dunes
HOSPICE LLC

4711 Evans Ave.

Valparaiso, In 46383

888-602-9004

Patient and Family Handbook

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PATIENT AND FAMILY
ORIENTATION
FOR
HOSPICE CARE

Your Professional Hospice Staff:

Nurse: ____

Hospice Aides: __________________________________

Social Worker: __________________________________

Spiritual Counselor: ______________________________

Medical Director: Dr. Derek Gasper

Director of Clinical Services: Tama Hafner, R.N.

Executive Director: Wendy Warner, RN

Our office hours are Monday through Friday from 8:00am to 4:00pm except during holidays. You may reach us by calling **888-602-9004**

A Registered Nurse is available 24 hours a day, 7 days a week to assist you with problems after regular office hours, on weekends and holidays. We will talk with you by phone to determine your needs. When appropriate, a nurse will come to your place of residence. We are available after regular office hours for urgent conditions. **Do not call 911 prior to calling us or you may be responsible for payment to the ambulance service company as well as the hospital.**

HOSPICE OVERVIEW

In the journey of life, the sands beneath our feet may shift and change but the precious memories will never wash away

OUR MISSION STATEMENT

The valued mission of Dunes Hospice LLC is to be the premier provider of spiritual, emotional and physical care during the end-of-life journey. We are committed to serve with honor, dignity and above all, compassion.

OUR VISION

Dunes Hospice LLC will be a leader and innovator for end of life care. Dunes Hospice LLC affirms in the value of human life and emphasizing on the quality of life. Dunes Hospice LLC cares for patients at the end of life but neither hasten nor postpones death. An essential goal is to provide people with dignity and compassion. Dunes Hospice LLC will be a leader in technology and treatment for people in the end stage of life.

HOSPICE ORIGIN AND PHILOSOPHY

The term “hospice” originated in medieval times when it was used to describe a place of shelter and rest for weary or sick travelers on long journeys. The modern hospice movement began in 1967 when Cicely Saunders, a British physician, established St. Christopher’s Hospice near London. Her program included a team of professional caregivers for each patient and was the first to combine the compassionate care for the dying, which hospice had always offered with modern pain and symptom control techniques.

Hospice is about life and the quality of living during a life threatening illness

Hospice is about giving people the time and perspective to say goodbye

Hospice is about acceptance of the reality of death as a part of life

Hospice works to meet the medical (physical), emotional, spiritual and practical needs of patients and their families when a life-threatening illness clouds the future.

Because it provides comfort and companionship to terminally ill patients and their families, hospice is unique in the health care system. Members of the terminally ill patient’s family experience distress, anxiety, fatigue, physical symptoms and grief. They need support and care as much as the patient does.

Hospice provides its array of services through a team of professionals and volunteers who are physician-directed and nurse coordinated. Hospice works because the team works with the patients, the family members, and the patient's physician to develop a plan of care and then coordinates the delivery of the care from the medication, equipment and supplies to the nurse, hospice aide, social worker, spiritual counselor and volunteer visits.

With hospice, comfort and support to the family does not end with the death of their loved one. Bereavement support is available for up to 13 months.

With hospice, the focus is always on controlling pain, managing symptoms, providing comfort, dignity and quality of life.

What Hospice Is

- Hospice is a way of helping people live out their lives with as much comfort and dignity as is possible
- Hospice focuses on quality of life for you and your family. We are interested in emotional, spiritual and social pain, as well as physical.
- Hospice is for people with any kind of terminal illness during the final six months of life expectancy.
- Hospice is a philosophy of care.
- Hospice is a family-oriented program that helps families and/or friends to care for their loved one in their home or in an institution.
- Hospice is covered by Medicare, Medicaid and most insurance companies.
- Hospice values the worth and importance of the individual, offering the hope of dignity and comfort.
- Hospice is meant to provide months of care and support.

What Hospice Is Not

- Hospice does not focus on curing illness
- Hospice is not only for cancer
- Hospice is not just a place to send dying people. Hospice comes to where you call home.
- Hospice does not substitute for the family's care or the long-term community care. Hospice increases care.
- Hospice is not a financial burden on patients or families.
- Hospice does not hasten death
- Hospice is not just for the last few weeks or days of life.

CRITERIA FOR ADMISSION

Admission to Dunes Hospice LLC is made upon the recommendation of your physicians and is based upon your needs. Normally, appropriate candidates for hospice are patients:

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

OUR SERVICES

Hospice services include nursing, medical social worker services, physician services, certified nurse's aides, volunteer services, spiritual counseling, bereavement counseling and dietary counseling if appropriate. All services are provided under the direction of your physician and/or the Hospice Medical Director

Arrangements will be made for hospice approved medications, medical supplies and equipment, as appropriate. In addition, physical, occupational and speech therapy are available and are provided by contracted providers at the request of hospice. All services must be related to the terminal diagnosis to provide coverage under the hospice benefit.

Dunes Hospice LLC provides services based upon admission criteria without regard to race, color, religion, national origin, mental and/or physical disability.

