Bear Valley Hospice LLC

PATIENT HOME BOOKLET

Bear Valley Hospice
909 W. Big Bear Blvd, PO Box 140, Big Bear City, CA 92314
Phone (909) 281-2550 - Fax (909) 281-2551
www.bearvalleyhospice.com

Ver 4.2 1/29/18

(909) 281-2550

Patient's Name: _____

Medical Director: Cary Stewart MD

Nursing: _____

LCSW: _____

CHA/Homemaker: _____

Chaplain: _____

Volunteer Coordinator: _____

CONFIDENTIAL

THIS IS A PRIVATE MEDICAL RECORD UTILIZED BY YOUR HEALTH PROFESSIONALS WHO ARE DIRECTLY INVOLVED IN YOUR CARE. IN ORDER TO PROTECT YOUR PRIVACY, ANY PERSONS MUST HAVE YOUR CONSENT BEFORE REVIEWING THIS RECORD.

DEPARTMENT OF PUBLIC HEALTH SERVICES
24-HOUR HOTLINE
San Bernardino County (800) 344-2896

We are accredited by The Joint Commission. Please report concerns about patient safety and quality of care through the Joint Commission's online form (no phone number available).
www.jointcommission.org/report_a_complaint.aspx

ALLERGIES:

_____

_____

Compassionate Care in the Mountains…

We extend a warm welcome to you, our patient, and to your family and friends. We are committed to providing local and professional support for those of us in the mountains. As a local team in Big Bear Lake, we aim to provide prompt and dependable service that surpasses larger firms "down the hill."

We are a privately owned corporation that is governed by a Board of Directors. We are committed to ensuring your rights and privileges as a hospice patient.

Many aspects of our hospice services and procedures may be new to you. We have prepared this booklet to assist you in becoming better acquainted with us, to help you understand the hospice care process, and explain your rights as a patient.

We will do our best to answer any questions you may have concerning your care and treatment.

Thank you for selecting us as your hospice provider.

Sincerely,

The Management of ***BEAR VALLEY HOSPICE***

BEAR VALLEY HOSPICE LLC is in compliance with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act 1973 and with the Age Discrimination Act 1975. We do not discriminate on the basis of race, color, sex, national origin, age or disability with regard to admission, access to treatment or employment. We will make every effort to comply with these and similar statutes.

Bear Valley Hospice LLC

Quick Help Sheet

24/7 Hospice Number:
(909) 281-2550

Calling for Help

During Business Hours:
If you need assistance, please call and ask for your primary nurse. Calls about **medication refills and supplies** are best served **during business hours** when your primary physician can be contacted.

After Business Hours:
Please call and ask for the on-call nurse. If you leave a message, please provide the following information:

1. The patient's name
2. Your name
3. The phone number
4. The problem

Your call should be returned within approximately 15 minutes. **Always call again if your call was not returned within 15 minutes. After talking on the phone, the on-call nurse will visit your home if needed.**

After Dark Visit:
Please turn on your outside lights. Safety is a priority for both the patient and our staff. If the nurse or visiting staff feels unsafe, they will contact you by phone and attempt to arrange alternate means of help.

If you have any complaints or questions about local hospice agencies or need to lodge a complaint concerning the implementation of the advance directive, please call or visit:

Department Of Public Health 24-Hour Hotline Number
San Bernardino County
(800) 344-2896
http://www.sbcounty.gov/dph/

Any questions regarding your Medicare benefits please call or visit:

1-800-MEDICARE
1-800-633-4427
http://www.medicare.gov/

When to Call Us

Hospice Emergencies Include:

- Pain not relieved with medication
- Vomiting not relieved with medication
- Falls
- Unexpected changes in condition, such as fever, confusion, shortness of breath
- Death of the patient
- If you are unsure, PLEASE CALL and let the nurse listen to your concerns.

911 calls are NOT paid for by the Hospice!
Please call our office first!

Hospice Provisions

Before purchasing **supplies or equipment for a patient's care**, please ask your hospice nurse if these supplies can be provided by the hospice. Bear Valley Hospice provides diapers, Chux, creams, and other basic supplies.

Always tell the laboratory, X-ray, and/or physician office that you are a hospice patient; these services, if pre-authorized, are covered by the hospice. **Failure to receive hospice pre-authorization may result in the patient being billed for services**.

Emergency Numbers

Hospital – Bear Valley Community	(909) 866-6501
Urgent Care – BBL Urgent Care	(909) 878-3696
Police	(909) 866-0100
Big Bear Fire Station	(909) 866-7566
Poison Control	(800) 222-1222
Adult Protective Services	(800) 451-5155
Child Protective Services	(800) 207-4464
Emergency Alert System Radio Station	93.3 FM KBHR
Southwest Gas	(877) 860-6020
Bear Valley Electric Service	(909) 866-4678

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Hospice Overview

Hospice Concept

What is Hospice?

- Hospice care provides comfort and kindness to those persons nearing the end of life's journey.
- Hospice will help you make decisions about how and where you want to spend the rest of your life.
- Hospice is a special kind of caring.
- Hospice is usually paid for through Medicare.

Why Hospice?

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

Hospice Services

All hospice services are provided under the direction of a physician and/or the Hospice Medical Director and include: ***Physician, Nursing, Social Work, Therapy Services, Counseling Services (bereavement, spiritual, dietary), Home Health Aide/Homemaker, and Volunteer Services.*** Arrangements will be made for hospice approved medications, medical supplies, and medical equipment, as appropriate.

Criteria for Admission

- ☐ Referral from your attending physician who makes a recommendation to hospice.
- ☐ Medical condition with a life expectancy of six months or less, if the illness runs its normal course.
- ☐ Agree to palliation (control of symptoms) and not cure of illness.
- ☐ Agree to follow the plan of care established and refined by you, your family, by the physician, and the hospice team.
- ☐ Live within the geographic area served by BEAR VALLEY HOSPICE LLC.
- ☐ Have a place of residence (home, skilled nursing, or residential care facility) which is a safe environment for patient, caregiver, and hospice staff.
- ☐ Have a realistic plan for the provision of primary caregiving on a 24-hour basis when needed.

Your Hospice Team

Hospice care is provided by an Interdisciplinary Team of professionals in partnership with your physician. The Interdisciplinary Team meets at least once every 14 days to discuss and coordinate the plan of care. Family and/or a responsible party are encouraged to attend these meetings and be a part of the Interdisciplinary Team. The following services are available to you through the team:

- **Medical Director,** available for consultation and discussion of the plan of care.
- **Nursing Staff,** highly trained in pain management, symptom control and supportive care.
- **Social Workers,** who help relieve the emotional and social pain of patients and their families, address family financial concerns and assist with coordination of community resources and funeral pre-arrangements.
- **Spiritual Counselors,** who offer guidance and support to patients and their families.
- **Dietary or Nutrition Counselors,** who are available to assess the nutritional needs of patients and to provide education and information.
- **Trained Volunteers,** who can provide companionship, respite care and support to patients and their caregivers.
- **Home Health Aides,** who provide personal care to patients.
- **Physical, Occupational, and Speech Therapists,** who provide palliative modalities to enhance quality of life for hospice patients.
- **Bereavement Counselors,** who provide grief support for hospice families and coordinate grief support groups for the general community and hospice caregivers.

