

Front Cover

Office Hours & On-Call Guidelines

Our office hours are open **9 AM to 6 PM, Monday through Friday**, except holidays. You may reach us by calling your respective office during normal business hours.

Issues that are handled during regular business hours include:

- Medication refills
- Re-ordering supplies
- Messages to your primary nurse
- Calls for social worker
- Calls for a Chaplain
- Hospice staff
- Transportation for doctor's visits
- Questions about home health aide
- Confirming schedule of routine visits

A nurse is available 24 hours a day, 7 days a week to assist you after regular office hours. Your Case Manager can be reached during regular office hours and on-call staff are available when the office is closed. We will talk with you by phone to determine your needs. When appropriate, a nurse will come to your place of residence.

Do not call 911 before calling the on-call nurse.

Should you call 911, this may not be a covered hospice expense. The following is a list of reasons for which you may need to contact us after regular hours. We do not carry medications with us and cannot give anything unless ordered by the physician.

Examples of after hours situations include:

- Patient not responding to pain medication on hand.
- Difficulty breathing
- New onset of agitation or restlessness
- Falls where possible injury has occurred.
- No urine in 8 hours associated with discomfort.
- Uncontrolled nausea, vomiting, or diarrhea.
- Uncontrolled bleeding
- Temperature above 101 that does not respond to Tylenol.
- Unable to awaken patient (new problem)
- Catheter leaking
- Chest pain
- Patient taken to the hospital
- Patient death



**STOP
CALL US**

We are available after hours for urgent conditions.

Call Us - We're Here for You

Las Vegas

725-218-1929

San Diego

858-944-0858

Elk Grove

916-978-1811



Lorian Health
hospice

Hospice Staff Assigned to Your Care

Registered Nurse (RN) Case Manager:

Certified Home Health Aide (CHHA):

Chaplain / Counselor:

Social Worker:

Medical Director / Physician:



Our Philosophy

At Lorian Health, we understand that the end of life can be difficult and an emotional time for both you and your loved ones. Our mission is to provide comfort, support, and compassionate care to those facing life-limiting illnesses.

Benefits of Hospice Care:

- Receiving care in the comfort of your own home or in an inpatient facility of your choice
- Improving quality of life
- Expertise in symptom management
- Reducing stress and burden on family caregivers
- Providing a holistic approach to care, addressing physical, emotional, and spiritual needs
- Access to bereavement support for the entire family, even after a loved one has passed



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Hospice Overview

Purpose

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

Criteria for Admission

Anyone can refer a patient to hospice. Admission into Hospice will include communication with the physician to determine medical eligibility. Qualifying patients are those:

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

During admission, our nurse will visit you and or your family to discuss hospice services, assess your immediate needs and collaborate to formulate a plan of care. Patients shall be accepted for treatment based on a reasonable expectation that the patient's needs can be met by the program. If we can't meet your needs, either directly by our hospice or indirectly through service agreements with other providers, we will not admit you into Hospice.

What is Hospice?

- Hospice provides holistic care, treating the mind, body and spirit of those nearing the end of life's journey.
- Hospice team members will provide support and assist you in making decisions about how and where you want to spend the rest of your life.
- Hospice care is focused on improving your quality of life and comfort.
- Hospice provides bereavement support to your family and loved ones for up to thirteen months.



Plan of Care And Services

Hospice services include intermittent visits by Nursing, Physician Services, Medical Social Services, Hospice Aide Services, Physical, Occupational, and Speech Therapy, Volunteer Services, and Spiritual, dietary, and Bereavement Counseling as outlined in my plan of care. All services are provided under the direction of a physician and or the Hospice Medical Director.

Our interdisciplinary team develops your individual plan of care based on identified needs, goals, physician orders for medication, medical supplies, and medical equipment. Effective pain management is an important part of your care plan.

The plan includes five basic areas:

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

The plan is reviewed and updated as conditions change. You have the right to refuse any medication or intervention. However, such refusal may require us to obtain a written statement releasing the agency from all responsibility resulting from this action. Should this happen, we would encourage you to discuss the matter with your physician for advice and guidance.

With your help, on admission, we will create an updated list of your medications. We will compare this list with the medications ordered by the physician. Our staff will review your medications for any discrepancies to avoid omissions, duplications, and potential interactions.

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

We do not participate in any experimental research connected with patient care except under the direction of your physician, approval from our Executive Director, and your written consent. There must be a willing, able, and available caregiver to be responsible for your care between hospice visits. This person can be you, a family member, a friend, or a paid caregiver.

Arrangements will be made for hospice-approved medications, medical supplies, and equipment, as appropriate. We will work with you to ensure that our services are provided at your convenience to the extent possible.



Levels of Hospice Care

Routine Home Care

Intermittent care provided at the patient's residence by the hospice team according to the plan of care. This is the most common level of care.

General Inpatient Care (GIP)

GIP is a short-term, higher level of care that is provided in an inpatient facility for patients with uncontrolled symptoms that can't be managed at the patient's residence. Paid length of stay for inpatient care and the necessity of inpatient care will be determined by the hospice care team. If a hospice patient needs hospitalization for any reason unrelated to the diagnosis, Medicare Part A may be utilized.

Respite Care

Respite care is offered for caregiver relief. This level of care is designed to help with caregiver burnout. The patient may be moved to a contracted facility for up to five consecutive days with the hospice care team still directing care.

Continuous Home Care (CC)

Continuous Care is a higher level of care that is provided in the home only during periods of crisis. Criteria for continuous home care and general inpatient care are similar, as both require there to be uncontrolled symptoms that require management. This is done by providing a minimum of eight hours of care per day. The goal is to manage symptoms and resolve the crisis while keeping the patient in their home setting.



Medicare / Medicaid Hospice Benefit

Under the Medicare/Medicaid Hospice Benefit, a face-to-face visit is required with a hospice physician or nurse practitioner no more than 30 days before the beginning of the third benefit period (180 days) and before each additional benefit period (60 days). This visit is to determine continued eligibility for hospice care. If you refuse this visit, you will no longer be eligible for hospice services under the Medicare/Medicaid benefit. Additionally, Nevada Medicaid requires an independent provider not associated with the hospice to perform a face-to-face evaluation prior to the start of the sixth benefit period (12 months), and every subsequent year after that.

If you have Medicare Part D coverage, we will work with your doctor and pharmacy to determine which medications hospice will cover, which medications will be covered by part D and which medications are no longer medically necessary and if continued, would become your financial responsibility. If you disagree with any drug coverage determination, you may appeal the decision through the Medicare fee-for-service appeals process, Part D appeals process or submit a complaint with a Medicare-contracted Quality Improvement Organization (QIO). Please ask your hospice representative if you need any help with this process.