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 provided at a contractual facility for patients who need pain control or acute/chronic symptom management. The length of stay for inpatient and the 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 or private insurance will be utilized.

Inpatient Respite Care: Under the direction of the hospice interdisciplinary group, up to five days of respite care at a contracted nursing care facility will be provided by hospice. This benefit may be used to give the family/caregiver a rest and the patient does not need to have acute care needs.

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 hours of care per calendar day.

The Medicare Hospice Benefit

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

- Physician services
- Nursing care
- Medical appliances and supplies
- Medications for symptom management and pain relief of the terminal illness (as directed by the IDG)
- Respite care for up to five days for caregiver relief
- Short-term inpatient care for pain and symptoms control
- Hospice aide/homemaker services
- Spiritual counseling
- Bereavement counseling
- Physical therapy, occupational therapy, speech therapy
- Medical social services
- Dietary and other counseling
- Volunteer services
- Adjunct therapies

Services not provided by the Medicare Hospice Benefit:

- Treatment for the terminal illness that is not part of 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 hospice plan of care
- Medications that are not related to pain and symptom control of the terminal illness
- Visits to the emergency department or admission to the hospital related to the terminal diagnosis that are not part of the hospice plan of care without prior approval or arrangements
- Inpatient care at non-contracted facilities
- Sitter services/hired caregivers
- Lab studies, medical testing and/or any treatments not included in the hospice plan of care
- Room and board

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.

If you are receiving Medicare benefits, you may receive a Medicare Summary Notice (MSN) after we have submitted a claim for services. The MSN lists services and charges billed to Medicare on your behalf and the amount Medicare paid. **This is not a bill.**

CHARGES/BILLING

We receive reimbursement for our services from Medicare, Medicaid and private health insurance. Most medical insurance plans include a hospice benefit or are willing to negotiate a per diem rate or make another arrangement. Our hospice office will contact your insurance company to determine your hospice benefits for the services related to your terminal diagnosis.

Patients will only receive a bill when their insurance plan has indicated that there are co-payments, deductibles, other out-of-pocket expenses or benefits are exhausted. These charges will be explained before services are provided.

All third party payors are billed for hospice services as appropriate. In most cases, your insurance company will pay hospice directly.

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.

Any change to this policy will be communicated in writing to our hospice patients. Please call our office if you have questions about charges or insurance billing.

CHARGES THAT MAY BE SENT TO YOUR INSURANCE COMPANY

Service	Per Diem Rate
Routine Services	$300.00
In-Patient Care	$1,325.00

Service	Per Diem Rate
Respite Care	$315.00
Continuous Care	$1,680.00

PLAN FOR CARE, TREATMENTS AND SERVICES

Our hospice involves key professionals and other staff members in developing your individual plan of care, which 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.

The plan includes five basic areas:

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

The plan is reviewed and updated as needed, based on your changing needs. We encourage your participation and your family's 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.

On 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 the 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, contradictions, 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.

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 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.

CARDIOPULMONARY RESUSCITATION

Dunes Hospice Nurses and Certified Nursing Assistants are CPR certified in accordance with the American Heart Association's guidelines for Basic Life Support. In the event of an arrest, witnessed or not, and in the absence of Advance Directives, 911 (or emergency rescue squad) will be called and Basic Life Support initiated and followed per American Heart Association guidelines.

If it is determined by the patient/family that cardiopulmonary resuscitation **will NOT be initiated, there will be written communication of this in the patient admission documents.**

DISCHARGES, 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 necessary to facilitate a smooth transition. All transfers or discharges will be documented in the medical chart 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 service 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, and their families, are very important to us. Please ask questions if something is unclear regarding our services or the care you receive or fail to receive. At intervals, our agency sends out a Satisfaction Survey. Your answers help us to improve our services and ensure that we meet your needs and expectations. When you receive one, please complete the survey and return it immediately. You may also receive additional satisfaction surveys from an outside vendor as required by Medicare regulations. It is also important to complete these surveys and return them immediately.

PROBLEM SOLVING PROCEDURE

We are committed to ensuring that no infringement of your rights occurs at our agency. If you feel that our staff has failed to live up to our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal:

1. Please call the Hospice Administrator or designee at **888-602-9004.** If this concern is voiced after normal office hours, this same number should be called with a specific directive given to the answering service to immediately page the Administrator. Most problems can be solved at this level.
2. You may also contact either the Accreditation Commission for Health Care (ACHC) at their hotline 1-855-937-2292 or the state's home care hotline 1-800-227-6334. If voicemail answers, please leave a message and your call will be returned. The purpose of the hotline is to receive complaints or questions about health agencies and to lodge complaints.

PATIENT PRIVACY INFORMATION

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

LAYERED SUMMARY TEXT –

Your Rights
You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

> *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- This notice is effective as of 8/22/14
- The Hospice Executive Director has been designed as the privacy official and can be contacted at Dunes Hospice LLC by calling 888-602-9004.
- Dunes Hospice LLC never markets or sells personal information.
- Dunes Hospice LLC will not share any substance abuse treatment records without your written permission.