Medicare Levels of Hospice Care

Hospice care typically takes place at home or in a nursing care facility with staff visiting around several times a week. Under special circumstances, however, hospice care may be more frequent or provided elsewhere.

Routine Home Care: This is the most common level of care and occurs wherever the patient lives: at home, at a nursing facility, or elsewhere. Hospice team members provide care and services intermittently.

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

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

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

Medicare Hospice Benefit

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

SERVICES COVERED (AS AUTHORIZED IN THE PLAN OF CARE)
Physician services
Nursing care
Medical appliance and supplies
Medications for symptom management and pain relief of the terminal illness *(must be pre-approved by hospice)*
Short-term inpatient care for pain and symptom control
Home health aide
Spiritual counseling
Bereavement counseling
Physical therapy, occupational therapy, speech therapy
Medical social services
Dietary and other counseling
Volunteer services

NON-COVERED SERVICES (MEDICARE NOTICE OF NON-COVERAGE)
Treatment for the terminal illness which is not for palliative symptom management and is not within the hospice plan of care
Care provided by another hospice that was not arranged by the patient's hospice
Ambulance transportation not included in the plan of care
Visits to the emergency department without the prior approval or arrangements by hospice
Medications that are not related to the terminal illness
Inpatient care at non-contracted facilities
Sitter services/hired caregivers
Admission to the hospital without the prior approval or arrangements by hospice
Lab studies, medical testing and/or any treatments not indicated

Payment for Services Not in the Hospice Plan of Care

The hospice is not required to pay for services that lie outside the hospice plan of care or for services that have not received the prior approval of the hospice. A patient may utilize outside services, but he or she as the patient will be financially responsible for these services if they are related to the terminal illness. Neither the hospice nor Medicare Part A will cover the expenses.

Emergency Rooms

WE ASK THAT YOU CONTACT THE HOSPICE FIRST any time that you feel the patient needs emergency assistance. Often these situations are resolved fairly easily and the hospice can continue to assist you to care for the patient at home. When the patient requires a higher level of care than can be provided in the home, the hospice will make the arrangements to admit to a contracted facility.

Aggressive Treatment

Aggressive treatment is any form of chemotherapy, radiotherapy or surgery that is done for the purpose of curing the disease. If a patient, once admitted to hospice, chooses to receive any kind of aggressive treatment, he/she can no longer remain on the hospice program. At this time, either the hospice may discharge the patient or the patient may revoke the hospice benefit. The patient should be aware that should they decide to discontinue this treatment or should they complete the treatment, they may reapply for admission back into the hospice program.

Discharge/Transfer/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 should be transferred or discharged to another organization, we will provide the information pertinent to your continued care, including pain management. A patient may transfer to another hospice program once during each benefit period. The two hospice programs involved must coordinate the change and Medicare must be notified.

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

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

NOTICE OF MEDICARE PROVIDER NON-COVERAGE: You or your authorized representative will be asked to sign and date a Notice of Medicare Provider Non-Coverage at least two days before your covered Medicare services will end. If you or you 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) no later than noon of the day before your services are to end and ask for an immediate appeal.

Revocation of the Medicare Hospice Benefit

The patient may revoke the Medicare hospice benefit any time by contacting the hospice and requesting discharge and benefit revocation. The patient and caregiver should know that as soon as a patient does revoke from the hospice benefit, he/she gives up the remainder of that benefit period. Should the patient ever come back on a hospice program, he/she will enter the program in the next benefit period.

COMPLAINT/GRIEVANCE PROCESS

Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment, and services.

Any difference of opinion, dispute or controversy between a patient or family/caregiver or patient representative and BEAR VALLEY HOSPICE LLC concerning any aspect of services or the application of policies or procedures will be considered a grievance.

The Executive Director/Administrator will be informed of situations that may become detrimental to good patient relations and will be committed to maintaining a consistently high level of patient relations.

PROCEDURE

1. The Organization personnel receiving the complaint will discuss, verbally and in writing, the grievance with the Clinical Supervisor within five (5) days of the alleged grievance. The Clinical Supervisor will investigate the grievance within five (5) days after receipt of such grievance and will make every effort to resolve the grievance to the patient's satisfaction. Response to the patient regarding the complaint will occur within ten (10) days of receipt.

2. If the grievance cannot be resolved to the patient's satisfaction, the patient or his/her representative is to notify, verbally or in writing, the Executive Director/Administrator.

   The grievance must state the problem or action alleged and the date the Clinical Supervisor was notified. The Executive Director/Administrator or designee will then investigate the grievance and contact the patient or his/her representative regarding the grievance in an attempt to resolve the differences. The Executive Director/Administrator will respond to the patient within ten (10) days notification of failure to resolve the complaint.

3. If the patient feels his/her grievance has not been resolved after working with BEAR VALLEY HOSPICE LLC. personnel, he/she has the right to notify the California Department of Health Services by phone at the toll-free telephone numbers listed below, as applicable, or other methods such as ombudsman, legal services or adult protective services.

   San Bernardino County (800) 344-2896

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 local hospice agencies and to lodge complaints concerning the implementation of advance directive requirements.

Safety at Home

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 checklist will help you find potential hazards in your home. Check each statement that you need to work on to make your home a safer place**. Please speak with your nurse/therapist or call the agency at any time if you have any concerns or questions about patient safety.**

Hazardous Items/Poisons

Poison Control National Hotline:
(800) 222-1222

- Know how to contact your poison control center.
- Use care in storing hazardous items. Only store hazardous items in their original containers.
- Do not mix products that contain chlorine or bleach with other chemicals.
- Understand the risk of insecticides. They are only bought for immediate need and excess is stored or disposed of properly.
- Keep hazardous items, cleaners and chemicals out of reach of children and confused or impaired adults.
- Dispose of household trash in a covered waste receptacle outside the home.

Medical Equipment

- Keep manufacturer's instructions for specialized medical equipment with or near the equipment.
- Perform routine and preventive maintenance according to the manufacturer's instructions.
- Keep phone numbers available in the home to obtain service in case of equipment problems or equivalent failure.
- Have backup equipment available, if indicated.
- Provide adequate electrical power for medical equipment such as ventilators, oxygen concentrators and other equipment.
- Test equipment alarms periodically to make sure that you can hear them.
- Have equipment batteries checked regularly by a qualified service person.
- Bed-side rails are properly installed and used 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 foot-board and mattress to reduce gaps.
- Register with your local utility company if you have electronically powered equipment such as oxygen or ventilator.