Medicare will reimburse the cost of hospice under your Medicare Hospital Insurance (Part A). Hospice is reimbursed by Medicare and Medicaid at a per diem rate. Due to this, Hospice must be financially responsible for the needs of the Hospice patient. Medicare guidelines instruct Hospices to be professional managers of the patient's care. To do this, Hospice must be aware of the situations as they arise and be allowed to manage the care of the patient. If the patient/family desires any of the above non-covered items, the patient/family will be given a choice of either reinstating the patient's traditional Medicare services and discontinuing Hospice services or allowing the patient/family to pay for the non-covered services.

Services Covered Under the Medicare Hospice Benefit (if included in the plan of care)

- Physician Services including telehealth services as ordered in the plan of care
- Nursing care
- Hospice aide
- Spiritual Counseling
- Social work services
- Physical Therapy, Occupational Therapy / Speech Therapy
- Dietary counseling
- Volunteer services
- Bereavement counseling
- Medical equipment and supplies
- Medications for symptom management and pain relief of the terminal illness and related conditions (must be pre-approved by hospice)
- Any other items or services that are reasonable and necessary for the palliation and management of your terminal illness or related conditions
- Ambulance transportation as authorized and arranged by Lorian Health
- Outpatient medical services at facilities authorized and arranged by Lorian Health
- Short-term inpatient stay for uncontrolled symptoms
- Short-term respite stay

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Services NOT Covered Under the Medicare Hospice Benefit

- Treatment for the terminal illness which is not for palliative symptom management and is not within the hospice plan of care
- Any care provided by a different hospice that is not arranged for by the patient's hospice
- Ambulance transportation not included in the plan of care
- Medications that are unrelated to terminal diagnosis
- Visits to the ER without prior arrangements by hospice
- Inpatient care at non-contracted facilities
- Sitter services/private caregivers
- Admission to hospital without prior approval by hospice
- Any medical testing or treatment not indicated or facilitated by hospice
- Facility Room and Board

Notice of non-covered items, services and drugs items and services unrelated to my terminal illness or related conditions.

The Medicare/Medicaid hospice benefit does not cover services that are unrelated to your terminal illness or related conditions. Services that are unrelated to your terminal illness and related conditions are exceptional and unusual, and hospice should be providing virtually all care you need. You or your legal representative have the right to receive an election statement addendum from my hospice listing any conditions, items, services, and drugs the hospice determined to be unrelated to your terminal illness and related conditions that would not be covered by hospice, if any. You have the right to an immediate advocacy process through a Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). The contact information for the BFCC-QIO that serves this area is : Livanta, LLC (1-877-588-1123; TTY 1-855-887-6668).

Items and services not reasonable and necessary.

The Medicare/Medicaid hospice benefit does not cover services that are not reasonable and necessary for the palliation and management of your terminal illness and related conditions. You may be financially responsible for any charges if you choose to receive these services without the prior authorization of Lorian Health. The following services are not routinely covered by Lorian, this list is not exhaustive, and you agree to contact Lorian Health before obtaining any items or services from any other provider.

- Medications
- Medical equipment
- Medical supplies
- Ambulances
- Other specialized transportation that are unrelated to or are unreasonable and necessary for the palliation and management of your terminal illness and related conditions
- Inpatient care
- Emergency care
- Outpatient medical services that are not authorized or arranged by Lorian Health or are unrelated to or not reasonable and necessary for the palliation and management of your terminal illness and related conditions.
- Custodial care
- 24-hour caregivers, except that Lorian Health may provide extended hours of care if they determine the patient is experiencing a period of crisis requiring mostly nursing care.



Medical Insurance

In most cases your insurance provider will pay for the hospice directly; however, not all insurance plans provide full coverage for hospice care and some hospice services may not be covered under your plan. Hospice is reimbursed through Medicare, Medicaid, private insurance, or private pay. All third-party payers are billed for hospice services as appropriate, you may be responsible for any copays, deductibles and co-insurance as per your insurance policy.

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

Medical Records

Your medical record is maintained by our staff to document physician orders, assessments, progress notes and treatments. Your records are kept 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.

Patient & Family Satisfaction

Our patients and families are very important to us. Please ask questions if something is unclear regarding our services or the care you receive. Our goal is to ensure that you get the best care possible and that not only the needs of the patient are met but also the family member. Periodically, our agency calls or sends out satisfaction surveys. Your answers help us to improve our services and ensure that we meet your needs and expectations. We appreciate your input, as it allows us to measure our success and recognize associates for their exceptional care, as well as help us recognize potential areas for improvement.



Discharge, Transfer, and Revocation Process

Discharge, transfer or referral from hospice can happen for a few different reasons including:

- The hospice determines that you are no longer terminally ill
- Patient moves out of the service area
- Admission to a non-contracted facility
- Transfers to another hospice
- Patient/family revoke services
- Patient or staff safety issues that cannot be resolved
- Patient's behavior or situation is disruptive, abusive or uncooperative to the level that delivery of care or the hospice's ability to operate effectively is seriously impaired.

If you are discharged because you are no longer terminally ill or for cause, you will be given timely advance notice. If you are a Medicare beneficiary, you or your authorized representative will receive and be asked to sign and date a Notice of Medicare Non-Coverage (NOMNC) at least two days prior to services ending. If you or your representative are not available, we will make contact by phone, and then mail the notice. If you do not agree that your coverage should end, you must contact the Quality Improvement Organization (QIO) at the phone number listed on the form no later than noon the day before your services are scheduled to end and ask for an immediate appeal. The QIO that services your area is:

Livanta, LLC (1-877-588-1123 or TTY: 1-855-887-6668).

You can request to transfer to a different hospice provider once per benefit period. 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 provide you with a list of your medications and information necessary for your continued care. We will coordinate your referral to available community resources as needed.



Patient Bill of Rights

Each patient will be an active, informed participant in his/her plan of care. To ensure this process, the patient will be empowered with certain rights and responsibilities as described.

A patient, who has not been judged to lack legal capacity, may designate someone (surrogate decision maker), to act as his/her representative. This representative, on behalf of the patient, may exercise any of the rights provided by the policies and procedures established by the organization.

If the patient has been judged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction:

- The rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf, OR
- The patient may exercise his or her rights, or designate a legal representative to exercise his or her rights to the extent allowed by court order.

To assist with fully understanding patient rights, all policies will be available to the organization personnel, patients, and his/her representatives as well as other organizations and the interested public.