MEDICATION MANAGEMENT AND MEDICARE PART D

Hospice Services and Medicare part D

As hospice providers, we need to meet the rules that the Centers for Medicare and Medicaid set for us. As of May 1, 2014, if you have Medicare Part D drug coverage, your pharmacy must bill all your medications to us, your hospice provider, to determine whether they are covered under the hospice benefit or by your Part D plan. We will work with your physician and pharmacy to determine which medications we will cover under the Medicare Hospice Benefit, which ones will be covered under your Part D plan, and which medications are determined to be no longer medically necessary and if continued, would become the financial responsibility of the patient.

Medically unnecessary medications

When a medication is determined to be related to the terminal illness but not medically necessary for the palliation of pain and/or symptom management by the hospice physician, hospice will not pay for the medication. This medication also will not be covered by your Part D plan. If you choose to continue taking the medication, you will need to pay for it out of pocket unless you have coverage from another insurer.

Medication that is off the hospice formulary

If you request a drug for your terminal illness or related condition that is not on the hospice formulary and you refuse to try a drug that the hospice believes will be as effective and is on the hospice formulary, you may opt to pay for the drug out of pocket. If you choose that option, no payment for that medication will be available by the hospice or under Part D.

Patient/Representative appeal rights

If you disagree with the determination of medically unnecessary medications, please call the patient care manager or the administrator. We will do our best to work with your physician and pharmacy to work out a solution that works best for our patient. If the beneficiary continues to feel that the hospice provider should cover the cost of a particular medication, they may submit a claim for the medication directly to Medicare on Form CMS-1490S at http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1490s-english.pdf

PATIENT RIGHTS AND RESPONSIBILITIES

As a hospice provider, we have an obligation to protect your rights and to provide these rights to you or your representative verbally and in writing in a language and manner you can understand, during the initial assessment visit before care is provided and on an ongoing basis, as needed.

YOU HAVE THE RIGHT TO:

- Exercise your rights as a hospice patient without discrimination or reprisal for doing so. Your court appointed representative or the legal representative you have selected in accordance with state law may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.
- Receive information and be communicated with in a manner you can understand.
- Be free from mistreatment, neglect, verbal, mental, sexual and physical abuse, injuries of unknown source and misappropriation of your property. All mistreatment, abuse, neglect, injury and exploitation complaints by anyone furnishing service on behalf of hospice are reported immediately by our staff to the hospice administrator. All reports will be promptly investigated and immediate action taken to prevent potential violations during our investigation. Hospice will take appropriate corrective action in accordance with state law. All verified violations will be reported to the appropriate state and local authorities (e.g., state survey and certification agency) within five working days of becoming aware of the violation.

- Be free of physical and mental abuse, corporal punishment, restraint or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation by inpatient facility staff while receiving care in a hospice-operated inpatient facility.
- Have your property and person treated with respect.
- Be cared for by a team of professionals who will provide high-quality comprehensive hospice services for you and your family (including extended and alternative family).
- Have a clear understanding of the availability of, and access to, hospice services and the hospice team 24 hours a day, 7 days a week. (Please refer to our after-hours/On-Call guidelines within this book).
- Restrict visitors or have unlimited contact with visitors and others and to communicate privately with these persons if you are residing in an inpatient hospice facility.
- Appropriate and compassionate care regardless of diagnosis, race, age, gender, creed, disability, sexual orientation or place of residence.
- Choose your attending physician and other health care providers and communicate with those providers
- Be informed in advance about the services covered under the hospice benefit, the scope of services hospice will provide, service limitations, name(s) and responsibilities of staff members who are providing and responsible for your care, treatment or services, the planned frequency of visits proposed to be furnished, expected and unexpected outcomes, potential benefits and risks of all medical treatments and services and of any barriers to treatment.
- Be involved in developing your hospice plan of care; and to participate in changing the plan whenever possible and to the extent that you are competent to do so; and to be advised of any change in your plan of care before the change is made.
- Be fully informed of your health status in order to participate in the planning of your care.
- Accept, refuse or discontinue care, treatment and services as appropriate to your personal wishes without fear of reprisal or discrimination and to be informed of the consequences for doing so.
- Have your family and/or caregivers trained in effective ways of care for you when self-care is no longer possible.
- Voice grievances 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 without being subject to discrimination or reprisal, and to have any such complaints investigated by the hospice. Please refer to our *Problem Solving Procedure* in this booklet. You may contact the Indiana State Department of Health at 1-800-227-6334 (toll free).
- To be informed of any fees or changes in advance of services for which you may be liable. You have a right to access any insurance or entitlement program for which you may be eligible.