Oxygen Safety

- No smoking while oxygen is in use.
- Do not permit oil, grease, or other combustible materials to come in contact with oxygen equipment.
- Transport cylinders in proper carrier, and secure cylinders to prevent falling.
- Keep cylinders/concentrator in well-ventilated areas (no closets).
- Do not allow oxygen to freeze and avoid extreme heat.
- Place oxygen cylinders in appropriate stand to prevent tipping, 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 trunk of car.
- Avoid use of electrical appliances (razors, hair dryers, etc.) while oxygen is in use.
- Any electrical equipment in use near an oxygen system must be properly grounded with three pronged plugs.
- Make sure you properly assemble and test oxygen equipment before use.
- Your nurse will set the flow meter to the prescribed rate per physician's orders.
- Make sure you have an adequate back-up supply of oxygen in case of emergency and/or evacuation.

Fire Safety/Burn Precautions

General Precautions

- The fire department number is posted on every telephone. All family members and caregivers are familiar with emergency 911 procedures.
- Do not smoke in bed. Never leave burning cigarettes unattended. Do not empty smoldering ashes in a trashcan. Keep ashtrays away from upholstered furniture and curtains.
- Do not smoke near oxygen equipment.
- Remember, life safety is first, but if the fire is contained and small, you may be able to use your fire extinguisher until the fire department arrives.
- Never leave patient alone in the shower/tub.

Planning

- Notify the fire department if a disabled person is in the home. Big Bear Fire Station: (909) 866-7566.
- Make a family fire escape plan and practice it every six months. At least two different escape routes are planned from each room for each family member.
- If you live in an apartment building, know where the exit stairs are located. Do not use an elevator during a fire emergency.
- Designate a safe place in front of the house or apartment building for family members to meet after escaping a fire.
- If your fire escape is cut off, remain calm, close the door and seal cracks to hold back smoke. Signal for help at the window.

Home Fire Safety Prep

- Install smoke alarms on every floor of your home, including the basement. Place smoke alarms near rooms where people sleep. Test smoke alarms every month. To make sure they are working properly.
- Install new smoke alarm batteries when you change your clocks for daylight savings time in the spring and fall.
- Fire extinguishers are checked frequently for stability.
- Have your heating system checked and cleaned regularly by someone qualified to do maintenance.
- Portable heaters are placed out of the path of traffic areas. The heater is operated at least three feet away from upholstered furniture, drapes, bedding and other combustible materials. The heater is used on the floor and is turned off when family members leave the house or are sleeping.

- Wood burning stoves are properly installed, chimney is inspected and cleaned by a professional chimney sweep and trash is not burned in stove because this could overheat the stove. Gasoline or other flammable liquids should never be used to start wood stove fires.
- Make sure electrical appliances and cords are clean, in good condition and not exposed to liquids.
- Electrical outlets are grounded. “Octopus” outlets with several plugs are not used.
- Keep electrical appliances away from the bathtub or shower area.
- Set water heater thermostat below 120°F to prevent accidental scalding.
- Store flammable liquids in properly labeled, tightly closed, non-glass containers. Store away from heaters, furnaces, water heaters, ranges and other gas appliances. Make sure the garage is adequately ventilated.

Fire Safety and Cooking

- Keep cooking areas free of flammable objects (potholders, towel, etc.).
- Keep storage area above the stove free of flammable/combustible items.
- Wear short or tight fitting sleeves while cooking; don’t reach over stove burner.
- Do not leave the stove unattended when cooking, especially when the burner is turned to a high setting.
- Turn pan handles away from burners and the edge of the stove.
- Avoid cooking on high heat with oils and fat.
- Puncture plastic wrap before heating foods in the microwave.
- Never place hot items at edge of counter.

EARTHQUAKE/DISASTER PREPAREDNESS

Before:

1. Keep a 1 - 2 week supply of food/water on hand and consider any special dietary needs or formulas you may use. Place in a waterproof container.
2. Store a 1 - 2 week supply of medications and/or medical supplies that you will need (insulin, syringes, dressings).
3. Know the procedure to follow if you are using medical equipment that runs on electricity and there is a power failure (ventilators, IV pumps, feeding pumps).
4. Keep a flashlight and portable radio handy. These are helpful if the lights go out or for an emergency.
5. Check the condition and charge on batteries, especially for special medical equipment.
6. Block or lock wheels of items such as hospital beds, commodes and refrigerators.
7. Persons who live alone should appoint an official "buddy" who will check on them after an earthquake or disaster.
8. Anchor tall furniture to the wall and remove heavy items from the top shelves.

During:

1. If inside, stay inside and take cover under a heavy desk or table away from windows or object which may fall.
2. Drag a bed bound patient (or transfer them to a wheelchair) to move to a safe area.
3. Lock the wheels on a wheelchair after moving to a safe area.
4. If outside, stand away from trees, electrical lines and buildings.
5. Follow your evacuation plan.

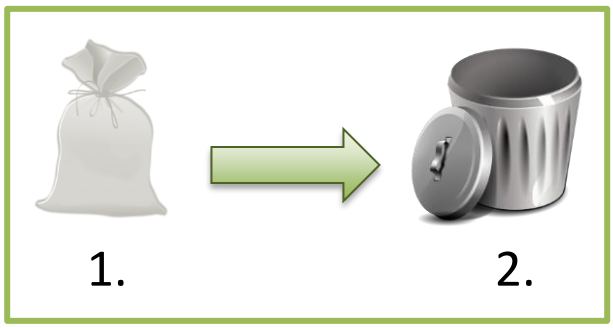
After:

1. Home infusion patients should go to the nearest emergency room if you run out of medications, solutions or supplies and are unable to contact the Agency. We will try to contact patients as soon as possible after an earthquake.
2. Turn off gas at the meter if you smell gas or hear hissing near gas appliances. DO NOT LIGHT ANY MATCHES IF A GAS LEAK IS SUSPECTED.
3. Assess for injuries and be prepared to administer First Aid.
4. Turn on a portable radio to listen for instructions from Public Safety Agencies.

Disposable Items/Equipment

Items that are not sharp *including: paper cups, tissues, dressings, soiled bandages, plastic equipment, urinary/suction catheters, disposable diapers, Chux, plastic tubing, medical gloves, etc.*

Store medical supplies in a clean/dry area. Dispose of used items in waterproof (plastic) bags. Fasten securely and dispose of bag in the trash.



Sharp Items

Items that are sharp *including: needles, syringes, lancets, scissors, knives, staples, glass tubes or bottles, IV catheters, razor blades, disposable razors, etc.*

Place used **"sharps"** directly into a clean rigid container with a screw-on or tightly secured lid. Use a hard plastic or metal container. Before discarding a container, reinforce the lid with heavy-duty tape. Never overfill the containers or recap needles once used. **DO NOT use glass** or clear plastic containers and never put "sharps" in containers that will be recycled or returned to a store. Seal the container with tape and place in the trashcan or dispose of according to area regulations.

Sharps containers are **available for free** at Bear Valley Hospital.

Non-Disposable Items/Equipment

Items that are not thrown away *including: soiled laundry, dishes, thermometer,* commode, walker, wheelchair, bath seat, suction machine, oxygen equipment, mattress, etc.