Purpose

1. The Bill of Rights statement defines the right of the patient to:
 - A. Have his or her property and person treated with consideration, respect, dignity and individuality, including privacy for treatment and personal care needs.
 - B. Voice grievances 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 and must not be subjected to discrimination or reprisal for doing so
 - C. Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.
 - D. Be advised in advance of the right to participate in planning the care or service and in planning changes in the care and service; hospice patients have the right to refuse care or treatment.
 - E. Be involved in developing his or her hospice plan of care.
 - F. Refuse care or treatment.
 - G. Choose his or her attending physician.
 - H. Have a confidential personal and clinical record maintained by the organization. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.
 - I. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries from unknown source, misappropriation of patient property and corporal punishment.
 - J. Access to care/service is based upon nondiscrimination.
 - K. Have communication needs met.
 - L. Receive information about the services covered under the hospice benefit.
 - M. Receive information about the scope of services that the hospice will provide and by what

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discipline and specific limitations on those services.

- N. Be advised that the Hospice Organization complies with Subpart 1 of 42 CFR 489 and receive a copy of the organization's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law and how such rights are implemented by the organization.
 - O. Use the hotlines to lodge complaints concerning the implementation of Advance Directive requirements.
 - P. Receive written information describing the organization's grievance procedure which includes the contact information, contact phone number, hours of operation, and mechanism(s) for communication problems. The program shall describe in writing patient and family responsibilities and the mechanism to file a grievance and obtain a receipt that the information has been received by the patient or family.
 - Q. Receive an investigation by the organization of complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the organization; and that the organization will document the existence of the complaint and the resolution of the complaint.
 - R. Receive information addressing any beneficial relationship between the organization and referring entities.
 - S. Be informed verbally and in writing of any changes in payment information, including charges for services not covered under Titles XVIII or XIX of the Social Security Act, as soon as possible, but no later than 30 days from the date that the organization becomes aware of the change.
 - T. Be informed, verbally and in writing, of billing and reimbursement methodologies prior to the start of care/service and as changes occur, including fees for services/products provided, direct pay responsibilities, and notification of insurance coverage.
 - U. Receive in writing, prior to the start of care, the telephone numbers for the State Hotline and the CHAP Hotline, including hours of operation, and the purpose of the hotlines to receive complaints or questions about the organization.
 - V. Be assured that the personnel who provide care are qualified through education and experience to carry out the services for which they are responsible.
2. The patient and family/caregiver responsibilities will be explained upon admission and as needed. The patient and family/caregiver are responsible for:
- A. Being fully informed by a physician of his or her medical condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of his or her medical treatment, including pain and symptom management and to refuse to participate in experimental research.
 - B. Cooperating with the primary doctor, program staff, and other caregivers.
 - C. Advising the program of any problems or dissatisfaction with patient care.
 - D. Inform the organization of any advance directives or any changes to advance directives and

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- provide the organization with a copy.
- E. Notifying the program of address or telephone changes or when unable to keep appointments.
 - F. Providing a safe environment in which care can be given. In the event that conduct occurs such that the patient's or staff's welfare or safety is threatened, service may be terminated.
 - G. Obtaining medications, supplies and equipment ordered by the patient's physician if they cannot be obtained or supplied by the program.
 - H. Reporting unexpected changes in the patient's condition.
 - I. Understanding and accepting the consequences for outcomes if the care, services and/or treatment plan are not followed.
 - J. Treat hospice personnel with respect and consideration
 - K. Sign required consent and release forms for insurance billing and provide insurance and financial records as requested.
- 3. Upon admission, the admitting clinician will provide each patient or his/her representative with a written copy, and verbally inform the patient of the Bill of Rights.
 - 4. The Bill of Rights statement will be explained and distributed to the patient prior to the initiation of organization services. This explanation will be in a language or communication method he/she can reasonably be expected to understand.
 - 5. The patient will be requested to sign the Bill of Rights form. The original form will be kept in the patient's clinical record. A copy will be maintained by the patient. The patient's refusal to sign will be documented in the clinical record, including the reason for refusal.
 - 6. The admitting clinician will document that the patient has received a copy of the Bill of Rights.
 - A. If the patient is unable to understand his/her rights and responsibilities, documentation in the clinical note will be made.
 - B. In the event a communication barrier exists, if possible, special devices or interpreters will be made available.
 - C. Written information will be provided to patients in English and predominant non-English languages of the population served.
 - 7. When the patient's representative signs the Bill of Rights form, an explanation of that relationship must be documented and kept on file in the clinical record.
 - 8. The family or guardian may exercise the patient's rights when a patient is incompetent or a minor.
 - 9. All organization personnel, both clinical and non-clinical, will be oriented to the patient's rights and responsibilities prior to the end of their orientation program, as well as annually.



Non-Discrimination Policy

Lorian Health Hospice complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. Lorian Health Hospice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Lorian Health Hospice provides free aides and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written materials in other formats (e.g., large print, audio, accessible electronic formats). Lorian Health Hospice provides free language services to people whose primary language is not English such as qualified interpreters and information written in other languages. If you need these services, contact the Section 504/ADA Coordinator/Section 1557 Civil Rights Coordinator at 858-944-0858.

If you believe that Lorian Health Hospice has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex you can file a grievance with your Hospice Administrator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, your Hospice Director of Patient Care Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Any person who believes she or he has been subjected to discrimination or who believes he or she has witnessed discrimination, in contradiction of the policy stated above, may file a grievance under this procedure. It is against the law for Lorian Health Hospice to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Grievance must be submitted to the Section 504/ADA Compliance Coordinator/Section 1557 Civil Rights Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

Abuse & Neglect

The organization will report all suspected cases of abuse, neglect, or exploitation in compliance with appropriate state statutes to appropriate protection organizations.

Definitions

1. **Abuse/Domestic Violence:** Any act that constitutes a violation of the prostitution, criminal, or sexual conduct statutes; the intentional and nontherapeutic infliction of pain, injury, or any persistent course of conduct intended to produce mental or emotional distress.
2. **Abandonment:** Evidence that the patient has been “dropped off” by someone, or the family unit has no intention of coming back for the patient. Other high-risk situations: drug or alcohol addiction in the family, isolation of the patient, history of untreated psychiatric problems, evidence of unusual family stress, excessive dependence of the patient on the caretaker.
3. **Neglect:** Failure of a caretaker to supply the patient with the necessary food, clothing, shelter,

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health care, or supervision; or the absence or likelihood of an absence of the necessary food, clothing, shelter, health care, or supervision for a patient.