- Formulate advance directives and receive written information about the agency's policies and procedures on advance directives, including a description of applicable state law before care is provided.
- Confidentiality of written, verbal and electronic information including our medical records, information about your health, social and financial status or about what takes place in your home.
- Request us to release information written about you only as required by law or with your written authorization and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records. Our *Notice of Privacy Practices* describes your rights in detail.
- Receive effective pain management and symptom control from the hospice for conditions related to your terminal illness.

YOU HAVE THE RESPONSIBILITY TO:

- Participate in developing your plan of care and updating it as your condition or needs change.
- Provide the hospice with accurate and complete health information about your illness, hospitalizations, medications and other matters relating to your health.
- Remain under a doctor's care of your choice while receiving hospice services.
- Ask questions regarding any information or instructions given to you.
- Notify hospice if the visit schedule needs to be changed.
- Inform hospice of any changes made to your Advanced Directives.
- Advise our hospice of any problems or dissatisfaction with the services provided. Please call our office at the phone number listed and ask to speak to the Hospice Administrator or designee.

NON-DISCRIMINATION POLICY

As a recipient of Federal financial assistance, Dunes Hospice LLC does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on other basis of disability or age in admission to, participation in, or receipt of services and benefits of any of its programs and activities or in employment therein, whether carried out by Dunes Hospice LLC directly or through a contractor or any other entity with whom Dunes Hospice LLC arranges to carry out its programs or activities.

This statement is in accordance with the provisions if Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, The Age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of the Federal Regulations Part 80, 84 and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on the grounds of gender or creed.)

Dunes Hospice LLC does not discriminate against patients due to age. We do reserve the right to only accept patients that we are able to appropriately treat based on the availability of staff trained in special age groups, such as pediatrics and teenagers. Our specialty is the geriatric population. We will also routinely accept any adult that we are able to serve. The majority of our patients are over the age of 50.

Section 504 Notice of Program Accessibility

This facility and all of its programs and activities are accessible to and useable by disabled persons, including persons with impaired hearing and vision. Access features include:

A full range of assistive and communication aids provided to persons with impaired hearing, vision, speech or manual skills, without additional charges for such aids, for example:

Qualified sign interpreters for the deaf

Flash cards, alphabet boards and other communication boards

Foreign language interpretation for a variety of languages thru a telephone service

Assistive devices for persons with impaired manual skills

If you require any of the aids listed above, please let the receptionist or your nurse know. In case of questions concerning policies, or in the event of a desire to file a complaint alleging violations of the above, contact the Executive Director of the Director of Clinical Services at 888-602-9004

PAIN MANAGEMENT

Discuss with your physician or your hospice nurse any concerns or questions you have about your pain management. The following are a few of the common concerns or questions of hospice patients.

If I have lots 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 medicine 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 medicine 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.

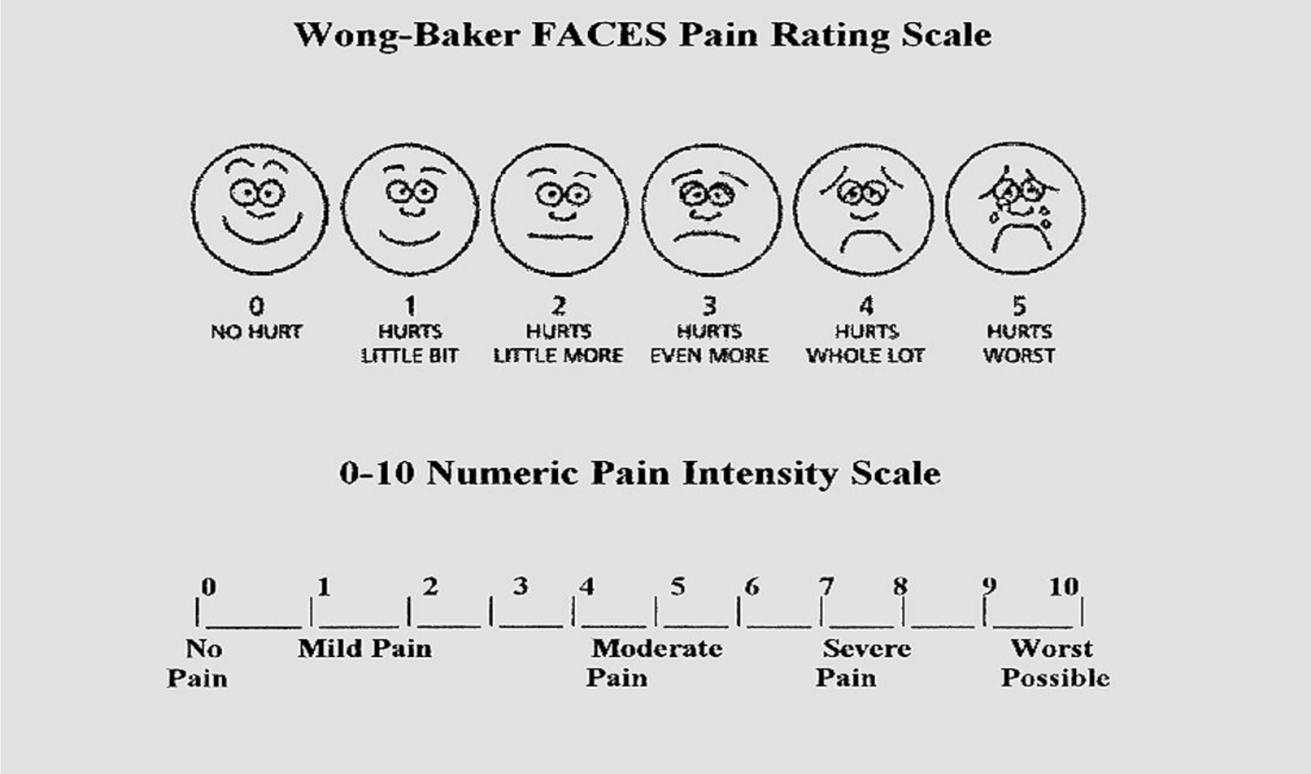
What is the correct dose that I should be taking? The correct dose of pain medicine is the dose that relieves your pain and is within the orders prescribed by your doctor.