Soiled laundry should be washed apart from other household laundry in hot soapy water. Handle these items as little as possible to avoid spreading germs. Household liquid bleach should be added if viral contamination is present (a 1 part bleach to 10 parts water solution is recommended).

Equipment used by the patient should be cleaned immediately after use. Small items (except thermometers) should be washed in hot soapy water, rinsed and dried with clean towels. Household cleaners such as disinfectant, germicidal liquids or diluted bleach may be used to wipe off equipment. Follow equipment cleaning instructions and ask your nurse/therapist for clarification.

Thermometers should be wiped with alcohol before and after each use. Store in a clean, dry place.

Liquids may be discarded in the toilet and the container cleaned with hot, soapy water, rinsed with boiling water and allowed to dry.

Spills in the Home

Blood and other body fluids.

Blood/body fluid spills are cleaned by putting on gloves and wiping fluid with paper towels. Use a cleaning solution of household bleach and water (1 cup of bleach to 10 cups of water) to wipe the area again. Double bag used paper towels and dispose of them in the trash.

HOME EMERGENCY SUPPLIES TEACHING FOR DISASTER PREPAREDNESS

This list consists of items usually available in a home to be used regularly. It is designed to help your family be organized for any emergency. Quantities of emergency supplies should be adequate for at least 48 hours. A two week supply is recommended as a minimum reserve of water, food, medicine, and other consumable items.

SURVIVAL

- Water – 2 quarts to a gallon per person per day.
- First Aid Kit – ample and freshly stocked.
- First Aid Book – know how to use it.
- Food – canned or dehydrated. Pre-cooked and/or requiring minimum heat and water. Consider pets and special diet requirements.
- Can opener.
- Blankets or sleeping bag for each family member.
- Radio – portable, battery operated. Spare batteries.
- Critical medications and glasses.
- Flashlight – fresh and spare batteries and bulb.
- Watch or clock – battery or spring wound.

SAFETY

- Heavy shoes – for every family member.
- Heavy gloves – for every person clearing debris.
- Clothes – complete change of clothes kept dry.
- Knife – sharp or razor blades.
- Garden hose – for siphoning and fire fighting.

SANITATION SUPPLIES

- Large plastic trash bags for trash, waste, water, protection, ground cloth.
- Large trash cans.
- Hand soap.
- Shampoo.
- Liquid detergent.
- Toothpaste and toothbrush.
- Pre-moistened towelettes.
- Deodorant.
- Dentures.
- Feminine supplies.
- Infant supplies.
- Toilet paper.
- Powdered chlorinated lime – add to sewage to deodorize, disinfect and keep away insects.
- Non-perishable food – store in empty coffee cans.
- Bottles water.
- First Aid Kit.
- Flares.
- Fire extinguisher – CO_2.
- Blanket.
- Sealable plastic bags.
- Flashlight – fresh and spare batteries and bulb.
- Critical medications.Short rubber hose for siphoning.
- Small package of tissues.
- Newspaper – to wrap garbage and waste. Also, to be used for warmth.

COOKING

- Barbeque – charcoal and lighter or Sterno stove.
- Plastic bags – various sizes, sealable.
- Pots – at least 2.
- Paper plates.
- Plastic knives, forks, spoons.
- Paper towels.

TOOLS

- Axe.
- Shovel.
- Broom.
- Crescent wrench – for turning off main gas.
- Screwdriver.
- Pliers.
- Hammer.
- Coil of 1/2’ rope.
- Coil of baling wire.
- Plastic tape.
- Pen and paper.
- Fire extinguisher.

WATER TIPS

Use any of the following methods to purify drinking water.

1. Boil for 10 minutes.
2. Add 10 drops of household bleach solution per gallon of water. Mix well and let it stand for 30 minutes. A slight smell or taste of chlorine indicates water is good to drink.
3. All household tincture of iodine in the same manner as above, instead of bleach.
4. Use of commercial purification tablets such as Halazone or Globaline. Follow package instructions.
5. Learn how to remove water in the hot water heater and other water supplies.

Advance Directives

What is an Advance Health Care Directive (AHCD)? An AHCD is a way to make your health care wishes known if you are unable to speak for yourself or prefer someone else to speak for you. An AHCD can serve one or both of these functions:

- Power of Attorney for Health Care (to appoint an agent)
- Instructions for Health Care (to indicate your wishes)

Is the AHCD different from a Durable Power of Attorney for Health Care? The AHCD was enacted by July 2000 legislation and replaced the DPAHC and the Natural Death Act Declaration. However, if you have already completed one of these forms that were valid before July 1, 2000, it is still valid now. The only advance directive form that didn't change was the Pre-Hospital Do-Not-Resuscitate form.

"Pre-Hospital Do-Not-Resuscitate form?" Never heard of it! This special form allows persons to indicate that they do not want CPR started if something happens to them outside a hospital. Normally, emergency medical personnel are required to start CPR for all persons; having this form protects people from CPR if they choose to forego it. This is the only form that must be signed in advance by your doctor.

I've never completed an "advance health care directive" before. Why should I? Persons of all ages may unexpectedly be in a position where they cannot speak for themselves, such as an accident or severe illness. In these situations, having an "advance health care directive" assures that your doctor knows your wishes about the kind of care you want and/or who the person is that you want to make decisions on your behalf.

Does this mean only one person can decide for me? What if I want others involved, too? Often many family members are involved in decision-making. And most of the time, that works well. But occasionally, people will disagree about the best course of action, so it is usually best to name just one person as the agent (with a backup, if you want). And you can also indicate if there is someone who you do NOT want to make your decisions for you.

But I thought the doctors make all those life-and-death decisions anyway? Actually, doctors tell you about your medical condition, the different treatment options that are available to you and what may happen with each type of treatment. Though doctors provide guidance, the decision to have a treatment, refuse a treatment, or stop a treatment is yours.

What if something happens to me and no form has been completed? If you are not able to speak for yourself, the doctor and health care team will turn to one or more family members or friends. The most appropriate decision-maker is the one with a close, caring relationship with you, is aware of your values and beliefs, and is willing and able to make the needed decisions.

My "values and beliefs?" But I haven't talked with anyone about these! That's why it is a good idea to talk with family or close friends about the things that are important to you regarding quality of life and how you would want to spend your last days and weeks.

Knowing the things that are most important to you will help your loved ones make the best decisions possible on your behalf. If your agent doesn't know your wishes, then he or she will decide based on what is in your best interest.

What if I don't want to appoint an agent? Or don't have one to appoint? You do not have to appoint an agent. You can still complete the Instructions for Health Care and this will provide your doctors with information to guide your care.

What kinds of things can I write in my Instructions for Health Care? You can, if you wish, write your preferences about accepting or refusing life-sustaining treatment (like CPR, feeding tubes, breathing machine), receiving pain medication, making organ donations, indicating your main doctor for providing your care, or other things that express your wishes and values.