4. **Exploitation:** Unexplained loss of social security or pension checks, any evidence that material goods are being taken in exchange for care, any evidence that personal belongings of patient (house, jewelry, car) are being taken without consent or approval of patient.
5. **Caregiver:** An individual or facility responsible for all or some of the care voluntarily or by agreement, such as a relative, friend, or organization personnel.
6. **Report:** Any report received by the local welfare organization, police department, county sheriff, or licensing organization; a verbal and/or written statement of abuse and/or neglect that states the following:
 - A. What has happened
 - B. To whom it happened
 - C. When it happened
 - D. Where it happened
 - E. Who was responsible for the abuse or neglect
7. **Individual Mandated to Report:** A professional or the professional's delegate who is engaged in the care of patients, or in education, social services, law enforcement, or in any of the related occupations, who had knowledge of the abuse or neglect of a patient, or who has reasonable cause to believe that a patient is being or has been abused or neglected, or who has knowledge that a patient has sustained a physical injury that is not reasonably explained by the history of injuries provided by the caretaker or caregiver(s) of the patient. (Note that specific reporting requirements vary from state to state.)

Note: Any individual who is legally mandated to report suspected abuse and/or neglect and who intentionally fails to report such suspected abuse/neglect is guilty of a misdemeanor and liable for damages caused by failure.



Complaint & Grievance Process

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

The 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. This grievance procedure will be included in the Bill of Rights document given to each patient upon admission.

The organization will investigate complaints regarding treatment or care, mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the organization. The organization shall be responsible for asking the necessary questions to determine the cause of injuries.

Procedure

1. Hospice patients/caregivers are informed of their right to lodge complaints without fear of discrimination, reprisal or interruption of care, treatment, and services.
2. The hospice's admission materials include a description of the complaint resolution process and the contact information for the hospice, the State hotline (including hours of operation), and accrediting agency that may be used to lodge a complaint.
3. Complaints/concerns brought to the direct attention of any hospice employee or volunteer are addressed immediately whenever possible and brought to the attention of the Director of Hospice Services.
4. All complaints are documented in a complaint log by the Director of Hospice Services no more than 5 (five) business days from the date the complaint was first received.
5. Appropriate personnel conduct a documented investigation of all written or verbal complaints received by the hospice.
6. To resolve complaints, three attempts are made to contact the person filing the complaint by telephone. If telephone contact is unsuccessful, a letter is sent. Each contact, attempted contact, or action taken to resolve the issue is documented with the original complaint.
7. Complaints or concerns expressed on a written survey are reviewed initially by the Director of Hospice Services and then forwarded to the hospice Administrator if appropriate. Follow-up is initiated whenever possible to resolve complaints or concerns.
8. Corrective action is implemented, as appropriate, in response to substantiated complaints.
9. Complaints are tracked and regularly reviewed to identify patterns or trends and performance improvement opportunities.
10. Hospice employees and volunteers receive training regarding the hospice's complaint resolution process and the right of patients to lodge complaints.

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Please feel free to contact your agency for any concerns or complaints:

Call and ask to speak with your Hospice Director of Patient Care Services at

San Diego Office

Address: 9325 Sky Park Court Ste 350, San Diego, CA 92123

Phone: 858-944-0858

Director of Patient Care Services - Lacey Diaz Ext 4023

Administrator - Agustin Ahumada Ext 4008

Las Vegas Office

Address: 6325 S. Rainbow Blvd Ste 100, Las Vegas, NV 89118

Phone: 725-218-1929

Director of Patient Care Services – Paloma Romero Ext 7001

Administrator - Agustin Ahumada Ext 4008

Elk Grove Office

Address: 2236 Longport Court, Suite 130, Elk Grove, CA 95758

Phone: 916-978-1811

Director of Patient Care Services

Administrator - Agustin Ahumada Ext 4008

For Complaints or Grievances, you may also contact (available 24 hours/7 days a week):

CHAP Complaint Hotline

Phone: 1-800-656-9656

Email: complaints@chapinc.org

Accreditation Commission for Health Care

Phone: 1-855-937-2242

California Local Compliant Hotlines

Sacramento County Department of Health: 1-916-875-5881

San Diego County Department of Health: 1-619-229-5400

San Joaquin County Department of Health: 1-209-468-3400

California Department of Health: 1-800-633-2322 or visit www.cdph.ca.gov

Nevada Local Complaint Hotlines

Clark County Department of Health: 1-702-759-1000

Nevada Department of Health: 1-775-684-4000 or visit www.dhhs.nv.gov



Privacy Practices

Notice of Privacy Practices for Protected Health Information

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

Protected Information

While receiving care from Lorian Health Hospice, information regarding your medical history, treatment and payment for your health care may be originated and/or received by us. Information which can be used to identify you, and is related to your past, present or future medical condition (“Protected Health Information”).

Our Responsibilities

Federal law (**Health Insurance Portability and Accountability Act of 1996 (HIPAA)**) imposes certain obligations and duties upon us as a covered health care provider with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our policies regarding the use and disclosure of your Protected Information.
- Maintain the confidentiality of your Protected Information in accordance with state and federal law.
- Honor your requested restrictions regarding the use and disclose of your Protected Information unless under the law we are authorized to release your Protected Information without your authorization, in which case you will be notified within a reasonable period.
- Allow you to inspect and copy your Protected Information during our regular business hours.
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension.
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by the terms of this notice.

How Your Protected Information May be Used and Disclosed

We will use your Protected Information in the provision of care within Lorian Hospice and will disclose information as described in this notice. Otherwise, your Protected Information may be used and disclosed by us only with your express written authorization.

Care Coordination and Treatment Purposes

We may use or disclose your Protected Information for treatment purposes. During your care with Lorian Health Hospice, it may be necessary for various personnel involved in your care to have access to your Protected Information to provide you with quality care. For example, pharmacists, suppliers for medical equipment or other health professionals that Lorian Health Hospice uses to coordinate your care.

Continued on next page



Payment Purposes

Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed for and collected from you, your insurance company or other third-party payer. It may also be necessary to release Protected Information to another health care provider or individual entity, covered by the HIPAA privacy regulations, which has a relationship with you for their payment activities.

Health Care Operations

Your Protected Information may also be used for health care operations, which are necessary to ensure the provider gives the highest quality of care. For example, your Protected Information may be used for quality assurance or risk management purposes. We may at any time remove information which could identify you from your record to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the HIPAA privacy regulations that has relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

Notification and Communications to Individuals Involved in Your Case

We may use and disclose health information to reach you about appointments and coordination of care. We may contact you by telephone, mail or email, and may leave voicemail messages at the telephone numbers you have provided us. We may update individuals you have identified as your primary caregiver or emergency contacts with protected information regarding your condition and status to the extent that is necessary to provide your care. In the event you wish any of these uses or disclosures to be limited, please contact your Lorian Hospice Office.

Research Purposes

In some instances, your Protected Information may be used or disclosed for research purposes. All research projects which use Protected Information are subject to a special approval process which will evaluate the precautions used to protect patient protected information. We will not use your protected information without either getting your express written approval or determining that your privacy is protected. At the present time, Lorian Health Hospice does not engage in any medical research.