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 nor will you become tolerant to pain medication.

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 or patches.

What if I don't want to take morphine because it's so strong and is used as the last resort? Morphine is no longer viewed as a "last resort" for pain control. It is easy to use, easy to change dosage, 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.

How can I best describe my level of pain to my nurse? Your nurse will ask you to rate your pain on a scale of 1-10. #1 meaning little to no pain and a #10 meaning horrible pain. Please rate your pain as honestly as you can to allow the nurse to provide the best possible solution to manage your pain. If the patient cannot rate their pain on a 1-10 scale, the nurse, along with input from the family/caregivers, will use a correlating faces scale to determine the current level of pain.

What are the side effects of Opioid Medications? Potential side effects include the following:

Increased Sedation

Muscle Twitching

Hallucinations

Constipation

Nausea and Vomiting

Drowsiness or Confusion

Dry Mouth

Itchy Skin

Tell your Hospice Nurse promptly about any side effects, their severity and when they occur. Your Hospice Nurse may be able to alleviate them by changing the dose or adding medications.

End of Life Restlessness

Restlessness at end of life is something that is experienced often, but not with every person.

“You know, dying is something like being born — sometimes it’s easy and sometimes it’s hard work.”

What should I know about restlessness?

As end of life nears, some people might experience restlessness. Family and friends may be surprised when a usually calm person becomes restless or agitated. The depth of this restlessness can vary greatly. .

Sometimes people may experience delirium, which means they may not be thinking clearly and may have less awareness or reduced attention with what is happening around them.

Patients may be very weak, but insist on changing positions often. They may yell out and show anger toward people around them.

Some people with delirium are afraid, and may want to go to the emergency room or call the ambulance because they believe someone unseen is trying to hurt them. They may not recognize familiar people or seem to be living in the past.

All of this can be very upsetting to family and friends at the bedside with the person who is dying. You may feel helpless to know what the dying person is trying to say or don’t know how to help them. The situation feels out of control.

This experience can be very difficult for everyone involved, even for professionals.

Why should I know about restlessness, if it may not occur?

Restlessness, like pain, is best treated early. So, it helps to know what to look for. If you see changes in the dying person’s mood, behavior or ability to sleep at night, report it to your hospice nurse. Sometimes, the symptoms can be improved with use of medications and changes to the environment.

What causes restlessness or delirium?

We can’t always know the exact cause. A number of changes happen when a person nears death. Body organs fail and waste may build up in the person’s system, causing confusion and behavioral changes.

Pain can be a cause of delirium and so can dehydration, anemia, infection, fever or brain injury. Some cancer treatments can also be a factor.

Medications might be over-used or under-used and the combination of certain drugs can cause problems. Emotional upset or fear can contribute to terminal restlessness.

Some causes of delirium are reversible. If a cause for the delirium can be identified, we will attempt to treat the cause, when consistent with goals of care. Our job as a team of family, caregivers and hospice professionals is to do everything possible to make the dying person more comfortable.

What does restlessness look like?

Look for changes, such as:

- Aimless movements, like picking at the sheets or clothing, looking disturbed, frowning, grunting, looking surprised or afraid
- Changes in speech
- Irritability or agitation, mood swings or difficulty focusing
- Changes in alertness, difficulty in sleeping or not being aware of surroundings
- Increased or changing confusion (when previously clear), poor memory or short attention span
- Not recognizing you, not knowing where he or she is
- Appearing to see, hear or feel things that aren't there, motioning or calling out to people who aren't there
- Crying out for help, not being able to tell you what's wrong, profanity, undressing, trying to get out of bed or out of the room

What will the hospice nurse do?

There is a wide range of treatments available for restlessness. The nurse will carefully assess the person and situation to find the most likely cause of these new symptoms. If a cause can be found, the symptoms may be lessened or reversed.

The nurse may try several different approaches to determine which treatment might be most effective.