If I appoint an agent, what can that person do? Your agent will make all decisions for you, just like you would if you could. Your agent can choose your doctor and where you will receive your care, speak with your health care team, review your medical record and authorize its release, accept or refuse all medical treatments and make arrangements for you when you die. You should instruct your agent on these matters so he/she knows how to decide for you. The more you tell them the better they will be able to make those decisions on your behalf.

When does my agent make decisions for me? Usually the agent makes decisions only if you are unable to make them yourself – such as, if you've lost the ability to understand things or communicate clearly. However, if you want, your agent can speak on your behalf at any time, even when you are still capable of making your own decisions. You can also appoint a "temporary" agent – for example, if you suddenly become ill, you can tell your doctor if there is someone else you want to make decisions for you. This oral instruction is just as legal as a written one!

Are there other oral instructions that don't involve a written form? Yes. You can make an individual health care instruction orally to any person at any time and it is considered valid. All health care providers must document your wishes in your medical record. But it is often easier to follow your instructions if they are written down.

Can I make up my own form or use one from another state? Yes. That's why this law is so flexible. Any type of form is legal as long as it has at least three things: (1) your signature and date, (2) the signature of two qualified witnesses, and (3) if you reside in a skilled nursing facility, the signature of the patient advocate or ombudsman. These signatures, however, must include special wording.

Sounds difficult. Do I need an attorney to help with this? No. Completing an advance health care directive isn't difficult and an attorney is not necessary. But actually the most important part of this is talking to your loved ones. Without that conversation, the best form in the world may not be helpful!

OK, I'll talk to them! But what should I do with the form after I complete it? Make copies for all those who are close to you. Take one to your doctor to discuss and ask that it be included in your medical record. Photocopied forms are just as valid as the original. And be sure to keep a copy for yourself in a visible, easy-to-find location – not locked up in a drawer.

What if I change my mind? You can revoke your form (or your oral instructions) at any time. Also, it's a good idea to try and retrieve old forms and replace them with new ones.

Do doctors or hospitals require a patient to have an Advance Health Care Directive form? No, they cannot require you to complete one. But doctors and hospitals should have information available to you and your family about the form and your right to make health care decisions.

Resources: Check the California Coalition for Compassionate Care website for updates on advance heath care directive materials and community education programs at www.finalchoices.org.

Advance Health Care Directive Forms:

- Forms are often available at no charge from your local hospital – call the Social Services or Patient Education Department. Or ask your doctor.
- The California Medical Association has an Advance Health Care Directive Kit available in English or Spanish for $5 that includes a form, wallet card and answers to commonly asked questions about advance directives. To order single copies, call 1-800-882-1262 or visit www.cmanet.org.
- Five Wishes is user-friendly advance directive that addresses the medical, personal, emotional and spiritual wishes of seriously ill persons. To order single copies in English or Spanish at $5 each, send a check a money order to Aging With Dignity, PO Box 1661, Tallahassee, FL 32302-1661. A companion 30-minute video is available for $19.95. For more information call 1-888-5-WISHES.
- Caring Connections has state-specific forms that can be downloaded from its website at www.caringinfo.org.

Our hospice complies with the Patient Self-Determination Act of 1990 which requires us to:

- Provide you with written information describing your rights to make decisions about your medical care;
- Document advance directives prominently in your medical record and inform all staff;
- Comply with requirements of State law and court decisions with respect to advance directives; and
- Provide care to you regardless of whether or not you have executed an advance directive.

Unless the physician has written the specific order **"DO NOT RESUSCITATE,"** it is our policy that every patient will receive cardiopulmonary resuscitation (CPR). If you do not wish to be resuscitated, you, your family or your agent must request "Do Not Resuscitation" (DNR) orders from your physician. These orders are documented in your medical record and routinely reviewed; however, **you may revoke your consent to such an order at any time.**

Infection Control

HAND-WASHING: CLEAN HANDS SAVE LIVES

Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean, running water. If clean, running water is not accessible, as is common in many parts of the world, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands.

When should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal or animal waste
- After handling pet food or pet treats
- After touching garbage

What is the right way to wash your hands?

- Wet your hands with clean, running water (warm or cold) and apply soap.
- Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a clean towel or air dry them.

What if I don't have soap and clean, running water?

Washing hands with soap and water is the best way to reduce the number of germs on them. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do **not** eliminate all types of germs.

Hand sanitizers are not as effective when hands are visibly dirty.

How do you use hand sanitizers? Easy:

- Apply the product to the palm of one hand.
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.
- Don’t forget to clean around your nails.

Pain and Other Symptoms

Pain Management

Patient Rights

As a patient of this hospice agency, you can expect that:

- your pain level will be assessed
- your reports of pain will be believed
- you will receive information about your pain and pain relief measures
- a concerned staff will be committed to pain prevention and management
- you can receive effective pain management

Patient Responsibilities

As a patient of this hospice agency, we will expect you to:

- take your medications as ordered—usually around the clock to prevent the pain
- ask your nurse what to expect regarding pain and pain management
- discuss your relief options with your nurse
- work with your nurse to develop a plan
- ask for pain relief when pain first begins
- help your nurse assess your pain
- tell your nurse if your pain is not relieved
- tell your nurse about any worries you have

Pain is considered the 5th vital sign. Every patient is asked about pain on admission and then further assessment is completed for patients with pain or who are at risk for pain. You will be asked during every visit if you are having pain, are currently experiencing pain, or have experienced pain in the recent past. Your nurse or clinician will ask you to rate the pain and describe it.

Good pain control can be a key to strength. It allows you to do the most you possibly can, to feel more rested and more in control of your life. It also helps your family and friends worry less. They can usually tell when you are in pain, even if no one talks about it. The best plan is to be tough on pain, to get control of it, so you can feel more like yourself again.

"One of the most important things you can do is tell us about your pain."

Many things can cause discomfort or pain. Treatments also can cause pain. Perhaps you have had distressing or painful sensations. There are also different types of pain.

Doctors and nurses want to help relieve your pain. There is much that can be done, especially if we work together. You can help in several ways. **One of the most important things you can do is tell us about your pain.**

Sometimes people assume we can tell they are having pain, but this is not always true. Only **you** know when you are in pain, how bad it is, and what it feels like.

When you tell us about your pain, you help us do a better job. You are not bothering us, you are not distracting us from other important treatments, and you are definitely not a complainer. You are a partner in your care.

Issues in Pain Management

Sometimes people are afraid to ask questions about pain or pain medicines. Look over the following information. Have any of these worries stopped you from talking about your pain?

Q: "I'm afraid I'll get addicted to the medicine."

When people have pain and use strong medicines, will they become addicts? The World Health Organization reports studies that show addiction rarely occurs in patients who have no record of drug abuse.

Drug addicts want and need drugs to get "high." They will do almost anything to get drugs. This is nothing like using pain medicines for pain. When your doctor gives you medicines for pain and you use them as directed, you are using them correctly and legally. If pain goes away, your doctor may be able to gradually and safely decrease pain medicines.

Q: "I'm afraid to use pain medicine now. What if the pain gets worse later and drugs won't work anymore? Shouldn't I save it?"

