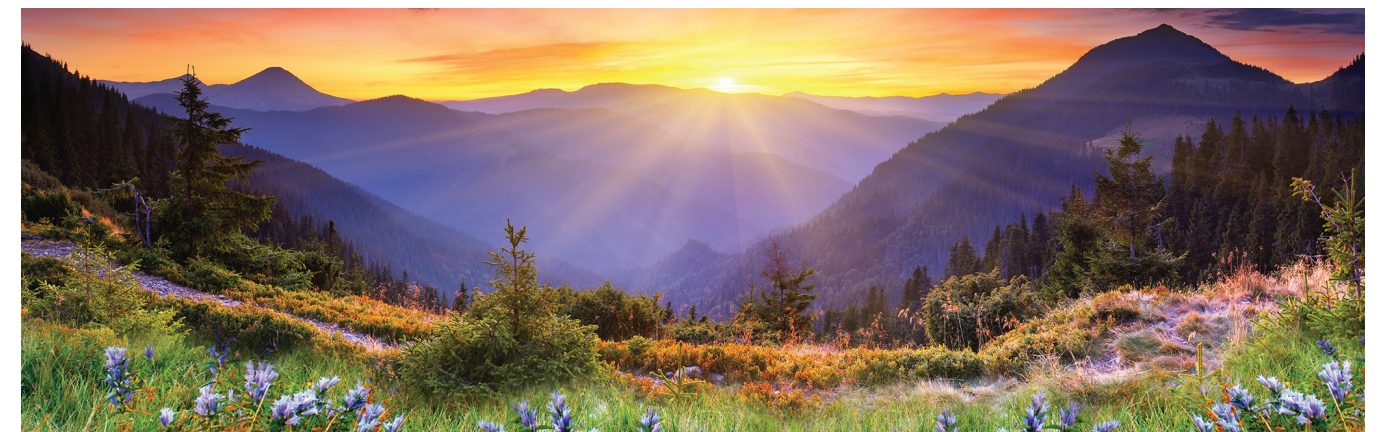
#### **Continuous Care:**

Sometimes, there is a health crisis that requires frequent medical interventions that are beyond the routine care that a family member can provide. When this happens, hospice can increase the number of hours that a nurse spends in your home at your bedside to get your symptoms under control. Just like with the general inpatient level of care, the symptoms are what decides how long this level of care will be needed.

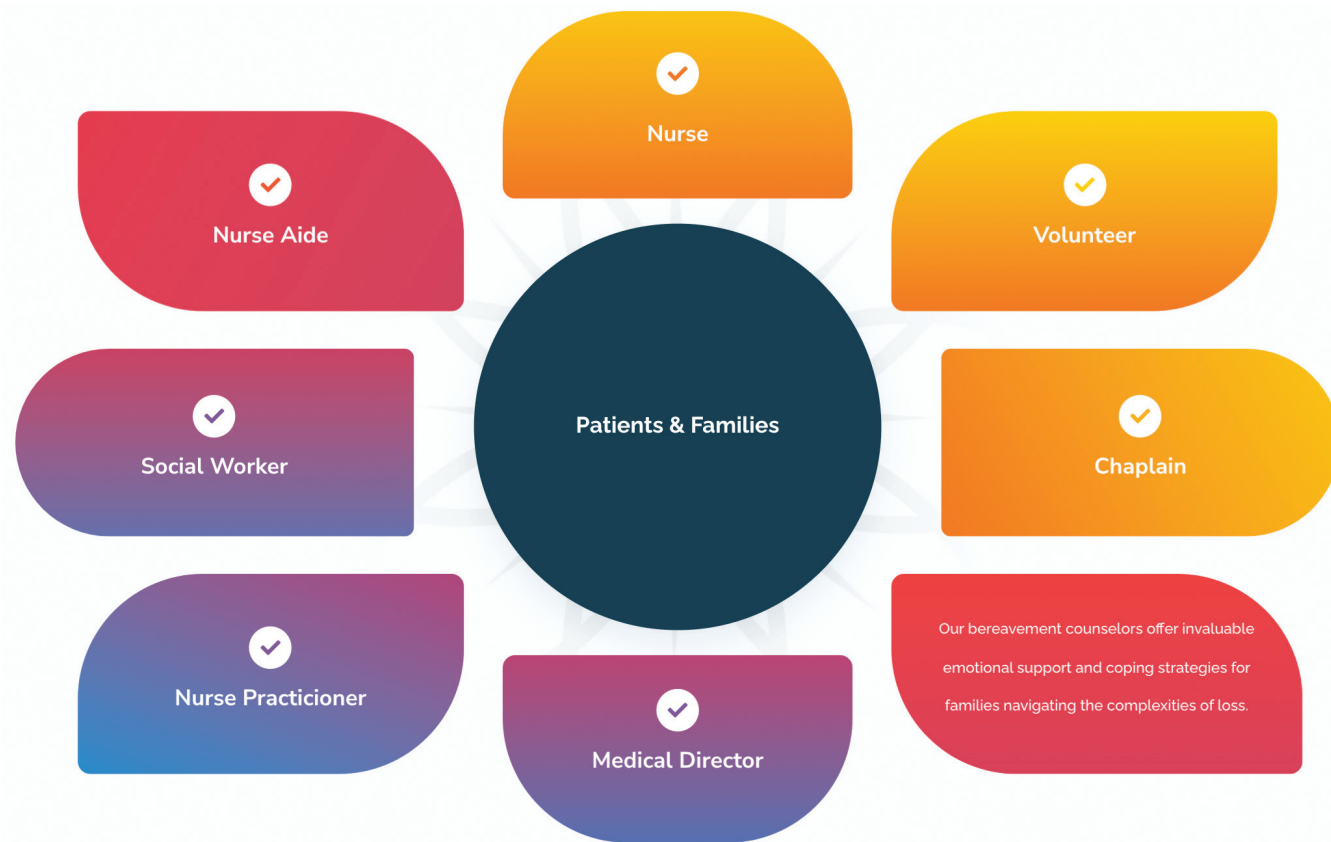
#### **What does hospice cover?**

Medicare Part A (or Medicaid) covers your hospice care in full. If you have private insurance, then the terms of that policy will direct what is and isn't covered. The following is what is covered by your Medicare Hospice Benefit:

- Intermittent physician, nursing, social work, Spiritual Care Provider and hospice aide visits
- Medical supplies and devices needed to care for your disease
- Medications that are related to your illness and other illnesses as they relate to hospice
- Physical, Occupational, and Speech therapy-related to your hospice diagnosis
- Dietary counseling
- Volunteer services
- Bereavement counseling for you and your loved ones



## About Hospice



### Your Medicare (Medicaid) Hospice Benefit *will NOT* cover:

- Treatment that is not palliative or included in the plan that you develop with your hospice team
- Care provided by another hospice that is not arranged through this hospice
- Ambulance services that are not part of the hospice plan or related to a level of care change
- Medications that are not approved by the hospice or part of the plan of care
- Medications that are not related to your hospice prognosis
- Emergency room or any doctor visits that are not arranged by the hospice
- Any inpatient care at a facility that is not a contracted partner with our hospice
- Sitter or private duty nursing care
- Lab studies, treatments, or tests that are not arranged for and approved by hospice
- Room and Board

If you have a private insurance carrier, they will often cover the same things as Medicare, however, the reimbursement process may sometimes differ from Medicare's processes. Our team will review your insurance plan with you so that you understand what you are responsible for and how to access all of your hospice benefits.