In the meantime, you should do whatever you feel is most calming and reassuring for the person who is dying and also for yourself.

How should I interpret such distress at the end of life? What does it mean?

It's important to understand that sometimes, no matter what we do, the dying process for a loved one is not as peaceful as we had hoped.

Part of our being human is wanting to make sense of things but, in the case of restlessness or delirium, this can be difficult. We look for messages hidden in confused words. We try to imagine what they might be trying to tell us. But, we can't always find meaning in the words and actions of a person in distress. What you see and hear is not necessarily a message or symbol, but just the body letting go.

This is the time to step away from the bedside and talk honestly with your hospice nurse about the situation. He or she will listen to your concern. Talking freely with an experienced person can release, in a safe way, some of the tension that naturally builds up in such a situation.

Your hospice team will assist you during these difficult times. By starting hospice care as early as possible, you will have a relationship that allows our team to know your loved one and your family and to help you through these troubling times.

The important thing, is that you are there, providing reassurance and support. The value of a life fully lived and of care lovingly provided should not be diminished by the ways the body lets go of life.

What should I do?

First, know that sudden changes like these will make anyone feel anxious and upset. There are several things you can do:

- Stay calm. If you are anxious, it can affect behavior of the dying person.
- Contact the hospice nurse, because early assessment and treatment are important.
- Quietly keep the person safe.
- Gently remind them who you are and what you are going to do. "Mother, it's Betty. I'm right here with you, and I'm going to straighten the covers for you."
- Don't ask questions, just reassure.
- Do whatever feels calming and appropriate: gently wipe the face with a warm cloth, brush her hair, play his favorite music, quietly sing or hum familiar songs, or simply hold hands.
- Try to keep the usual routine in place.
- Provide a quiet, peaceful setting.
- Keep low lights on at night.
- Administer Medications as ordered by Hospice.

Dyspnea

Also called shortness of breath, breathlessness, or air hunger, dyspnea is a common end-of-life symptom. It may occur at onset of the dying process with or without lung disease, and may severely impair quality of life. Assessing the patient helps identify the underlying cause of dyspnea and determine appropriate treatment, evaluation, and response to treatment. Patients with heart failure may experience dyspnea as fluid builds and compresses lung tissue. In cancer patients with pleural effusions, dyspnea may occur as fluid amasses in the pleural cavity.

At end-of-life, dyspnea occurs in about 75% of heart failure patients, 20% to 70% of cancer patients, and 56% to 94% of patients with respiratory disease. Oxygen may not relieve dyspnea except when caused by hypoxia. Opioids commonly are used to ease dyspnea, especially in hospice patients. Morphine is most commonly used; the starting dose is 1 to 2 mg/hour, titrated upward as needed.

The following are additional interventions to aide in treatment of difficulty breathing.

Elevate the head of the bed to an upright position

Administer oxygen as ordered by the physician

Administer medications prescribed by the physician. These medications often include Morphine, Lorazepam, Atropine and/or Scopolamine Patch. The Dunes Hospice Nurse will educate on administration.

Also note at End-of-life, the patient may sound as if they require suctioning but often times the secretions are lower in the respiratory tract and cannot be suctioned. End-of-life “Congestion” is usually more distressing to family members than to the patient. It rarely causes the patient distress.

Potential side effects of Scopolamine and Atropine.

Dry mouth or dry skin

Sleepiness

Dizziness

Restlessness

Blurred vision

Dilated pupils

Dry or itchy eyes

Constipation.

Always report any side effects to your Dunes Hospice Case Manager.

End-Of-Life Constipation

Constipation is defined by a decrease in a person’s typical number of bowel movements. Symptoms of constipation include bloating, abdominal distention or discomfort, hard stools or straining, and increased gas.

Causes include:

- Long term pain medications
- Decreased appetite and fluid intake
- Reduced mobility
- Disease Process

Treatment for Constipation

When a patient is approaching, the final day of life, constipation is less of a concern, and patients may go several days without a bowel movement. The hospice team will assess bowel routines with focus on ensuring comfort.

Constipation is treated with stool softeners, enemas, and suppositories.

Other interventions include increased fiber and fluids.

Elevated Temperature

During end-of-life, the patient may have an elevated temperature. This is usually not due to infection, but to changes in metabolism. Your hospice nurse will instruct you in how to give cooling sponge baths and how to administer medications to reduce fevers.

Treatment Interventions:

- Acetaminophen
- Sponge Baths
- Light weight clothing and bedding

Nausea and Vomiting

Nausea and vomiting are more common in earlier stages of chronic illness but still may occur at end-of-life.

Treatments include:

Serve foods as tolerated, offer foods such as bananas, toast, rice, and applesauce.

Reduce strong odors.

Administer medications as ordered by the physician.

  Examples include Compazine

Notify Dunes Hospice Case Manager of symptoms.

PLEASE REFER TO THESE ADDITIONAL PAGES IF PATIENT IS IN A RESIDENTIAL SETTING

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 guide will help you find potential hazards in your home. Talk to your nurse or call the hospice at any time if you have any concerns or questions about patient safety.