It's important to understand that pain does not always get worse. It may decrease or even go away.

If it does get worse, your hospice team has several choices:

- Sometimes a simple increase in dose will help. Some medicines can be increased as much as necessary - they have no upper limit. A drug like hydromorphone, morphine, or oxycodone can be increased gradually by your doctor.
- Sometimes changing medicines helps.
- Sometimes different drugs work well when taken together.
- There also may be other methods you can use to help control your pain, such as: relaxation, distraction, imagery, massage, etc. Talk to your hospice nurse to see if these or other methods may be incorporated into your pain control regime.
- It also may be helpful to keep a pain control diary. Ask your nurse for more information.

It is important to talk with your hospice nurse; **do not make any changes yourself.**

It may take a little time to adjust your pain medicines**. Remember this: most pain can be relieved!**

Q: "They want me to take strong pain medicine. Does that mean they've given up on me?"

Absolutely not! Strong pain medicine does not mean anyone's given up on you. Do not think that your comfort is less important than your treatments. Both are important and you do not have to choose between them.

When you do not hurt, you might find that you can move better and breathe more deeply. You will be able to enjoy your family and friends more. So, being comfortable is important to your health.

Q: "I want to take pain medicine but I'm worried about side effects. What if I get constipated?"

Many pain medicines do have side effects. Constipation is a common side effect of some medicines called narcotic analgesics. The key is to take your medicine for pain and make sure the constipation is prevented or treated right from the start with other medications such as a laxative and/or a stool softener. Check with your nurse before using a laxative.

Q: "Will I get drowsy if I take pain medicines?"

Some pain medicines can make you feel drowsy at first. Often this will go away after a few days. If your pain has made you lose sleep, you may sleep a lot the first few days that you are comfortable. Check with your nurse if the drowsiness lasts more than a few days or makes it difficult to awaken you.

Q: "Won't my stomach get upset?"

Sometimes pain medicines can upset your stomach. This is another problem which may last just a few days. If it does not go away, check with your nurse about ways to decrease the nausea without giving up pain control.

Q: "I don't want to be confused."

Mental confusion may mean the dose (the amount of pain medication) needs adjusting. Call your nurse about problems with confusion.

Q: "If I talk about my pain, everyone will think I'm a pest. I don't want to complain. It's best to "tough it out."

Some people think it's a sign of strength to keep pain a secret and to refuse to take pain medicines. They use words like "sissy" or "wimp" and say they don't want to be a bother.

Good pain control can be a key to strength. It allows you to do the most you possibly can, to feel more rested and more in control of your life. It also helps your family and friends worry less. They can usually tell when you are in pain, even if no one talks about it. The best plan is to be tough on pain, to get control of it, so you can feel more like yourself again.

Just as it takes a while for diabetes to adjust to insulin, it will take a while to adjust to your pain medication(s). You should not sacrifice comfort because you are worried about side effects. Remember, side effects usually can be controlled or prevented. It is important to let your nurse know if you are having problems so you can work together to help you feel comfortable.

Comfort Measures

Pain is a sensation or feeling that hurts enough to make you uncomfortable. You may feel mild or severe discomfort. Pain can only be described by the person who is feeling it. Pain can be caused by:

- Pressure
- Tumor growth
- Infection or inflammation
- Poor blood circulation
- Blockage of an organ or tube in the body
- Bone fractures caused by cancer cells that have spread to the bone
- After-effects of surgery or radiation
- Stiffness from not being active
- Side effects from medication (i.e., constipation, mouth sores)

Cancer pain depends on the type of cancer, the stage of the cancer and your tolerance of pain. The perception of discomfort can be aggravated by fatigue, lack of sleep, anxiety, tension, and depression.

What to look for:

- What is causing the pain? (i.e., anxiety, movement, fear of taking medications, physical and emotional changes due to the disease process or illness)
- What makes the pain go away?
- When does the pain come back?
- What medication makes the pain go away?
- How often does the medication need to be given?
- When do you notice the pain?

What to do:

- Comfort measures may include: relaxation techniques, assistance with care, massages, repositioning.
- Spend time talking about what is causing the discomfort.
- Give medication as directed by hospice.
- As the pain is controlled with medications, increase activity gradually as tolerated.
- Explain physical and emotional changes due to the illness.
- Offer emotional support.
- Manipulate environment to provide periods of rest, such as:
    - Making room dark
    - Quiet time
    - Time alone
    - Position for comfort
    - Provide periods of uninterrupted sleep.

What not to do:

- Do not keep the main focus on the pain.
- Do not suddenly stop giving pain medications or other medications.
- Do not ignore or overlook the pain or discomfort.

When to call the hospice nurse:

- If any new or severe pain occurs.
- If pain or discomfort is not controlled by present medication schedule.
- If you have any questions about the medications.
- You can reach the hospice nurse or on-call nurse through our office number **(909) 281-2550.**

Bowel Program

Most hospice patients have some difficulty with their bowel movements. There are several reasons why you may be constipated. Changes in your diet, decreased fluid intake or decreased activity may contribute to constipation. However, the use of pain medications (narcotic analgesics) is usually the major cause of constipation.

Untreated constipation can lead to a more serious condition (impaction or bowel obstruction) and a daily bowel program can help to prevent such problems. The overall goal is to have a bowel movement approximately every three (3) days. The following guidelines should help you maintain normal bowel function.

1. Drink plenty of liquids, especially in combination with high-fiber foods. Tea, hot lemon water and juices such as prune juice may be effective.
2. Try to have a bowel movement at the same time of the day. Be sure to allow adequate time on the toilet or bedpan.
3. Keep a record of your bowel movements on a calendar and note whether they are hard or soft.
4. Take your stool softener/laxative pill as prescribed. The dose can range from two to eight (2-8) pills per day or more if needed. Examples of such preparations are Peri-colace, Senokot S, or Doxidan.
5. Other laxative preparations can be added if the stool softener/laxative pill alone does not work. Examples of these are Dulcolax, Milk of Magnesia, Halley's MO, or lactulose.
6. Call the nurse if you do not have a bowel movement in three (3) days. It might be necessary for you to have a rectal suppository, an enema, or be checked for a stool impaction.
7. Call the nurse if you have any of the following symptoms:
   - abdominal distention or bloating.
   - rectal pain with your bowel movement
   - urge but inability to pass stool
   - oozing of liquid stool after no bowel movement for several days
   - rectal fullness and pressure

You can reach the hospice nurse or on-call nurse through our office number (909) 281-2550.

NUTRITION/HYDRATION

Nutrition is an important part of our lives. Our culture places much importance on meal planning and social interactions centered on food. Often feeding and preparing a meal for a loved one is a way of communicating love, concern, and care in a non-verbal way.

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

Many hospice patients experience one or more of the following problems that interfere with nutrient intake: decrease or loss in appetite, nausea, vomiting, chronic pain, diarrhea and constipation. This makes it difficult to find the right kind of foods that are well tolerated and accepted by the patient. Too often this challenge can turn into friction between the patient and the caregiver and interfere with open communication.