We will never refuse to care for anyone because they cannot pay for it. If you have no insurance or Medicare/Medicaid, our social worker will help you complete a financial assessment and navigate this process.

## Your Hospice Team

### Primary Care Nurse:

Your primary care nurse is also called your "Case Manager". The Case Manager is a registered nurse responsible for directing your overall plan of care. The nurse will manage any pain or other symptoms, order medications and supplies, and communicate with your doctor and the rest of the team. Your primary nurse will come and see you weekly, but typically, nurses will see you more often. Your symptoms and the care plan we have developed together will dictate your nurse visit frequency.

### Social Worker:

Our social workers are trained to provide counseling, help with end-of-life planning, identify community resources and provide emotional support. Based on your needs and the needs of your family, the social worker will visit at least monthly or more often if needed.

### Spiritual Care Provider:

The Spiritual Care Provider (SCP) is responsible for helping meet your spiritual needs. Maintaining the highest respect for your belief system, our SCPs provide spiritual counseling. Our spiritual care coordinators will also collaborate with your religious/spiritual community and leaders to help you receive any support or visits that might be needed. The SCP will visit at least monthly or more often if you need it. Visits may include life review, exploration of religious or spiritual beliefs, singing hymns, and reading prayer and/or scripture.



### Hospice Aide:

Hospice Aides are specially trained and certified individuals who will help you with personal care or activities that you can no longer do for yourself, such as bathing, dressing, feeding, moving, and positioning, as well as activities that are not part of a traditional healthcare setting, such as painting nails or playing music. Our aides work under the supervision of your case manager and can only perform the duties designated by the nurse. Hospice aides are not allowed to give medications. The nurse case manager will determine how often the aide needs to come and visit.

### Volunteer/Volunteer Coordinator:

The Volunteer Coordinator is the team member responsible for finding and training volunteers. All hospice volunteers are considered "unpaid employees" with the same background checks and tests as our employees. Volunteers offer a variety of special services for you and your family. If you want a companion volunteer, inform your nurse or social worker or call our office.

### Bereavement Coordinators:

Bereavement care is a required component of all hospice programs and will be provided to your family for at least thirteen months, extending through the first anniversary of your loved one's passing. We hire specialized teammates who are trained to provide grief support through mailings, calls, visits, and support groups. While one individual is usually identified as being the primary person for bereavement, all persons in the family can receive bereavement services.

### Physicians:

Our hospice medical director, contracted physicians, employee physicians, nurse practitioners, and your attending physician are all part of the hospice team caring for you. These team members are integral in managing symptoms or other medical concerns. Our doctors and nurse practitioners can visit and order treatments if needed, as allowed by your place of residence.

## When to Call the Hospice Team

Your hospice team knows that it can be frightening when there are changes in your or your loved one's condition. Our goal is to reduce your stress and help make caregiving less difficult. There are times when a simple phone call can help, and there are times when someone from our team may need to visit.

**We want to know any time there is a change in our patient's condition. Here are some examples of when you should call us:**

- Increased pain or pain that isn't getting better with medication
- An increase in temperature to over 100 degrees or a noticeable fever
- Rapid heartbeat (pulse) that is faster than normal
- Any change in mental alertness (excessive sleepiness, new or increased confusion, hallucinations, difficulty waking up)
- Change in skin condition (change in color, redness, new open areas, or broken skin)
- Swelling that is increased or unusual
- No urination for 24 hours
- No bowel movement or colostomy drainage for 48 hours
- Nausea, vomiting, or diarrhea that isn't stopping
- Having trouble swallowing medications, foods, or fluids
- Sudden difficulty breathing or trouble breathing
- Any fall or injury
- If you or anyone in your household is suspected of being, or tests positive for, any respiratory illnesses.

**This list is not a list of every possible change that can happen – if at any time you feel concern, give us a call so we can help!**



## Frequently Asked Questions

### How will things get to me and my family?

How you receive your medications and supplies will depend on where you call home. If you are in your family home, your medications may be delivered by an overnight service or picked up from your local pharmacy. In an assisted living community or long-term care facility, you will receive your medications seamlessly with your routine medications.

Any equipment needed for your care in your family home will be delivered by the company contracted with the hospice. The team will help arrange a convenient time for you and your family, as someone must be home to accept the delivery.

Supplies may arrive by an overnight service or delivered by a hospice team member.

### Does the entire hospice team have to come to my house?

Our regulations from the Centers for Medicare and Medicaid Services, which are the same regulations that most commercial insurers follow, require that you and the entire hospice team meet within five days of the admission. Meeting with everyone on the team will help you understand all the available services and help us develop a plan to meet your needs. We encourage you to use the services of the entire team, but that decision is always yours. To remain on hospice, Medicare requires that your nurse visit and assess you at least every two weeks.

### What happens if I change my mind about being on Hospice?

You may decide that hospice services are not for you. This may be because you have decided to opt for curative care or for no reason at all. You can withdraw your consent or "revoke" your hospice benefit at any time. The date that you sign and date the "revocation" papers will be the last date of your hospice care, and you will once again be able to access your Medicare Benefit for your hospice diagnosis. You can always call us again if you change your mind. If your condition still qualifies you for hospice care and your physician agrees, you can once again access your hospice benefit.

### What if my condition improves?

Sometimes, the extra care delivered by hospice is just what the patient needs for their condition to improve. Medicare uses a specific list of symptoms or diagnostic findings to continue hospice care. If your condition improves, you may be discharged from hospice services. You will have a right to appeal that decision. Hospice will explain that process fully if this situation should ever arise. Just as when you revoke hospice services, you will retain your Medicare coverage and can return to hospice if your physician agrees and you meet the required criteria.

### Can I give a gift to my hospice team member?

The best way you can thank our employees or volunteers is to make a charitable donation by contacting our main office.

Being able to make decisions about care and being able to speak about concerns or complaints about care is very important. The hospice team members want to know if our care is anything less than exceptional at any time. When something comes up, we ask that you take the following steps.

### Step 1

- Talk about the problem with the nurse case manager assigned to you. Most problems can be taken care of at this level. Be specific about what the problem is and what you think a solution might be.

### Step 2

- Call the supervisor/team manager of your home care team and request an investigation. You should receive an immediate response, but in some instances, investigations may take a few days. You should hear back on the progress of the investigation within 48 hours and a resolution within ten business days.

### Step 3

- Call the Director of Clinical Services at 303-459-4000. In that person's absence, please call the Vice President of Operations at 303-459-4000. In that person's absence, please call the Executive Director/Administrator at 303-459-4000.

### State Regulatory Agency contact information:

Health Facilities and Emergency Medical Services Division of  
the Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South Denver, CO 80246  
303-692-2910 or 1-800-842-8826

CHAP is our deeming authority. You may contact CHAP for  
complaints or questions at 1-202-862-3413

### Drug Disposal: Dispose "Non-Flush List" Medicine in Trash

Follow these simple steps before trashing medicines that are not on the flush list at home

If no drug take back sites, locations, or programs (/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations) are available in your area, **and** there are no specific disposal instructions (such as flushing (/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines)) in the medication guide or package insert (<http://wcms-internet.fda.gov/drugs/drug-safety-and-availability/medication-guides>), you can follow these simple steps to dispose of most medicines in your trash at home\*:

1. Mix medicines (liquid or pills; do not crush tablets or capsules) with an unappealing substance such as dirt, cat litter, or used coffee grounds;
2. Place the mixture in a container such as a sealed plastic bag;
3. Throw away the container in your trash at home; and
4. Delete all personal information on the prescription label of empty medicine bottles or medicine packaging, then trash or recycle the empty bottle or packaging.