Organ Donation

Your protected Information may be used or disclosed by us to entities engaged in the procurement, banking or transplantation of organs, eyes, or tissues for the purposes of facilitating such donation and transplantation.

Worker's Compensation

We are allowed to disclose your protected information as authorized and to the extent necessary to comply with laws relating to workers' compensation or other programs providing the benefits for work-related injuries.

Continued on next page



Public Health Activities

We are allowed to use or disclose your Protected Information for public health activities and purposes. Examples of public health activities which would warrant the use or disclosure of your Protected Information include:

- Preventing or controlling disease, injury, or disability.
- Reporting births or deaths.
- Reporting abuse, neglect or domestic violence as required by law.
- Reporting reactions to medications or problems with products.
- Notifying individuals exposed to a disease that may be at risk for contacting or spreading a disease/condition.
- Notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent required by law.

Judicial and Administrative Proceedings

We may release Protected Information as required by law or by court process. We may disclose protected information to oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensing.

Your Rights

Federal law (Health Insurance Portability and Accountability Act of 1996) grants you certain rights with respect to your Protected Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Information.
- Request that we restrict the use and disclosures of your Protected Information for treatment, payment or operations, however, we have the right to refuse your request.
- Request we restrict the information that we use or disclose about you to someone who is involved in your care such as a family member or friend. This request must be in writing and specifically state what information you want restricted and to whom and may be denied in certain limited circumstances.
- Request that your Protected Information be amended.
- Obtain an accounting of certain disclosures by us of your Protected Information for the past six years.
- Revoke any prior authorizations or consents for use or disclosures of Protected Information, except to the extent that action has already been taken; and
- Request communications of your Protected Information are done by alternative means or at alternative location.

Notification of Breach

We will notify you of any breach of your protected information.

More Stringent Laws

Some of your Protected Information may be subject to other laws and regulations afforded greater protection than what is outlined in this Notice: For instance, HIV / Aids, substance abuse, and mental health information are often given more protection. In the event your Protected Information is afforded greater protected under federal or State law, we will comply with the applicable law.

Continued on next page



Important Contact Information

This notice has been provided to you as a summary of how we will use your Protected Information and your rights with respect to your Protected Information. If you would like more information, or if you believe your privacy rights have been violated, you may file a complaint with our agency. The complaint should be filed in writing, addressed to the Privacy Officer, and should state the specific incident(s) in terms of subject, date, and other relevant matters. You may also file a complaint with the Secretary of Health and Human Services. The complaint to the Secretary of Health and Human Services must be filed in writing within 180 days of when the alleged violation occurred and must describe the violation. There will be no retaliation for the filing of a complaint.

* Please note: LORIAN HEALTH is required to abide by the notice currently in effect, but we reserve the right to revise our practices with respect to Protected Health Information and amend this notice. In addition, a current notice of our privacy practices may be obtained from our office.



Advanced Directives

What is the Difference between:

- **Physician Order for Life Sustaining Treatment (POLST)**
- **Advance Directive (AD)**
- **Do Not Resuscitate (DNR)**

The POLST form complements an Advance Directive (AD) and is not intended to replace any type of AD. A Do Not Resuscitate (DNR) order only governs the withholding of resuscitation (this is when your heart stops and vigorous compressions are attempted to re-start it). There are two types of DNRs, one is only for when a patient is in a healthcare facility and the other is if a patient is outside of a healthcare facility.

A POLST is both a legal document and a medical order intended for those near the end of a serious illness or with advanced frailty; it is not for everyone. The POLST order directs treatment regarding resuscitation (if the heart stops), artificial nutrition and hydration and three levels of treatment for those nearing the end of life. Because it is a medical order, it will be honored by all healthcare providers in all settings, both in and out of a health care facility or during transport. The POLST form also notes who is legally able to speak for you should you be unable to express your own wishes. If you complete a POLST, be sure this contact information is supplied on the POLST form.

The POLST should remain with you wherever you receive treatment. If you are at home, the POLST should be next to your bed or on your refrigerator, both are locations that emergency medical service personnel are trained to look for it. The POLST form should be bright pink. Although valid, if your form is white or another color, ask your healthcare provider if it is possible to have a pink one to assure ready recognition by other providers.

An Advance Directive is a legal document, but not a medical order. It has two parts: a Durable Power of Attorney for Health Care (DPOA-HC) and a Declaration. A DPOA-HC specifies who legally may speak for a patient who cannot express their wishes themselves. The Declaration provides limited instructions for future life-sustaining treatments. Unlike a POLST that is for those near the end of life, an AD is recommended for all adults, regardless of their health status. However, it is important to know that wishes expressed in an AD cannot be honored by emergency medical services (EMS/ambulance) personnel because an AD is not a medical order.

Once completed, your Advance Directive should be copied and given to your physician and DPOA-HC, or anyone else who may be contacted in an emergency. If you have not yet completed these important documents, you may do so online:

- Nevada: <https://livingwillforms.org/nv/>
- California: powerofattorneycalifornia.net/living-will-advance-directive/

A DNR (Do Not Resuscitate) order is only effective during a stay in a healthcare facility (hospital, nursing home, etc.). Outside of a hospital (at home, while traveling, etc.) a special DNR is required, an EMS-DNR, also known as an Out-of-hospital DNR (also known as a DNR Identification, Pre-hospital DNR or EMS-DNR). The DNR Identification may only be completed for those diagnosed with a terminal illness. It only governs the withholding of resuscitation, no other treatments. An application form signed by the patient and their physician is sent to the State. Upon approval, the State sends the individual an identification card to keep on their person, directing that NO resuscitation be administered.

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An Out-of-hospital DNR is only valid outside of a facility. It requires a terminal diagnosis and a fee, then submission to the State in order to receive the identification. If admitted to a facility, the order is no longer valid and must be re-evaluated by the admitting physician and re-ordered as a regular DNR. An Out-of-hospital DNR should be kept in the patient's wallet or, otherwise, near the patient at all times so in an emergency it will be available to Emergency Medical Service (ambulance) personnel.

For additional information on advanced care planning contact:

Planning for Important Health Care Decisions Caring Info

“Caring Info,” a program of the National Hospice and Palliative care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life.

Phone: 1-800-658-8898

Website: www.caringinfo.org



Home Use and Disposal of Controlled Substances

Lorian Health voluntarily adheres to a controlled drug reporting and disposal process.