To keep communication open it is best to allow the patient to eat what and when he/she desires. When a person is facing the end of life, priorities change and eating is no longer important. Furthermore, the disease process and medication can cause changes in taste as well as aversion to specific foods.

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

When it is difficult to swallow liquids or solids

1. Thin liquids are usually the most difficult to swallow. Nectar consistency liquids and softer blended foods are sometimes easier to swallow. There is also commercial thickener available.
2. If mucous is a problem, cranberry, pineapple or citrus juice may be helpful in cutting or thinning the mucous. If milk is a problem a milk free nutritional supplement can be used. Note: Supplements like Ensure and Boost are not made with milk.

(For further information on swallowing difficulties or for special products contact the hospice nurse who can consult with the dietitian).

When the patient is “just not hungry”

1. Keep snacks handy and in sight for “nibbling.”
2. Drinks such as milk shakes or frozen yogurt provide a large number of calories within a small volume. Also supplemental drinks such Carnation Instant Breakfast, Boost and Ensure provide additional nutrients.
3. Breakfast foods are often well tolerated. Give the patient whatever he or she likes whenever desired. Don’t wait until “mealtime.”
4. Try serving small meals with snacks in between meals. (Small meals may even be just one item.)
5. Serve foods on a small plate so not to overwhelm the patient.

When the patient experiences nausea/upset stomach

1. Provide frequent small meals.
2. Offer bland foods that are not greasy or too sweet, such as chicken noodle soup with saltine crackers, gelatin with fruit and apple juice.
3. Give liquids between meals rather than at meal times. Clear, cold beverages are usually better tolerated. Popsicles, flavored ice cubes are good choices.
4. Dry foods such as dry toast and crackers are usually well tolerated.
5. Position the patient in the sitting position as close to 90° as possible for eating and for at least two hours after eating.

When the patient’s mouth or throat is sore or dry

1. Give small bites of food and with a swallow of beverage with each bite.
2. Try cold foods such as popsicles, sherbet, ice cream, fruit ices, milk shakes and ice chips. (Sometimes eating ice cold foods first may make eating other foods more tolerable.)
3. Sometimes using a straw can make swallowing more comfortable.
4. Smooth foods such as whipped cream, pudding, cream pies, canned fruits or gelatins are usually less irritating to the mouth or throat.
5. Creamed soups and other creamed foods are often well tolerated. Keep temperatures warm rather than piping hot.
6. Offer soothing beverages such as apple juice, peach or pear nectar and milk (if tolerated). Carbonated beverages; liquids containing salt, such as broth or vegetable juices; and those containing acid, such as citrus juices and highly spiced foods may irritate a sore mouth or throat.

When the patient can no longer swallow or refuses to eat or drink

Usually the difficulty swallowing or the refusal of food and fluids is a sign that death is near. The patient does not experience the pangs of hunger nor do they experience thirst. Research has shown that the only discomfort is that of dry mouth. At this point, comfort is provided by keeping the mouth clean and moist with drops of water or use of lip moisturizers.

While it is tempting to provide food and fluids by artificial means, most often ***the burdens of the procedures outweigh any possible benefit****. Fluids given intravenously do not diminish thirst. Patients may become bloated and experience swelling and even difficulty breathing due to inability of the body to use the artificial nutrients being provided.*

Concerns about food and fluids need to be discussed with the members of the hospice team who can provide additional information or a listening ear.

At this time, the family can show their love for the patient by sitting quietly at the bedside, reading to the patient, applying lotion to the hands, arms, and feet, or by holding their hand.

Medication Management

Medication Safety

- Do not take medications that are prescribed for someone else.
- Write down all of your medications (including prescription, over-the-counter, vitamins, herbals) and show the list to your doctor or pharmacist to keep from combining drugs inappropriately. Add any changes to the list immediately.
- Know the name of each of your medicines; why you take it, how to take it; potential side effects; and what foods or other things to avoid while taking it.
- Report medication allergies or side effects to your healthcare provider.
- Take medications exactly as instructed. If the medication looks different than you expected, ask your health care provider or pharmacist about it.
- Drug names can look alike or sound alike. To avoid errors, check with your health care provider if you have questions.
- Do NOT use alcohol when you are taking medicine.

- Do not stop or change medicines without your doctor's approval, even if you are feeling better. If you miss a dose, do not double the next dose later.
- Use a chart or container system (washed egg carton or med-planner) to help you remember what kind, how much, and when to take medicine.
- Take your medicine with a light on so you can read the label.
- Read medicine labels (including warnings) carefully and keep medicines in their original containers.
- Store medications safely in a cool/dry place according to instructions on the label of the medication.
- Keep medicines away from children and confused adults.

FEDERAL DISPOSAL GUIDELINES FOR MEDICATIONS

- Remove drugs from their original containers.
- Mix drugs with an undesirable substance like coffee grounds or kitty litter.
- Put the mixture in a container such as a sealed plastic bag, and throw the container in your household trash.
- Before throwing out your empty pill bottle or other empty medicine packaging, remember to scratch out all information on the prescription label to make it unreadable.
- If your community has a pharmaceutical take-back program, take your unused drugs to them for proper disposal.
- There is a small number of medicines that may be especially harmful and, in some cases, fatal with just one dose if they are used by someone other than the person for whom the medicine was prescribed. To prevent accidental ingestion by children, pets, or anyone else, a few medicines have specific disposal instructions indicating they should be flushed down the sink or toilet as soon as they are no longer needed, and when they cannot be disposed of through a medicine take-back program. Because of these security concerns, the U.S. Food and Drug Administration lists a small number of drugs that it recommends flushing including Oxycodone, Duragesic (Fentanyl) patch, Demerol, Methadone, Morphine, and Percocet.

Preparing for Approaching Death

When a person enters the final stage of the dying process, two different dynamics are at work, which are closely inter-related and interdependent. On the physical plane, the body begins the final process of shutting down, which will end when all the physical systems cease to function.

Usually this is an orderly and non-dramatic progressive series of physical changes which are not medical emergencies requiring invasive interventions. These physical changes are a normal, natural way in which the body prepares itself to stop and the most appropriate kinds of responses are comfort-enhancing measures.

The other dynamic of the dying process is at work within the emotional-spiritual-mental plane and is a different kind of process.

The "spirit" of the dying person begins the final process of release from the body, its immediate environment and all attachments. This release also tends to follow its own priorities, which may include the resolution of whatever is unfinished of a practical nature and reception of permission to "let go" from family members. These "events" are the normal, natural way in which the spirit prepares to move from this existence into the next dimension of life.

The most appropriate kinds of responses to the emotional-spiritual-mental changes are those that support and encourage this release and transition.

When a person's body is ready to cease functioning but the person is still unresolved or un-reconciled regarding some important issue or with some significant relationship, he/she may tend to linger even though uncomfortable or debilitated in order to finish whatever needs finishing. On the other hand, when a person is emotionally-spiritually-mentally resolved and ready for this release, but their body has not completed its final physical process, the person will continue to live until the physical "shut down" is completed.