Follow these simple steps to dispose of medicines in the household trash

**MIX**  
Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds;

**PLACE**  
Place the mixture in a container such as a sealed plastic bag;

**THROW**  
Throw the container in your household trash;

**SCRATCH OUT**  
Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.

Link to search DEA Authorized Collector in your community:  
<https://apps2.dea diversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>

<https://www.fda.gov/media/109727/download>

\* Other technologies which provide additional options for disposing of medicines have been developed.

Sometimes, hospice patients will have pain, but this should not be considered “normal.” Most often, pain means that we need to change medications or try something new. Your hospice team will ask about pain and symptoms on every visit. Please don’t delay reporting any new pain, change in pain, or new or increased symptoms. We always want to keep you/your loved one comfortable.

### Taking Medication

Your doctor and nurse will work together to make you as pain-free as possible. You must follow the directions given to you on taking pain medicine. It is proven that the best way to control pain is to “stay ahead” of the pain. This means you should take your pain medicine even if you are not feeling pain at the time it is due. This will stop the pain from becoming severe.

### Drowsiness

It is normal to feel more tired or sleepy when you start a new medication or have an increase in your dose. Usually, this will only last two to three days until your body adjusts to the medicine. Some people sleep a lot when they start a new pain medication because pain is exhausting, and getting relief from that pain lets the body get the rest it needs.

### Addiction

Many people fear taking narcotic medicines for pain because they are worried they will become addicted. Please do not let this fear prevent you from having a good quality of life. While you may require increasing doses of medication to get the same relief, it is because your body adjusts to the medication, requiring increasing doses for the same relief. This is called tolerance.

### Morphine and Pain/Trouble Breathing

Many people are afraid of morphine because they believe that it is a “last resort” or that it will cause them to die. Morphine is not the last resort drug; in fact, it is one of the best

drugs that we can use to manage your pain and trouble breathing with fewer side effects, and it is quick and easy to adjust. Studies have shown that most of the fears that people have about morphine are myths. If you have any concerns or questions about morphine, ask your nurse for more information.

### Narcotics and Side Effects

Some common side effects of narcotics last just the first few days, including sleepiness, nausea, and itching. This is important to know because we can help overcome these symptoms. In addition, we don’t want to mistake the initial itching caused by the narcotic for an allergy. Please talk to your nurse if you have any of these symptoms. If we can manage these side effects for the first few days of treatment, you should find that they resolve.

### Constipation

The most troublesome long-term side effect of narcotics is constipation. It is important to stick to the regimen prescribed for you to prevent constipation as it will be a side effect for the duration of your treatment with narcotics. If you do not have a bowel movement for two days, please be sure to call your case manager.

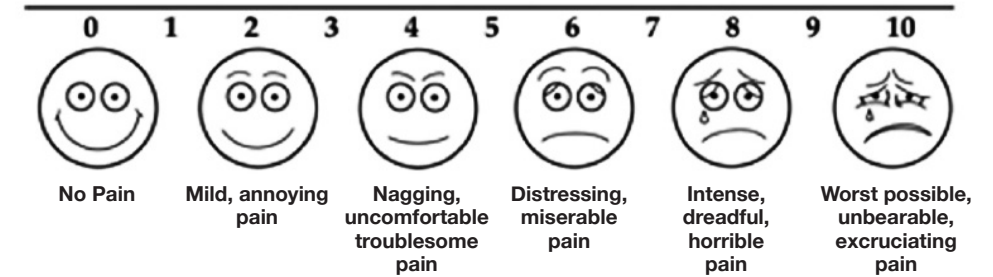
### Methods of Medication

If you can no longer swallow, there are many ways for you to still take your medicine. Some of the best ways to take medicine are under the tongue, skin patches, through a needle or rectally, or through a special catheter.

### MEASURING YOUR PAIN

It is important that you measure how much pain you are having so that your doctor and nurse can make sure you are taking the right kind and amount of medication. We use different pain scales to look at how bad your pain is:

For patients who are not able to talk or who are confused, can rate pain using the following scale: 0-2 resting, 3-4 restless, 5-6 grimacing with movement, 7-8 thrashing or pulling away with movement 9-10 thrashing, moaning or crying out.



It can be helpful for you to keep a pain journal and record when your pain is worse and better. You can also record what makes it better and what makes it worse. All of this information helps your care team make sure you are getting what you need.

### TROUBLE BREATHING

Some diseases can cause patients to experience trouble breathing. There are many medications that can help with this condition and your doctor and nurse will work with you to find the right treatment. Some helpful hints if you are having trouble breathing:

- Elevate the head of your bed
- Use oxygen if it has been prescribed for you
- Use a fan on lowest setting to blow cool air directly on your face
- Call your hospice team if you feel short of breath or anxious, they can instruct you on these interventions or how to use the oxygen if it is your first time

### NAUSEA AND NUTRITION

Some conditions or medications can cause nausea, and this will affect the ability to eat. Eating is an important part of most cultures, and feeding our loved ones is a non-verbal way that we communicate our love. It can be difficult when someone is not interested in food or cannot eat.

It is common to not feel hungry when you are ill. The body knows how many calories it needs, and when a person is mostly lying in bed, they will be less hungry. Most hospice patients will have some symptoms that affect their appetite or nutrition: nausea, vomiting, shortness of breath, chronic pain, diarrhea or constipation. Treating the underlying cause is the first step. Sometimes medications can help to reduce symptoms that lead to decreased appetite. Sometimes it is hard to find a food that the patient can eat. Be patient, this is not because they don’t appreciate what is being offered, but their disease is impacting them.

### Swallowing Difficulty

- If you would like more information or assistance with nutrition, please ask your nurse.
- Thick liquids are easier to swallow as are softer foods.
- Pineapples, citrus and cranberry juices can be effective in breaking up mucous. Avoid milk products if thick secretions are a problem – there are several milk substitutes available that can be used.

### Decreased Appetite

- Frequent small snacks are easier to eat than large meals.
- Fortified drinks (shakes made with ice cream and smoothies) can provide increased calories.

- Don't restrict eating – eat whatever you want when you want it. Listen to what your body is telling you.

### Nausea

- Eat small frequent meals
- Avoid greasy or heavy foods. Bland diets are often easier to tolerate. Fruit juice, applesauce, bananas, chicken noodle soup and crackers are all good choices if you are nauseous.
- Drink between meals, clear liquids that are cool in temperature.
- Ice pops and Italian ice are easier to tolerate.
- Toast, crackers and plain baked potatoes are a good choice.
- After you eat, stay upright for at least two hours to prevent acid reflux.
- Take prescribed medication for nausea as directed by your hospice team. Most often it is better to “get ahead” of the nausea in the same way we did with pain.

### Dry mouth/Sore Throat

- Chew your food thoroughly and take small bites.
- Cold foods, popsicles and iced foods can help. Ice chips are an effective way to get fluids in.
- Straws can help with swallowing.
- Creamy foods are another good choice: pudding, creamy soup, ice cream....
- Avoid soda and carbonated drinks, acidic juices (orange, pineapple), salty food and spicy foods. These can make matters worse and make it harder to eat.