Procedure:

1. Controlled substances will be distributed directly to the patient or his/her representative. The dispensing pharmacist will be responsible for monitoring the amount of drug issued and the length of time between renewals.
2. The Admitting Nurse/Case Manager will provide a copy of the written policies and procedures on the management and disposal of controlled drugs to the patient/representative and family. The Admitting Nurse/Case Manager will verbally discuss the policy in a language and manner that they understand to ensure the safe use and disposal of controlled drugs. The Admitting Nurse/Case Manager will document in the clinical record that the patient/representative and family have received a copy of the policies and procedures.
3. The Admitting Nurse/Case Manager will outline an informal disposal documentation procedure for the patient and family/caregiver when hospice personnel are not present in the home.
4. The Admitting Nurse/Case Manager will document in a clinical note who is responsible for the disposal of the drugs.
5. Organizations will monitor for suspected drug diversion, including opioids, depressants, hallucinogens, stimulants, and anabolic steroids.
6. Identified discrepancies in the hospice's acquisition, storage, dispensing, administration, disposal or return of controlled medications are investigated immediately by the pharmacist and hospice director of patient care services.
 - A. Discrepancies are reported to the proper state authority.
 - B. A written account of the investigation is made available to state and federal officials if required by law or regulation.

Disposal of Controlled Substances – Family

1. When a hospice patient no longer has a need for a controlled substance, such as in the death of a patient, the drug regimen has changed or the controlled substance has expired, the Case Manager will instruct the patient and family/caregiver regarding proper disposal of the drugs in accordance with federal, state and local law/regulation. The Case Manager will also provide information on take-back and mail-back programs.

Note: It is recommended to follow the United States Environmental Protection Agency (EPA) guidelines on the proper disposal of medication. (See Addendum “Drug Disposal Instructions”, Addendum 2-008.B)

2. The Admitting Nurse/Case Manager will document in the clinical record that the patient and family/caregiver were given the written policies and procedures for managing controlled drugs and discussed the disposal of medications and took responsibility to do so.

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3. The hospice nurse, social worker, or chaplain attending the death of a hospice patient will inform the family/caregiver of their responsibility to dispose of all the patient’s prescribed medications and will document this instruction in a clinical note. If the family/caregiver requests assistance with the disposal, the hospice employee will observe and provide verbal assistance as the family/caregiver properly dispose of the prescribed medications. The disposal will be documented in a clinical note.
4. The hospice clinical team will instruct family/caregiver on home disposal of medications by instructing them to: Remove prescriptions from their original containers. Mix the prescriptions with an undesirable substance, such as ground coffee, cat litter or grease. Put mixture into a disposable container, such as a plastic baggie or empty margarine tub. Conceal/remove any personal identifiable information on the medication label, either with permanent marker, duct tape or by scratching it off. This includes the Rx number. Place the sealed container with the mixture and empty drug containers in the trash.

California Medicine Disposal

- **How to Dispose of Unused Medicines**

Website: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

- **Find a Medicine Drop-off Location**

California pharmacies participating in drug take back programs or to find the nearest Don’t Rush to Flush medication drop off location search, visit: <https://www.dontrushtoflush.org/>.

- **For San Diego Locations**, see page 40

Nevada Medicine Disposal

Las Vegas

- **LVMPD Headquarters**
400 S. Martin Luther King, Bldg. C, Las Vegas, NV 89106
Hours: 8:00am-5:00pm (Mon-Fri)
- **LVMPD Bolden Area Command**
1851 Stella Lake St, Las Vegas, NV 89106
Hours: 9:00am-5:00pm (Mon-Fri)
- **LVMPD Convention Center Area Command**
750 Sierra Vista, Las Vegas, NV 89169
Hours: 9:00am-5:00pm (Mon-Fri)
- **LVMPD Downtown Area Command**
621 North 9th St, Las Vegas, NV 89101
Hours: 9:00am-5:00pm (Mon-Fri)
- **LVMPD Enterprise Area Command**
6975 West Windmill, Las Vegas, NV 89113
Hours: 9:00am-5:00pm (Mon-Fri)
- **LVMPD Northeast Area Command**
3750 Cecile, Las Vegas, NV 89115
Hours: 9:00-5:00pm (Mon-Fri)

- **LVMPD Northwest Area Command**
9850 W. Chyenne, Las Vegas, NV 89129
Hours: 9:00am-5:00pm (Mon-Fri)
- **LVMPD South Central Area Command**
4860 Las Vegas Blvd South, Las Vegas, NV 89119
Hours: 8:00am-5:00pm (Mon-Fri)
- **LVMPD Southeast Area Command**
3675 East Harmon Ave, Las Vegas, NV 89121
Hours: 8:00am-5:00pm (Mon-Fri)
- **LVMPD Spring Valley Area Command**
8445 Eldora Ave, Las Vegas, NV 89117
Hours: 8:00am-5:00pm (Mon-Fri)

North Las Vegas

- **North Las Vegas Police Headquarters**
1301 W. Lake Mead, North Las Vegas, NV 89030
Hours: 8:00am-5:45pm
- **North Las Vegas Police Northeast Area Command**
3755 W. Washburn, North Las Vegas, NV 89031
Hours: 8:00am-5:00pm (Mon-Thu)

Boulder City

- **Boulder City Police Department**
1005 Arizona St, Boulder City, NV 89005
Hours: 24/7



Emergency Preparedness

In the event of a state of emergency due to natural or man-made disaster, we have an emergency management plan to continue to provide necessary patient services. We will make every effort to continue home visits as scheduled, however staff safety must also be considered. When roads are too dangerous to travel, our staff will contact you by phone to let you know they will be unable to visit that day, if possible. Every effort will be made to make sure that all your medical needs are met. Every patient is assigned a triage code upon admission that is updated as things change. This code determines the priority for the agency response in the case of activation of the emergency response plan.

- **Category I – Priority Home Care – within 24 hours** (Patients whose lives would be endangered if services were interrupted during an emergency) Example: continuous O2 or bedbound.
- **Category II – Intermediate Home Care – within 48 hours** (Patients with limited ambulation or physical limitation) Example: recent exacerbation of disease.
- **Category III – Supportive Home Care – within 72 hours** (Patients whose symptoms are well managed on their current regimen, patient and caregiver could safely meet basic physiological and safety needs without agency intervention) Example: symptoms controlled with capable caregiver.

Power Outage

It is important to be prepared for a loss of electricity

- Check if your home phone will work in a power outage.
- Keep mobile phones charged or keep a portable charger.
- Have backup portable oxygen cylinder and know how to use it.
- Keep flashlights with extra batteries.
- Have a backup plan for refrigerated medications such as a cooler with ice packs.
- Check the refrigerator temperature when power is back. Throw out any food if the temperature is over 40 degrees F.
- Keep gas tanks and cans full.