PREVENTING FALLS

Each year, thousands of older Americans experience fall that result in serious injuries, disability or even death. Falls are often due to hazards that are easily overlooked but easy to fix. The following self-assessment will help you identify the risk factors that apply to you and your home. The more risk factors checked, the higher your risk for falling.

__ History of falling: Two or more falls within the last 6 months

__ Vision Loss: Changes in ability to detect and discriminate objects; decline in depth perception; decreased ability to recover from a 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 shoes.

__ Medications: Taking four 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: Causes unsteadiness

__ Hazards inside your home: Tripping or slipping hazards; poor lighting; bathroom safety; spills; stairs; reaching; pets that get underfoot.

__ Hazards outside your home: Uneven walkways; poor lighting; gravel or debris on sidewalks; no handrails; pets that get under foot; hazardous materials (such as snow, ice, water, oil) that need periodic removal and clean up.

REVIEW EACH OF THE FOLLOWING SAFETY TIPS AND NOTE THE ONES 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 and athletic shoes with deep treads.
- Remove things you can trip over (such as papers, books, clothes and shoes) from pathways.
- Keep outside walks 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 when moving about your home.
- 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.
- Keep frequently used items within easy reach.
- Use a steady step stool with a hand bar. Never use a chair as a step stool.
- Improve the lighting in your home.
- Keep pathways and staircases free of clutter.
- Place a flashlight and extra batteries within easy reach of your bed.
- Place nightlights 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.
- 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 an elevated toilet seat and/or shower stool if needed.
- Have your nurse, doctor or pharmacist look at all the medicines you take, including over-the-counter medications as these can cause dizziness or sleepiness.
- Get up slowly after you sit or lie down.
- Use a cane or assistive device for extra stability if you need to.
- 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 phone. All family members and caregivers should be familiar with emergency 911 procedures.

- Notify the fire department if a disabled person is in the house.
- **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 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 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 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.
- Ask your nurse or call the hospice to learn of specific safety precautions in regards to the use of oxygen.

MEDICATION DISPOSAL

Safe Drug Disposal Policy Components:

The development of an organizational policy for drug disposal in the home setting should include but not be limited to the following information:

1. Education:

   a) Employees: An annual inservice related to safe drug disposal will be conducted for all employed and contracted nurses with emphasis on training regarding the tracking, collecting, and disposing of drugs when discontinued or a patient dies. Inservice training will also include assessing for potential diversion and offering teaching alternative methods of disposal if indicated.

   b) Patients and Families/Caregivers: Assure the patient and/or patient representative and family/caregiver receive education about the safe disposal of drugs in a language and manner that they understand. Education should emphasize the risks surrounding accidental ingestion by other members of the household when drugs are not destroyed and remain in the home.

2. Collection:

  a) After the patient dies or the drugs are discontinued, and therefore no longer needed, the family member or caregiver identified as responsible for the destruction should collect the drugs and dispose of them as determined by the procedures identified in the policy.

  b) Disposal of drugs will occur on site, unless a community take-back or donation program is available. Nurses must never destroy or transport drugs from any setting.

3. Tracking:

  a) Documentation of the drug disposal should follow state guidelines as well as the procedure identified in the agency policy.

  b) The drug disposal documentation should be maintained in the patient's medical record.

4. Disposing:

  a) Unless there are specific instructions from the manufacturer, drugs should be disposed of per the policy and in such a manner that does not allow the drug to be unintentionally ingested or easily retrieved.

Destruction in the Home Setting During the Course of Care or at the Time of Death:

1. The specific drug destruction process should be carried out per State and Local guidelines as well as provider policy.

2. Always assess for the potential for drug diversion. If suspected, the drugs should be flushed down the toilet. The provider should determine the need to contact the appropriate State or Local authorities.

3. Always assess for the potential for accidental ingestion. If identified, educate and flush the drugs down the toilet.

4. Follow State and Local guidelines for determining whether to remove the drugs from their original containers. Eliminate all Protected Health Information (PHI) including the patient's name. Permanent black marker may be used to conceal personal information or simply scratch out all identifying information.

5. Modify the contents as follows:

A) Solid Drugs: add a small amount of water to pills (take pills out of blister packs) or capsules in order to partially dissolve them into a slurry. Mix the slurry with any of the materials recommended in liquid drugs section below.

B) Liquid Drugs: add enough cat litter, detergent, vinegar, used coffee grounds, charcoal, or non-toxic powder or spice to create a distasteful, pungent mixture in order to discourage consumption, then place in a sealed container (such as a sealable plastic bag or coffee can) and place in trash. Never mix drugs with toxic chemicals or other products that may be harmful to humans if swallowed or digested.

C) Other types of pharmaceutical waste (e.g., ampules, vials, IV bags, patches): Caution should be taken to carefully dispose of controlled substances. All liquid controlled substances should be disposed of by modifying the contents. Other types of pharmaceutical waste should be modified based on State and Local guidelines and the provider policy.