### BOWEL MANAGEMENT

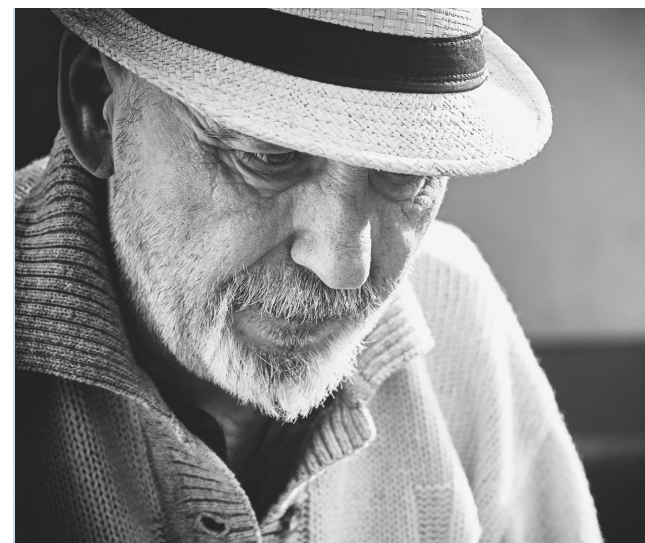
There are many reasons that hospice patients get constipated. Some medications (especially narcotics) can cause constipation. Decreased activity, diet changes and decreased fluids can also be contributing factors. Diarrhea can be the result of your disease or your medications too. Untreated, diarrhea and constipation can cause other problems, so it is important to share any bowel changes with your hospice team as soon as they occur.

Drink lots of liquids and increase your fiber intake.

Set a bowel schedule and try to move your bowels at the same time of day, every day.

Keep a bowel log and note if your stool is changing or if you are missing days.

Take any medications for your bowels as prescribed – if you are taking medications for constipation and you get loose stool, call your hospice nurse first for more direction – do NOT stop taking your medication.



### Call hospice if you:

**Don't have a bowel movement for two days.**

**Have abdominal distension or bloating.**

**Are unable to move your bowels despite feeling the urge.**

**Have pain in your rectum when you move your bowels.**

**Are passing or oozing liquid after not moving your bowels for two or more days.**

**Falls happen for many reasons. There are some things that make it more likely that someone will fall.**

- Vision or hearing loss
- Prior history of falls
- Use of aids such as canes or walkers
- Poor nutrition or dehydration
- Certain medications
- Being over 65 years old
- Conditions like slippery floors or loose rugs

**Our Goal: To help you prevent falls!**

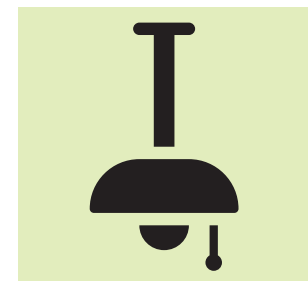
### In the Bathroom

- Raised seats and safety frames make it easier to get up from the toilet.
- A hand-held shower head, shower chair and handrails reduce falls – your hospice nurse can help decide what you need.
- Add non-skid adhesive strips to the floor of your shower/tub.
- Use soap-on-a-rope or liquid soap to prevent bending over to pick up dropped items



### Lighting

- Replace dim or burned out bulbs with bright, soft-white lights.
- Use night lights or a flashlight when you walk at night.
- Make sure lights are easy to turn on and off and that switches are easy to reach.
- Keep things you use often within easy reach.
- Keep flashlights (with spare batteries) available in more than one location.



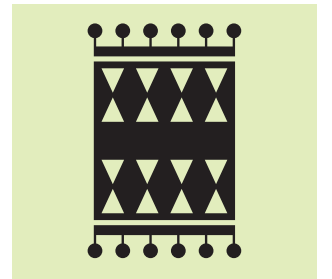
### Clear Hallways and Stairs

- Remove clutter, especially from hallways and stairways
- Use handrails while using the stairs
- Place non-skid treads on stairs
- Use bright reflective tape on the edges of steps



### Floors

- Remove scatter rugs and throw rugs
- Use non-skid treads or double-sided tape under area rugs
- Keep floors free from clutter
- Wipe up any spills right away
- Make sure floors aren't slippery – avoid wax and polish that can lead to slips



### Other

- Keep the things you use often at waist height, so you can reach them easily
- Select furniture with arm rests to help you get up and sit down
- Always keep your phone within reach
- Dizziness and weakness can happen quickly, move from lying to sitting to standing slowly to give your body time to adjust to your new position.

### When Our Patient Falls and Resides in a Community

If you are not able to get your loved one back into the bed, connect with your facility staff for assistance.

They will call us immediately so our nurse can determine if the patient is safe, needs to be seen or needs to go to a hospital.

## Infection Control

### INFECTION CONTROL

Anyone can carry germs and viruses that cause disease and infection. This is why it is important that everyone takes steps to stop infections. Handwashing is the best way to prevent the spread germs and wearing gloves helps as well.

#### Here are some things that patients and caregivers can do to prevent infection:

- Respiratory hygiene and cough etiquette are very important components to protecting yourself from illness and preventing others from becoming ill. Cover your mouth and nose with a tissue when you cough or sneeze. If you do not have a tissue, cover your mouth with your upper sleeve, not your hands.
- Wash your hands before touching medication or changing bandages.
- Use best practices when washing hands: use hot water and soap, and make sure you wash long enough to sing “happy birthday” twice. Wash up to your wrists, between your fingers and under fingernails.
- Keep supplies in a clean, dry place, off of the floor, and let your team know when supplies are low.
- If supplies are wet or dirty, do not use them.
- Throw dirty bandages/dressing away in a sealed plastic bag and put it in the trashcan.
- Needles, blades and other sharp objects should be placed in a proper container – ask your nurse to provide one if you require needles as part your treatment.
- Keep pets, children and bugs away from open wounds and clean supplies.
- If a wound requires special nursing care we may instruct you on how to reinforce a dressing if the weather doesn’t allow us to get to your home.

### PRECAUTIONS FOR WIDELY SPREAD INFECTIONS OR PANDEMIC

- To assure the health and safety of patients and staff, all patients will be screened prior to their visit with hospice staff.
- The initial screening will be over the phone before your hospice team visits.
- The screening questions are about possible symptoms you are having or your exposure to individuals who are infected. These symptoms include fever, cough, shortness of breath or sore throat. Additional screening questions may be added depending on the presenting symptoms of the infection. Based on the outcome of the screening the hospice will follow CDC guidelines regarding in person visits and will utilize telehealth visits when appropriate, to further prevent spread of the infection.
- For in person visits the temperatures of the patient and care givers will be checked. You can be assured that your hospice team will use all appropriate infection control precautions during your visit.
- It is important to note that our staff will be screened with the same questions and temperature checks as our patients to assure early identification of any new exposure.

## Safety in the Home

### Fire:

- Call 911 and have a plan on how to exit your home.
- Use smoke and carbon monoxide detectors.



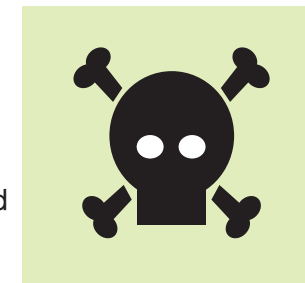
### Electric Safety:

- Use grounded plugs whenever available (three prongs).
- Do not use items with frayed cords/broken plugs.
- Limit the number of items in a single plug (extension cords and multi-outlet adaptors).



### Poison Control Safety:

- Keep medications, poisons and cleaning supplies away from children and confused patients.
- In the event of an accidental swallowing of these items call 911 or poison control center at 1-800-222-1222.