Extreme Heat

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

- Stay inside and out of the sun. Stay on the lowest floor, pull shades down and use fans if you do not have air conditioning.
- Mist or use cool washcloths with cool water frequently.
- Move to a cool place at the first sign of heat related illness (Dizziness, nausea, headache, cramps). Rest and slowly drink a cool beverage. Seek medical attention immediately if you don't feel better.
- Don't leave anyone sitting in a closed, parked car.
- Drink lots of water even if you are not thirsty. Avoid alcohol and caffeine.
- Eat small frequent meals.
- Use sunscreen.
- Wear hats and clothes that are loose and lightweight. Clothes with light colors will deflect the sun's energy.
- Talk to your doctor about how sun and heat exposure will affect you if you take drugs such as diuretics or antihistamines.

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Earthquake

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

- **If you are inside**, stay there and get under a sturdy table and protect your head. If you are in a wheelchair, move to a doorway, lock the wheels, and cover your head with your arms. If you are in bed, stay there. Cover your head with a pillow to protect it from falling objects or debris.
- **If you are outside**, stay there. Stay away from the outside of buildings.
- **If you are in a car**, stop and park away from dangerous things and stay there until the quaking stops. After the earthquake is over, wait a few minutes before moving. Make noise if you are trapped or shine a light. Be prepared for aftershocks.

Lightning

- **If you are inside:**
 - Avoid tubs, faucets, and sinks because metal pipes can conduct electricity.
 - Stay away from windows.
 - Avoid using phones with cords except for emergencies.
- **If you are outside:**
 - Avoid natural lightning rods such as big trees in open areas.
 - Get away from anything metal.
 - Have backup portable oxygen cylinder and know how to use it.
 - Keep flashlights with extra batteries.

Wildfire

Many times, wildfires start unnoticed and spread fast. If a wildfire threatens your area, follow these simple steps to protect yourself. Evacuate as soon as you are asked by firefighters and law enforcement.

- Wear only cotton or wool clothing.
- Proper attire is long pants, long sleeved shirt or jacket and boots.
- Bring gloves, a handkerchief to cover your face, water to drink and goggles.
- Always keep a flashlight and cell phone with you.
- Take important documents with you if possible, such as birth certificates, and insurance policies.
- Close all the doors inside your home.
- Take off all combustible materials from your windows, like curtains.
- Turn off all pilot lights.
- Move overstuffed furniture like couches and recliners to the center of the room.
- Move cars into the garage, facing out with the keys inside.

Flood

Be aware of flood hazards, especially if you live in a low lying area. Flooding can take days to happen, but flash floods can cause raging waters in just a few 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 an evacuation alert is issued. Move important items upstairs. Fill a clean bathtub with water in case water becomes contaminated or is shut off. Turn off your utilities at the main valves if instructed to do so. Do not touch electrical equipment if you are wet or standing in water.

- **In case of flash flooding:**

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- Be aware of any signs of heavy rain.
- Move to higher ground if rapidly rising water is seen or heard.
- Do not attempt to cross any flowing water.

Landslide

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

Winter Storm

Heavy snowfall and extreme cold can close roads and cause isolation. Icy and/or blocked roads and downed power lines can happen when it is cold or snowy. Dress in layers of loose, lightweight, warm clothing, 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.

Civil Disturbance

Consider installing a security system. Unless instructed to evacuate, the safest place is your home. Do not go out to observe the disturbance or unrest. Lock all your doors/windows and close any curtains/blinds. Secure your valuables. If confronted, remain calm and try to leave peacefully. Call 911 if there is a threat to your safety or life.

Tornado

As soon as you see a tornado or hear a tornado warning, go to an interior room on the lowest floor. Basements and rooms without windows or outside walls, bathtubs and spaces under stairs make good shelters. Public buildings may have designated shelters. Get under a sturdy item such as a table to protect your head. Stay until the danger passes. **If the patient is bedbound**, move the bed as far from windows as you can. Use heavy blankets and pillows to protect the face and head. **If you are in a vehicle 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 very fast and erratic.

Biological Threat

The first evidence of an attack might be when symptoms of the disease are noticed after exposure. It may take some time for public health officials to determine exactly what the presenting illness is, how to treat it, and who is in danger.

- **In the event of a biological threat or attack, follow these guidelines:**
 - Check local news websites, TV, radio stations for official news and information about signs and symptoms of the disease, dangerous areas, if any medications or vaccines are being distributed and where you should seek medical attention if you become sick.
 - Get away from any suspicious substances quickly.
 - Cover your mouth and nose with a mask or layers of fabric to filter air but allow breathing.
 - If you have been exposed to a biological agent, remove all your clothing and personal items and bag them. Follow instructions on disposal of contaminated items.
 - Wash yourself with soap and water, put on clean clothing.
 - Do not assume you need to go to the ER but contact authorities if your symptoms match those described and you are in the group considered at risk.

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- You may be evaluated and quarantined, even if it is not considered contagious.
- Avoid crowds in the event of a biological threat or attack

Emerging Infectious Diseases

This is a contagious disease that is new or has an increased incidence in recent years that could continue to become more common. Examples are measles, Zika, Ebola, Covid-19, etc.

• Preventing emerging infectious disease:

- Have vaccinations up to date, discuss with your physician.
- Wear a face mask if you are sick and avoid coming into contact with those who are sick.
- Follow infection control practices in this booklet.

• Preparing for emerging infectious diseases:

- Check local news, TV, radio stations for information on symptoms, dangerous areas, and if any medications or vaccines are being distributed, where to seek medical assistance. The occurrence of an illness does not necessarily mean there is an epidemic or outbreak.
- Do not assume that any illness is because of an emerging infectious disease. Many illnesses have symptoms that overlap. If you or a family member are in a high-risk group and the symptoms match, immediately seek emergency medical attention.
- Follow instructions provided by the CDC. For more information visit www.cdc.gov

Explosion

Seek shelter beneath a sturdy table or desk to protect from falling items. When they stop falling, leave quickly, watching for debris that may fall.

- Stay low if there is any smoke, check for fire or other hazards like damaged floors or stairs.
- Don't stop to get any items or make any calls.
- Do not use elevators.
- Once outside, don't stand in front of any glass like windows or other possible hazards.
- Stay away from sidewalks or streets that are going to be used by emergency personnel or by people leaving the building.
- Make noise and shine a light if you are trapped inside. Shouting should be a last resort because this can cause you to inhale dangerous amounts of dust. Avoid unnecessary movement so you don't kick up dust.
- Cover your nose and mouth to reduce breathing in dust.