SAFE USE AND DISPOSAL OF NARCOTIC (CONTROLLED) DRUGS

Narcotic medications are often ordered to control pain and other symptoms for the hospice patient. When administered appropriately to the hospice patient, narcotics are not dangerous.

To assure appropriate use of all medications, please:

- Read the information sheet that is provided with the prescriptions
- Read the label each time you take the medication
- Do not take drugs in the dark, no matter how sure you are that you are getting the right bottle.
- Do not take a drug that is expired.
- Properly dispose of any drug that you are no longer taking or that has been discontinued by your physician.
- Do not change the dose (amount) or time of a medication unless directed to do so by your physician or hospice nurse.
- Call your hospice nurse or your physician if you have any questions regarding your medication or administration.

Narcotic medications are powerful drugs that can cause harm and even death when taken by someone other than that patient for whom they are prescribed. For this reason, it is important that you control them so that no other person can use them either by mistake or intentionally.

If you expect any children, strangers, current or former drug addicts or alcoholics to visit, do not leave your medications out at the bedside or on a counter in sight. The dangers of having a narcotics in the home are easily managed. Working together with your hospice nurse, a plan of action can be created which maintains the safety of the home while allowing the patient to receive appropriate pain relief.

Per FDA guidelines certain medications are considered especially harmful and, in some cases, fatal with just one dose if they are used by someone other than the person for whom the medication was prescribed. These medications should be disposed of by flushing down the sink or toilet to help prevent danger to people and pets in the home. Your nurse will be able to assist you with determining which medications are safe to dispose of in substances such as coffee grounds versus which medications are required to be flushed.

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 as directed by the medical equipment vendor.
- Call the hospice office to notify hospice in case of equipment problems or equipment failure.
- Provide adequate electrical power for medical equipment such as oxygen concentrators and other equipment.
- Test equipment alarms periodically to make sure that you can hear them.
- 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 the 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 the foot board and mattress to reduce gaps.

OXYGEN SAFETY

- Register with our local utility company if you have electrically powered equipment such as oxygen.
- **DO NOT SMOKE AROUND OXYGEN.** Pose "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, grease and flammable material away from your oxygen system. This includes such things as Vaseline, oily lotions, face creams, some lip balms, and hair products. Avoid using aerosols (such as room deodorizers) 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 or 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 from the oxygen system.
- Use 100% cotton bed linens and clothing to prevent sparks and static electricity.
- Place oxygen cylinders in appropriate stand to prevent tripping, or secured to the wall or placed on their side on the floor. Store in a well-ventilated area and not under outside porches or decks or in the trunk of a car.
- Have a back-up portable oxygen cylinder in case of a power or oxygen concentrator failure.
- Keep oxygen concentrators in an open area. Do not place the concentrator in a closet or cover it while in use.

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 emergency.
- Call your closest relative 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 in 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 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 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.

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.

EMERGENCY PREPAREDNESS PLAN

In the event of a natural disaster, inclement weather or emergency, we have an emergency 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 ensure that your medical needs are met.

In case of bad weather or other situations that might prevent our staff from reaching you, turn to your local radio and/or TV station(s). Please notify our office if you evacuate to another location or emergency shelter.

EMERGENCY KIT FOR THE HOME

Bad weather can be dangerous, so be prepared. Keep a kit with these items in case you have a weather emergency;

- Battery-powered radio
- Lamps and flashlights
- Extra batteries
- Food that you don’t have to cook
- Manual can opener

* Medications
* Extra blankets
* Water in clean milk or soda bottles
* Rock salt or sand for walkways
* Extra fuel

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 gown and gloves) if you need it.

Please tell your doctor or a home care staff member if you notice any of the following signs and 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/yellow pus

HANDWASHING

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, Touching soiled linens, treating a cut or wound, touching garbage, using the bathroom, changing diapers, touching animals or their waste, coughing/sneezing or blowing your nose.

If you have visibly dirty hands: 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. To avoid dry or chapped hands, pat them dry and use lotion after washing.

If you do not have visibly dirty hands: Use an alcohol-based hand rub to clean them. Use a rub with 60 to 90% ethyl or isopropyl alcohol. Open the cap and apply a dime sized amount (or the amount recommended on the label) in one palm, then rub hands vigorously, covering all surfaces of hands and fingers until they are dry.

COUGH

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. Throw your used tissue in the trash. You may be asked to wear a mask to protect others.

DISPOSABLE ITEMS AND EQUIPMENT

SOME ITEMS THAT ARE NOT SHARPS: Paper cups, tissues, dressings, bandages, plastic equipment, catheters, diapers, chux, plastic tubing, gloves, etc.

Store these items 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 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 come with the item and ask your nurse if you have questions.

POUR LIQUIDS in the toilet. Clean their containers with hot, soapy water, then rinse them with boiling water and let them air dry.

SHARP OBJECTS

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.