### Oxygen Safety:

- Oxygen can lessen your symptoms and can improve your quality of life, but it is also a very combustible substance that can be very dangerous and explode easily if not stored properly. We strongly advise that you follow all these points closely:
- Never smoke, allow smoking, or have open flames within 10 feet of the oxygen.
  - Use your oxygen only as it is prescribed – the flow rate should only be changed when a nurse or doctor directs you.
  - Do not use anything that can spark near oxygen, this includes gas stoves with a spark ignition.
  - Keep oxygen concentrators away from the wall to allow air to flow properly.
  - Plug concentrators into grounded outlets (three prongs).
  - If you lose power, use your oxygen tanks and notify your hospice team.
  - Make sure any tanks you have are stored in a stand to prevent rolling/falling.
  - Store tanks away from direct sunlight and heat.
  - Remember to keep the “Oxygen in Use” sign posted on your door and in the locations that the oxygen company places them.



### EMERGENCY PREPARATION

Here are some guidelines to follow in the event of an event that could limit our ability to visit you or get you supplies:

- Always let your nurse know if you are getting low on medication – you should keep four days supply on hand always.
- We may give you supplies or oxygen before you need to use them. This is because sometimes symptoms start when least expected and then you will have what you need as soon as you need it!

**Remember: We are always just a phone call away and we are dedicated to taking care of you. Please call us with any questions/concerns.**

## Emergency Preparedness Plan

### Floods

In the event of a flood warning, it is important that you have a plan in place. If an evacuation is issued, you need to be prepared to leave your home. Notify your hospice team where you are going, along with contact information. Here are some tips from [www.ready.gov/](http://www.ready.gov/) - you can get more information by visiting their website:

- Turn on your TV/Radio to receive the latest updates.
- Know where to go - you may need to reach higher ground quickly.
- Build or restock your emergency preparedness kit: flashlights, batteries, cash and first aid supplies.

### Prepare Your Home:

- Move important items upstairs if possible, and secure outdoor furniture.
- Disconnect electrical appliances and do not touch electrical equipment if it is in standing water – this can cause electrocution.
- If instructed, turn off gas and electricity at the main switch/valve.

### Tornadoes

If you are under tornado warning, seek shelter immediately. Most injuries associated with high winds are the result of flying objects, so protect your head.

- Go to a pre-designated area such as a safe room, a small windowless interior room on the lowest level possible; the basement or below ground is best. Move away from corners, doors, windows and outside walls. Move as close to the center of the building as possible. Get under a sturdy table and cover your head and neck with your arms, cover your body as you are able to with heavy blankets, pillows, etc.



- If the resident is bedbound, try to move them as far away from windows as you can. Use heavy blankets to protect their head and face as much as possible.
- Do not open windows.
- Do not go outside until the danger has passed.
- If you are in a trailer, vehicle or mobile home get out immediately and find a sturdy structure or lie flat in the nearest ditch and cover your head. Do not try to out-drive a tornado or shelter under an overpass or bridge. Get as low as possible.
- If an evacuation is issued, you need to be prepared to leave your home.

### Winter Storms

Many winter storms are accompanied by dangerously low temperature and can cause power outages that last for days. As with all other disasters, make sure you have your emergency kit in place and have a plan. Pay attention to the TV/radio so you know what is coming.

- Stay indoors during the storm.
- Drive only if absolutely necessary.
- Walk carefully - icy walkways can lead to falls and injuries.
- Avoid overexertion by shoveling snow.
- Prepare your house for a power outage – have lots of blankets available.
- Wear loose layered clothing, mittens are warmer than gloves.



## Emergency Preparedness Plan

### Hot Weather

- Never leave anyone alone in a parked car with the windows up.
- Stay indoors as much as possible.
- Drink lots of water, even if you're not thirsty. Limit alcoholic beverages.
- Closely monitor local TV/radio stations for updates.
- Dress in loose fitting, lightweight and light-colored clothing, wear a wide brimmed hat if outdoors.
- Stay on the lowest floor out of the sunshine.
- Avoid the use of salt tablets.

Seek medical attention if you feel any signs of heat related illness: heavy sweating, muscle cramps, excessive fatigue, weakness, dizziness, headaches, nausea or fainting.

### Hurricane

Be prepared when a hurricane is coming. Listen to local TV/radio for updates. If an evacuation is issued, you need to be prepared to leave your home. If you must leave your home, let your hospice team know where you are going. Have your emergency kit ready. Close storms and shutters if you can and stay away from windows. Follow flood directions in the event of flooding. Charge your cell phone 6 – 8 hours prior to the storm's arrival. Turn your refrigerator or freezer to the coldest setting and open only when necessary. If you lose power, food will last longer. Keep a thermometer in the refrigerator to be able to check the food temperature when the power is restored.



### Emergency Kit for the Home

Keep a kit with the following items in case you have a weather emergency:

- Battery-powered radio
- Water in clean milk/ soda bottles
- Batteries
- Medications
- Lamps and flashlights
- Extra blankets
- Food that doesn't require heating
- Valid ID
- Manual can opener
- Home Hospice Folder

### Shelter Supply Kit

If you need to evacuate to a shelter or another location, it is important to bring the following and notify your hospice team:

- Two-week supply of medications
- Medical supplies and oxygen
- Any equipment that you need (walker, wheelchair, cane, etc.)
- Bedding
- Sleeping solution (air mattress, cot, sleeping bag)
- Lightweight folding chair
- Extra clothing, hygiene supplies, glasses, hearing aides (with batteries)
- Important papers – including your hospice home folder
- Valid Id with current name and address

**Most shelters have electricity, so bring your electrical devices with you (oxygen concentrator).**

**Search for open shelters by texting SHELTER and a Zip Code to 43362 (4FEMA).**

**Ex: Shelter 01234 (standard rates apply)**

**Learn more by visiting:**

**<http://www.disasterassistance.gov/>**



## What to Expect at the End of Life

### Preparing for the End of Life

The dying process is different for everyone, but there are some things that you can expect to see. Physically, the body begins to shut down, which starts as a slowing of normal functions. Most people will withdraw from their attachments to living emotionally, socially, and spiritually. It may seem like your loved one is pulling away as they begin their transition.

It is difficult to estimate someone's life expectancy – it seems that each person has some control over when and how they pass on. Some people want a room full of family; others want to be alone. It is very difficult for your care provider to tell you when the final moment will occur. At times, individuals seem to get "stuck" in the dying process because they have a task to complete before they are able to let go. Sometimes, people need to repair a broken relationship, or they may need to resolve a spiritual concern through confession or last rites. Some individuals need to be given permission to go from their family. Dr. Ira Byock, in his book *The Four Things That Matter Most* (2014), says that the four things that people need to say and/or hear at the end of their life are: "Please forgive me," "I forgive you," "thank you" and "I love you." You can help your loved one transition by sharing these thoughts if they are needed in your situation.

Our goal during this time is to help you and your family be prepared for what will happen so it isn't frightening. We will closely monitor for pain and other symptoms to ensure comfort. Our supportive care team will help identify anything your loved one may need for closure. The following sections are general descriptions of some changes you may see as your loved one begins their transition.