The following signs and symptoms of impending death are to help you understand and know what to expect. Keep in mind that not all of these will occur with every person or in this particular sequence.

Physical changes with suggested responses

Coolness

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

Sleeping

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

Disorientation

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

Incontinence

The person may lose control of urine and/or bowel matter as the muscles in those areas begin to relax.

Discuss with the hospice nurse what can be done to keep your loved one clean and comfortable as well as how to protect the bed.

Congestion

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

Intake Decrease

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

Urine Decrease

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

Breathing Pattern Change

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

Emotional/spiritual/mental changes with suggested response

Decreased Socialization

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

Withdrawal

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

Sensory Experiences

The person may speak or claim to have spoken to persons, who have already died, or to see or have seen places not presently accessible or visible to you. This does not indicate a hallucination or drug reaction.

The person is beginning to detach from this life and is being prepared for the transition so it will not be frightening. Do not contradict, explain away, belittle or argue about what the person claims to have seen or heard. Just because you cannot see or hear it does not mean it's not real to your loved one. Affirm the experiences. They are normal and common. If they frighten your loved one, explain to him or her that they are normal.

Restlessness

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

Unusual Communication

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

Giving Permission

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

Saying Good-Bye

When the person is ready to die and you are able to let go, then is the time to say "Good-bye." Saying "Good-bye" is your final gift of love to the loved one, for it achieves closure and makes the final release possible. It may be helpful to lie in bed with the person and hold him or her, or to take the hand and then say everything that you need to say so that afterward you never say to yourself, "Why didn't I say this or that to him or her?" It may be as simple as saying, "I love you." It may include recounting favorite memories, places and activities you shared. It may include saying, "I'm sorry for whatever I contributed to add tensions or difficulties in our relationship." It may also include saying, "Thank you for..."

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

Rights and Responsibilities

Patient Rights

As a hospice provider, we have an obligation to protect your rights and explain these rights to you in a way you can understand before treatment begins and on an ongoing basis, as needed. Your family or your guardian may exercise these rights for you in the event that you are not competent or able to exercise them for yourself. You have the right to:

- Have a relationship with our staff that is based on honest and ethical standards of conduct. To have ethical issues addressed, and inform you of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship.
- Be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
- Mutual respect and personal dignity and to have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex or handicap. Our staff is prohibited from accepting gifts or borrowing from you.
- Have your communication needs met and to receive information in a manner that you can understand.
- Have you, your family or guardian's complaints heard, reviewed and if possible resolved regarding treatment or care that is (or fails to be) furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the organization. You also have the right to know about the results of such complaints. Our complaint resolution process is explained in our Complaint/Grievance Process.
- Voice grievance without fear of coercion, discrimination or reprisal for doing so. To expect no unreasonable interruption of care, treatment or services for voicing grievances.
- Be advised when you are accepted for treatment or care, of the availability of the State's toll-free Home Care "Hotline" number, its purpose and hours of operation. The hotline receives complaints or questions about local home care agencies and is also used to lodge complaints concerning the implementation of the advance directives requirements (See hotline information on previous page).
- Choose your health care providers and communicate with those providers.
- Be informed about the care that is to be furnished, name(s) and responsibilities of staff members who are providing and responsible for your care, treatment or services, planned frequency or services, expected and unexpected outcomes, potential risks or problems and barriers to treatment.
- Be advised of any change in your plan of care before the change is made.
- Actively participate in the planning of your care treatment and services. To participate in changing the plan whenever possible and to the extent that you are competent to do so.

- Have family involved in decision making as appropriate, concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law.
- Formulate advance directives and receive written information about the Agency's policies and procedures on advance directives, including a description of applicable state law. You will be informed if we cannot implement an advance directive on the basis of conscience.
- Have health care providers comply with your advance directives in accordance with state laws and to receive care without condition or discrimination based on the execution of advance directives.
- Refuse or discontinue care, treatment and services without fear of reprisal or discrimination. You may refuse part or all of care/services to the extent permitted by law. However, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care.
- Personal privacy and security during home care visits and to have your property treated with respect. You have a right to unlimited contact with visitors and others and to communicate privately with these persons.
- Confidentiality of written, verbal and electronic information including your medical records, information about your health, social, and financial circumstances or about what takes place in your home.
- Access, request changes to, and receive an accounting of disclosures regarding your own health information as permitted by law.
- 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.

Patient Responsibilities

You have the responsibility to:

- Remain under a doctor's care while receiving hospice services.
- Inform the hospice of advance directives or any changes in advance directives, and provide the hospice with a copy.
- Inform BEAR VALLEY HOSPICE LLC of any changes of condition, i.e., physical, mental, spiritual needs.
- Cooperate with your primary doctor, hospice staff and caregivers by providing information, following instructions and asking questions.
- Advise the hospice of any problems or dissatisfaction you have with the care provided.
- Notify the hospice of address or telephone number changes or when you are unable to keep appointments.
- Provide a safe home environment in which care can be given. Conduct that threatens the patient's or staff's welfare may result in termination of services.

- Obtain medications, supplies and equipment ordered by your physician if they cannot be obtained or supplied by the hospice.
- Treat hospice personnel and equipment with respect and consideration.
- Sign the required consents and releases for insurance billing, and provide insurance and financial records, as requested.
- Accept the consequences for any refusal of treatment or choice of non-compliance.
- Advise the agency of any problem or dissatisfaction with our care, without being subject to discrimination or reprisal. The hospice shall investigate all grievances; document the existence of the complaint and findings. Findings will be communicated to the patient/family.

Patient and or responsible party will be responsible for all room and board charges if the patient is in a skilled nursing facility, residential care facility or assisted living.

Should the patient have Medi-Cal and is in a skilled nursing facility (SNF), Medi-Cal will pay the room and board up to 390 days.

Should the patient be on respite care, BEAR VALLEY HOSPICE LLC will only pay room and board for up to five (5) days each benefit period.

NOTICE OF PRIVACY PRACTICES

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.

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.

Effective Date of Notice: December 1, 2013

Contact Information

Should you have any questions, concerns or issues relating to the topics covered in this Notice, we have established a specific contact person for you to contact. In addition, we have also designated a person to receive and properly handle any privacy complaints you have, including where you have in good faith believe that we have violated your privacy rights under the HIPAA Privacy Rules.

We have designated the following person for you to contact in the event you may have any questions, concerns or issues relating to the matters addressed in this Notice. The person we have designated to assist you is as follows:

Name/Title: Cary Stewart, Administrator Tel.: (909) 281-2550

In addition, we have designated the following person for you to contact to file complaints you may have on how we handle your Protected Health Information, including if you believe in good faith that we might have violated your privacy rights under the HIPAA Privacy Rules:

Name/Title: Cary Stewart, Administrator Tel.: (909) 281-2550

The person we have designated to receive, process and properly follow-up on you complaints is:

Name/Title: Cary Stewart, Administrator Tel.: (909) 281-2550