### Physical Changes and Care Tips

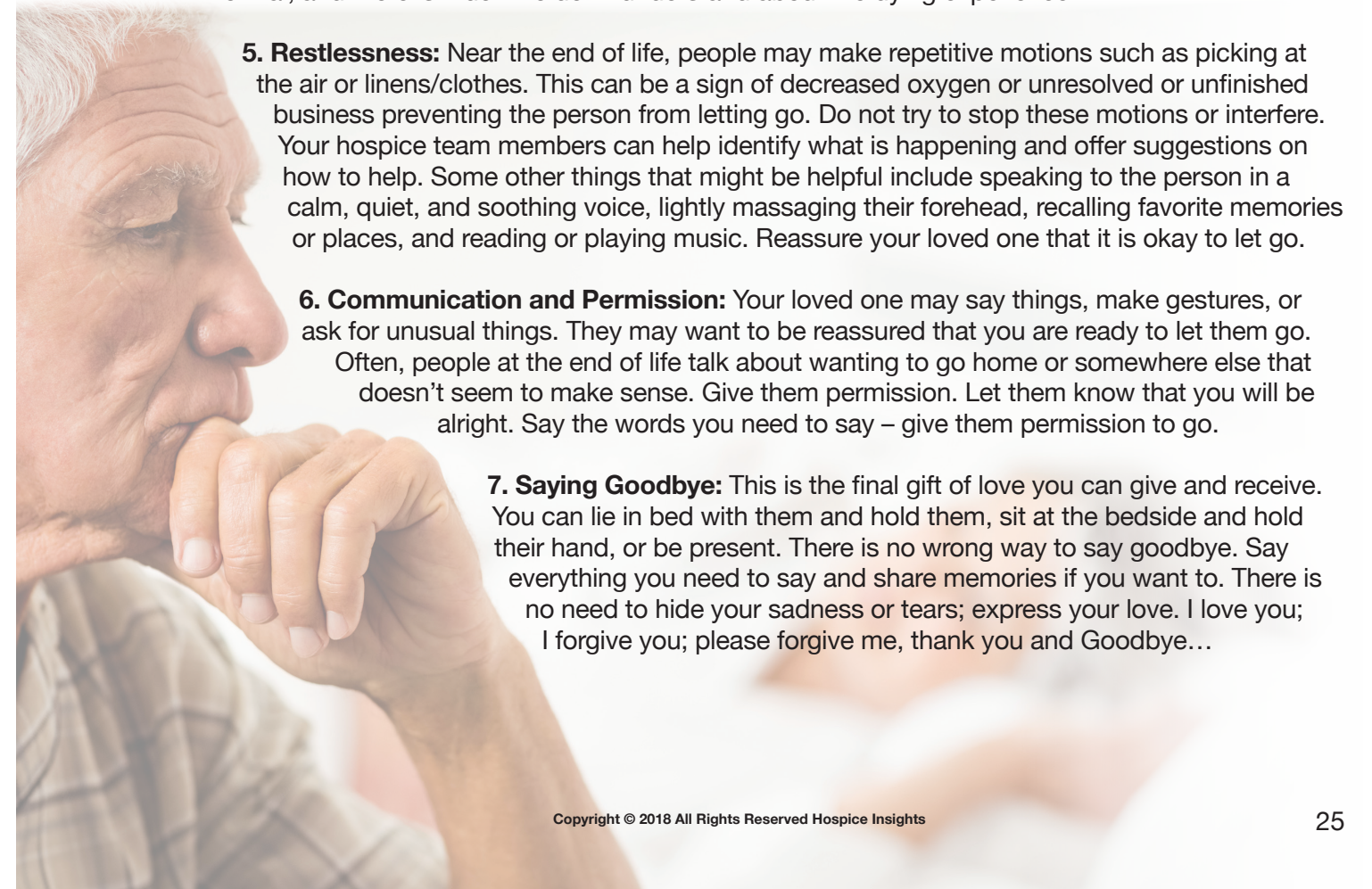
The body will go through many changes as the end nears;

- 1. Cool Extremities:** As circulation slows, the person's extremities become increasingly cool. The skin may change color and become purplish and splotchy—this is called “mottling.” Soft and comfortable blankets can help; do not use an electric blanket.
- 2. Increased Sleeping:** People sleep more near the end of life. Some people stop communicating, become unresponsive, and difficult to rouse. This is a normal change. The last sense a person loses at the end of life is hearing, so speak softly, gently, and honestly to them. Hold their hand and be present. Don't talk about them as if they aren't there; assume they can hear everything you are saying – they probably can.
- 3. Confusion:** Your loved one may become disoriented or confused. They may not remember people or know the day or time. Using a whiteboard with the date, day, and time can help. Identify yourself by name before you speak if they are not responsive or confused. Speak normally, clearly, and truthfully. Always explain what you are doing: “It's time to take your medication so you don't have pain.”
- 4. Incontinence:** Loss of bowel and bladder control at the end of life is normal. Keep your loved one clean and dry; use barrier creams as your nurse directs. Your hospice nurse can also offer suggestions on protecting the bed, keeping your loved one comfortable, and preserving their dignity.
- 5. Congestion:** Some patients sound like they have gurgling fluid in their chest when they breathe. This is not uncomfortable for them, but it can be very disturbing for the caregiver. This is a normal change as the person loses the ability to swallow and cough. Suction makes the secretions worse and is not recommended. Turn their head to the side and wipe their mouth with a clean, moist cloth. Your nurse can recommend medications if the congestion is severe.
- 6. Decreased Intake:** Most people lose interest in eating and drinking near the end. The body knows what it needs and will naturally slow intake as metabolism slows. Do not force food or fluids if your loved one is uninterested, as this can cause additional problems and increase discomfort. Ice chips, ice pops, or a cool, moist cloth on the forehead may be comforting. Remember to keep their mouth clean with swabs and to keep their lips moist.
- 7. Decreased Urine:** With decreased intake and reduced kidney activity, your loved one may make less urine. Urine may become very dark in color as well. Contact your hospice nurse if you are concerned about an infection or a clogged catheter.
- 8. Change in Breathing Pattern:** At the very end of life, breathing typically changes to an irregular pattern with increasingly longer periods between breaths. You may observe periods of rapid breathing followed by shallow breathing, known as “Cheyne-Stokes” breathing. This is due to decreased circulation and is very common. Elevating the head of the bed, turning them to their side, and holding their hand can bring comfort.
- 9. Elevated Temperature:** As the body's fluid levels decline, the patient may have an elevated temperature. A cool, moist cloth on the forehead can help with comfort. Ask your hospice nurse for other suggestions.

### Emotional/Spiritual/Mental Changes Care Tips

While the body undergoes end-of-life changes, the person is also completing important work on a spiritual and social level. Caregivers often can see these emotional and spiritual changes.

- 1. Giving away belongings and making funeral plans:** Some people want to keep some control over their life through the end. Giving one's belongings away is one way to express love and make one's wishes known. Many people want to participate in planning their funeral, but others may not want to discuss it. Although these discussions can be very hard for families to go through, it is important to let your loved one do what they need to have closure and as much control as they need at the end of their life.
- 2. Decreased socialization:** Some people tend to withdraw from their larger social circle near the end. They may want to be with only a few select individuals, maybe just one. If you are not part of this smaller circle, it does not mean you are not important to the person; it means that you have already completed your tasks with your loved one. If you are with your loved one near the end, it is important to affirm their life, give support, and offer permission for them to let go.
- 3. Withdrawal:** The person may become less responsive and withdraw into themselves. They may enter a coma-like state. This is the beginning of letting go and moving on. Hearing is the last sense to leave a person, so continue to talk with your loved one, hold their hand, and say what you need to say.
- 4. Visual and Multisensory Experiences:** Your loved one may see and speak to people who have already passed. They may say that they've been to a place or seen things that are not visible to you. This is not a hallucination, nor is it a reaction to drugs; it is a common part of the dying process. Do not contradict what they are saying or discount their experience. You can affirm them and explain that this is natural. If you or your loved one is frightened by these visual experiences, remember that this is very normal, and there is much we don't understand about the dying experience.
- 5. Restlessness:** Near the end of life, people may make repetitive motions such as picking at the air or linens/clothes. This can be a sign of decreased oxygen or unresolved or unfinished business preventing the person from letting go. Do not try to stop these motions or interfere. Your hospice team members can help identify what is happening and offer suggestions on how to help. Some other things that might be helpful include speaking to the person in a calm, quiet, and soothing voice, lightly massaging their forehead, recalling favorite memories or places, and reading or playing music. Reassure your loved one that it is okay to let go.
- 6. Communication and Permission:** Your loved one may say things, make gestures, or ask for unusual things. They may want to be reassured that you are ready to let them go. Often, people at the end of life talk about wanting to go home or somewhere else that doesn't seem to make sense. Give them permission. Let them know that you will be alright. Say the words you need to say – give them permission to go.
- 7. Saying Goodbye:** This is the final gift of love you can give and receive. You can lie in bed with them and hold them, sit at the bedside and hold their hand, or be present. There is no wrong way to say goodbye. Say everything you need to say and share memories if you want to. There is no need to hide your sadness or tears; express your love. I love you; I forgive you; please forgive me, thank you and Goodbye...



### Timeline for End-Of-Life Changes

The dying process is unique to each individual, but some common signs and symptoms may indicate the end of life is approaching. This timeline provides a general guide to the changes you might observe in your loved one:

#### Months Before Death

- **Decreased Desire for Food:** Reduced appetite and interest in eating or drinking.
- **Increased Desire for Sleep:** Spending more time sleeping or resting.
- **Withdrawal:** Less interaction with people and a detachment from the environment.

#### Weeks Before Death

- **Even More Sleep:** Extended periods of sleep and less wakefulness.
- **Confusion:** Disorientation and confusion about time, place, and identity.
- **Restlessness:** Physical agitation and increased movement.
- **Vision-like Experiences:** Seeing or talking to people who are not there, often deceased loved ones.
- **Changes in Vital Signs:** Variations in temperature, respiration, pulse, and blood pressure.

- **Congestion:** Noisy breathing due to the buildup of mucus.
- **Cessation of Eating:** Complete loss of interest in food and drink.

#### Days or Hours Before Death

- **Brief Episodes of Energy:** A brief period of alertness or increased activity.
- **Decreased Blood Pressure:** Lower blood pressure readings and faint or weak pulse.
- **Irregular Breathing:** Breathing may become erratic, with periods of rapid breaths followed by no breathing (Cheyne-Stokes breathing).
- **Increased Restlessness:** Frequent movements or agitation.
- **Cold, Purple, Blotchy Feet, and Hands:** Skin color and temperature changes, especially in extremities.
- **Eyes may not see or track things well:** Eyes may appear glassy or teary or may not close all the way.
- **Decreased Urine Output:** Reduced production of urine.

#### Minutes Before Death

- **Gasp-like Breaths:** Short, labored breaths.
- **No Awakening:** Loss of consciousness, unresponsive to stimuli.

### How You Will Know When Death Occurs

Dying may take hours or days. No one can predict the time of death, even if the person exhibits typical end-of-life signs and symptoms. This can sometimes cause fatigue and confusion for loved ones. Even if you are prepared for the dying process, you may not be ready for the moment of death. It may be helpful for you and your family to discuss what you would do at that moment.

Death is not a medical emergency for a hospice patient. Nothing must be done immediately. The signs of death include: no breathing, no heartbeat, loss of bowel or bladder control, no response, eyelids slightly open, eyes fixed on one spot with no blinking, jaw relaxed, mouth slightly open. Sometimes the hospice patient may expel air like a sigh; this is not breathing, so don't be frightened.

Call your hospice team and an RN will come, provide final care for your loved one, and take care of the next steps.

#### Understanding and Supporting

Understanding these changes can help prepare you emotionally and logistically for your loved one's passing. Each stage may require different types of care and support. Compassionate presence, comfort measures, and open communication with healthcare providers are essential during this time.

#### Obtaining a death certificate:

You will need to provide copies of the death certificate to many agencies and offices you contact. If you do not purchase certified copies through your funeral director, you may also be able to obtain them from your state's Vital Records office.

If a hospice patient/family or primary caregiver chooses to communicate with a hospice staff person via email or text message, our agency will take reasonable care to secure the transmission and storage of any of these communications. However, once the agency transmits an email to that person, the agency is not responsible for ensuring that (i) the email/text is not received or viewed by anyone other than the intended person, (ii) the email reached the intended person, (iii) the intended recipient maintains the security or the confidentiality of the email/text. Our agency disclaims all liability arising from or related to (i), (ii), (iii).

Further, if the hospice client elects to communicate with the hospice via email or text, the agency cannot and does not guarantee (i) when that staff member will receive the message, (ii) when that staff person will be able to review and respond to the email/text. Please do NOT use email/text to communicate with any staff person in the event of an urgent issue, rather, call the hospice numbers provided in the front of this handbook. The agency disclaims all liability arising from or related to (i) and (ii).



**Discrimination is Against the Law.** Our hospice complies with applicable Federal laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex.

Our hospice provides free aids and services to people with disabilities to communicate effectively with us, which include qualified sign language interpreters, and written information in other formats and languages, such as large print, audio, accessible electronic formats, etc. We also provide free language services to people whose primary language is not English. This includes qualified interpreters and information written in other languages.

If you need these services, call our main number. If you believe that our hospice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance.

You can file a grievance in person or by mail, fax, or email. If you need help filing, we are available to assist you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F, HHH Building Washington, D.C. 20201**  
**1-800-368-1019, 800-537-7697 (TDD)**  
**Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.**

## Ethics and Compliance

Our hospice strives to act responsibly and ethically. Our staff, volunteers, patients and families are an important part of our goal towards compliance with our values, ethical standards, state and national regulations. If you have any concerns about your care or the behavior of any of our staff or volunteers, please call our main number and ask for our Executive Director/ Administrator, or other management team member, affording all involved the opportunity to resolve any issues.

**As part of the admission process, we ask for permission to treat you, to release information relative to your care and to bill and collect payments directly from your insurer.**

## PATIENT RIGHTS AND RESPONSIBILITIES

This explains your rights, responsibilities, and explanation of hospice services.

## 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.

## NOTICE OF PRIVACY

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

## ADVANCE DIRECTIVES

You should tell us if you have an advance directive so that we may obtain a copy to allow us to follow your wishes. We will provide you care whether or not you have completed an advance directive but having one will assure that your wishes are always followed.

## HOSPICE ELECTION, CONSENT & ACKNOWLEDGEMENT

To receive hospice services under the Medicare Hospice Benefit, the patient (or his/her authorized representative) must elect hospice care by signing an election statement. Some items, services and drugs may not be covered by hospice because they are not related to your hospice diagnosis. When this determination is made, in most cases these items/services/ drugs will continue to be covered through your standard Medicare plan. As a Medicare beneficiary, you have the right to appeal the decision of the hospice agency regarding non-covered items. This decision is usually made when the hospice has determined that they are not related to the terminal illness and related conditions. You have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) for immediate assistance.

### NOTIFICATION OF HOSPICE NON-COVERED ITEMS

Some items, services and drugs may not be covered by hospice because they are not related to your hospice prognosis. When this determination is made, in most cases these items/services/drugs will continue to be covered through your standard Medicare plan. If you request the addendum described below, it is important to share it with your other healthcare providers to assist in making treatment decisions.

### COVERED SERVICES ADDENDUM

Hospice covers treatments related to your hospice prognosis. You may have some expenses that are related to co-existing conditions but are not related to your hospice prognosis. You may request an itemization of these expenses at any time during your hospice care. If you request this information on admission, the hospice must provide it within 5 days. If you decide that you want this later in your hospice admission, it will be provided to you within 72 hours.

Please note that if you obtain equipment, supplies or services without coordinating with the hospice, you will be responsible for their cost.

### PRIMARY CAREGIVER PLAN CONSENT

Provisions for alternate caregiver if one should be necessary.

### RIGHT TO IMMEDIATE ADVOCACY

As a Medicare beneficiary, you have the right to appeal the decision of the hospice agency regarding non-covered items. This decision is usually made when the hospice has determined that they are not related to the terminal illness and related conditions. You have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) for immediate assistance.

### AUTHORIZATION FOR PAYMENT

We will bill Medicare or your insurer directly for the services which we provide to you. You authorize us to collect payments on your behalf.

### HOSPICE REVOCATION

You choose to revoke your election of the hospice benefit under the Medicare/Medicaid benefit.

### Hospice Services:

Hospice is a coordinated health care program whose mission is to meet the unique physical, emotional, and spiritual needs of patients and their families who are facing advanced illness and loss. This care is available 24 hours a day, 7 days a week, in both home and facility-based settings. With a focus on enhancing quality of life, care is directed by an interdisciplinary team consisting of the patient/family, medical professionals and Spiritual Care Providers. Volunteers are offered for respite or companionship as needed. Bereavement care is available to anyone in the community who has recently experienced the loss of a loved one.

### As a patient, you have the right to:

1. Exercise your rights as a patient of hospice at any time.
2. Not be subjected to discrimination or reprisal for exercising your rights.
3. Be treated with courtesy, dignity respect – this includes your property.
4. Voice grievances (or complaints) regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice and have your complaints addressed.
5. Receive effective pain management and symptom control from the hospice for all conditions relates to your illness.
6. Be involved in developing your plan of care and be informed of any changes before they happen.
7. Refuse care or treatment.
8. Choose your attending physician.
9. Have a confidential clinical record, privacy in your care, and be able to review your clinical record according to HIPAA standards.
10. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown sources, and misappropriation of your property.
11. Receive information about the services covered under the hospice benefit.
12. Receive information about the scope of services that the hospice will provide and specific limitations on those services.
13. Be free from discrimination.
14. Restrict visitors and follow guidelines set by a facility, local, state and/or federal agencies during a pandemic.
15. Receive information in a way that you understand.
16. Make healthcare decisions, including the right to make advanced directives and be notified on the agency's policy on advanced directives.
17. Be notified, in writing, if services are going to be discontinued, in advance of that happening.
18. Receive information on any financial responsibilities that you may have before you receive services.

### As a patient, you have the responsibility to:

1. Participate in developing a plan for your care and modifying it as your condition or needs change.
2. Provide Hospice with accurate and complete health information.
3. Remain under a doctor's care while receiving Hospice services.
4. Assist Hospice staff in developing and maintaining a safe environment in which your care can be provided.
5. Informing the hospice if you have changes made to any medications, treatments or plans during the course of your time on hospice.

### In compliance with HIPAA – The Health Insurance Portability and Accountability Act of 1996

If you are a client of the agency, this notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

#### I. USES AND DISCLOSURES

Bloom Hospice will not disclose your health information without your authorization, except as described in this notice.

**Plan of Care/Treatment.** Bloom Hospice will use your health information for the plan of care/ treatment; for example, information obtained by a nurse will be recorded in our record and used to determine the course of treatment. Your nurse and other personal assistance staff will communicate with one another personally and through the case record to coordinate care provided.

**Payment.** Bloom Hospice will use your health information for payment for services rendered. For example, the agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Bloom Hospice. The agency may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for personal assistance services and the services that will be provided to you.

**Health Care Operations.** Bloom Hospice may use your health information for service improvement. For example, agency nurses, field staff, supervisors and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

**Notification.** In an emergency, Bloom Hospice may use or disclose health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.

**Public Health.** As required by federal and state law, Bloom Hospice may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law Enforcement.** As required by federal and state law the agency will notify authorities of alleged abuse or neglect and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Charges against the Agency.** In the event you should file suit against Bloom Hospice, the agency may disclose health information necessary to defend such action.

The Agency may also contact you about appointment reminders, treatment alternatives or for public relations activities.

In any other situation, Bloom Hospice will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses and disclosures.

#### II. INDIVIDUAL RIGHTS

1. You may request in writing that Bloom Hospice not use or disclose your information for treatment, payment or administration purposes, or to persons involved in your care except when specifically authorized by you when required by law or in emergency situation. The agency will consider your request; however, Bloom Hospice is not legally required to accept it. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home.

2. Within the limits of the statutes and regulation, you have the right to inspect and copy your protected health information. If you request copies, Bloom Hospice can charge you a reasonable amount, as allowed by statute.

3. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to Bloom Hospice to amend your protected health information by correcting the existing information or adding the missing information.

4. You have the right to receive an accounting of disclosures of your protected health information made by the agency for certain reasons, including reason related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Bloom's Privacy Officer. The request should specify the time period for the accounting starting on or after Jan 19th, 2021. Accounting request may not be made for periods of time in excess of six (6) years.

5. If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request to the agency.

#### III. HOSPICE DUTIES

1. Bloom Hospice is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

2. The agency is required to abide by the terms of this Notice of its duties and privacy practices.

3. Bloom Hospice reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in our policies, Bloom Hospice will provide you with a copy of said changes. You can also request a copy of our Notice at any time. For more information about our privacy practices, please contact the office 303-459-4000.

### IV. COMPLAINTS

If you are concerned that Bloom Hospice has violated your privacy rights, or you disagree with a decision the agency made about access to your records, you may contact the office at 303-459- 4000. You may also send a written complain to the Federal Department of Health and Human Services. Bloom Hospice office staff can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

### V. CONTACT INFORMATION

Bloom Hospice is required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in the Notice. If you have any questions or complaints, please contact:

**John Freeman, President and Administrator, 303-459-4000**

### CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. A written consent is obtained from all patients that Bloom Hospice admits for services in the event the agency requires additional information from sources not covered by HIPAA. The consent will be obtained prior to using or disclosing protected health information to carry out treatment, payment or health care operations
2. The patient will be provided the opportunity to review the agency's Notice of Privacy Practices prior to signing the consent
3. If the consent cannot be obtained prior to treatment due to communication barriers or emergency situations, it will be obtained as soon as possible. Reasons why it is not signed must be documented
4. The signed consent gives permission to Bloom Hospice and its business associates to use and disclose patient's protected health information only for the purposes of treatment, payment and health care operations
5. The signed consent is effective indefinitely or until/unless it is revoked in writing by the patient
6. Signed consent forms will be documented and retained for six (6) years after its effective date
7. Bloom Hospice is allowed and required to disclose protected health information without a signed consent for purposes of law enforcement, judicial proceedings, and public health activities, as detailed in the Notice of Privacy Practices
8. Privacy regulations with respect to protected health information continues after the patient is deceased
9. Bloom Hospice will treat a patient's personal representative as the individual for the purposes of the privacy regulation

### CONSENT IS NOT REQUIRED IN THE SPECIFIC SITUATIONS DESCRIBED BELOW

1. Consent is not required if Bloom Hospice received the health information in the course of providing health care to an individual who is an inmate of a correctional institution
2. Consent is not required in an emergency treatment situation if the provider attempts to obtain consent as soon as it is reasonably possible after the delivery of emergency treatment.
3. Consent is not required if the provider is required by law to treat the individual and the provider attempts to obtain consent but is unable to do so



## Hospice Patient & Family Guide

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