Chemical Exposure

In the event of exposure to a hazardous chemical follow these safety steps: Seek medical attention for screening and treatment. Drink only stored water. **If you are outside**, get as far away as possible from the contaminant, moving upwind and uphill from it if possible. **If you are inside**, close all windows and doors, shut off any heating and air conditioning, close all fireplace vents. Use duct tape and plastic to seal off gaps around windows, doors, and vents. Seal any electrical outlets or other openings. Sink and toilet drain traps should have water in them so you can continue to use them.

Remove possible contaminants from your body, take off any contaminated clothing as soon as possible. Cut it off,

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do not pull over your head. Don't touch any contaminated areas of the clothes, wear gloves or use tongs or a tool as a barrier. Put all this clothing and items in a plastic bag, seal this bag and double bag it. Dress in clean clothing that was stored in a dresser or closet. Follow instructions from local emergency coordinators on how to make your home safe and how to avoid contaminants.

Nuclear Explosion

The three factors that reduce your risk in a nuclear explosion are **distance, shielding and time**. Radioactive fallout can be transported by wind for hundreds of miles. Radiation levels are extremely dangerous after a blast, but these reduce over time. The most dangerous time is right after an explosion, it is safest to stay inside.

If there is a nuclear attack warning take cover underground right away, if possible, stay there until you are instructed. Go as far below ground as you can, or to the center of a tall building. Concrete or brick buildings, those with basements or multiple stories make better shelters if you can reach one in a few minutes, go there. Stay inside for at least 24 hours, unless instructed differently by authorities. If you are downwind from the detonation, you may be asked to take protective measures.

If you are outside and can't go inside, do not look at the flash or fireball, as it can cause blindness. Take cover behind anything that can offer some protection. Lie flat on the ground and cover your head. It can take 30 seconds or more for the blast to reach you if you are far away from the explosion. Taking off your outside layer of clothes can remove up to 90% of radioactive material on you. If possible, place the clothing in a plastic bag and seal it, place this bag far away from other people as possible, to reduce the risk to others from the radiation it gives off. Take a shower using lots of soap and water, to help remove radioactive contamination as soon as possible. Do not scrub or scratch your skin. If you can't shower, use a wet cloth to wipe down any skin that was not covered by clothes. Wash your hair with shampoo or soap and water. Do not use a conditioner, it will bind the radioactive material to your hair making it harder to rinse it out. Blow your nose and wipe your eyes and ears with a wet washcloth gently.

Home Emergency Kit

Keep these items on hand to prepare for an emergency: battery powered radio; lamps and flashlights; extra batteries; portable charger for cell phone; food that doesn't require cooking; manual can opener; utensils, cups and plates; medications; extra blankets; bottled water; rock salt or sand for walkways; and extra fuel.

Shelter Supplies

Most shelters have a power generator. If you evacuate to a shelter, bring your electrical medical devices like oxygen concentrator. If you must evacuate your home bring the following items with you to the shelter: two weeks supply of medications; medical supplies and oxygen; wheelchair, walker, cane, etc.; special dietary foods and can opener; air mattress/cot and bedding; lightweight folding chair; extra clothing; hygiene items and glasses; important papers; ID with current name and address; hospice folder.

Emergencies and Pets

If in a disaster it is not safe for you, it is not safe for your pets either. Plan to help your pets survive a disaster. Make sure your pet is wearing their **PET ID**, that includes updated contact information. Consider having your pet microchipped. For caged pets, place the ID on the cage. Prepare a **pet disaster kit**, include food and water for at least 1 week for each pet. Make sure to include any other necessities such as medications; medical/vaccine record, leash/harness/carriers; waste collection/disposal supplies; picture of you with your pets to help others identify them; and write down any pertinent information about schedules or behaviors. Plan to take your pet with you if evacuated, typically only service animals are allowed in public shelters. Find a place that will accept you and your pet ahead of time, such as a hotel. Ask if no pet policies can be waived during an emergency. Make a list of hotels that will accept your pet. Check if any friends, boarding facilities, animal shelters or veterinarians might be able to care for your pet in an emergency.



Patient Evacuation Plan

Patient Name: _____

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____ <input type="checkbox"/> OK to text	Cell Phone: _____ <input type="checkbox"/> OK to text
Home Phone: _____	Home Phone: _____
Alt Phone: _____	Alt Phone: _____
Address: _____	Address: _____
_____	_____
Email: _____	Email: _____

In the event of an emergency (natural or man-made disaster), and to facilitate appropriate evacuation, transportation and care, the patient plan to:

- Remain in the home
- Evacuate to home of family member or friend with assistance of family and/or caregiver.
Name: _____ Address: _____ Phone: _____
- Evacuate with assistance of Lorian Health to arrange for non-emergency transportation, contact the patient's out-of-home emergency contact and help to locate an available:
 Motel/hotel Shelter Special needs shelter Non-emergency inpatient admission
- Evacuate with assistance of emergency officials. **Call 911 for emergency transportation.**

If evacuation is needed, notify Lorian Health

SELECT ALL SPECIAL NEEDS

Patient has restricted mobility: (Select level of mobility)

- Bed Bound Chair/Wheelchair Bound Ambulatory with assistance Cane Walker Other: _____

Patient requires lifesaving equipment: (Select all that apply)

- Insulin** requiring diabetic. Insulin administered by: _____ Injection Pump: type: _____
Insulin: type, dose and frequency: _____
- Oxygen** at _____ liters/minute via: Nasal Cannula Mask Tracheal Liquid Concentrator Cylinder
 Requires oxygen continuously Requires oxygen intermittently: hours per day: _____
 Portable oxygen cylinder available Portable battery concentrator available No portable oxygen available

- Ventilator** dependent: type: _____
Ventilator settings: Respiratory rate: _____ Tidal Volume: _____ FIO2: _____ PEEP: _____
 Ventilator is portable with back-up battery Ventilator is not portable

- CPAP:** _____ cm H₂O
- BiPAP:** IPAP: _____ cm H₂O EPAP: _____ cm H₂O
- BiPAP ST:** IPAP: _____ cm H₂O EPAP: _____ cm H₂O

- Suction machine:** Suction machine is portable with back-up battery Suction machine is not portable
- Infusion pump:** Infusion machine is portable with back-up battery Infusion machine is not portable
- Enteral pump:** Enteral machine is portable with back-up battery Enteral machine is not portable
- Apnea pump:** Apnea machine is portable with back-up battery Apnea machine is not portable

Other medical needs:

- Wound care: _____ Communication barriers: _____ Language barrier: _____
- Intravenous medications: _____ Intellectual disability: _____ Special diet: _____
- Tube feeding: _____ Other: _____



Patient Service Agreement / Consent and Election of Hospice Benefit

I. Request for Admission & Authorization to Treat & Release of Information

I consent and elect to have Lorian Health (Lorian) provide my hospice care effective as the date set forth below, if applicable through Medicare/Medicaid hospice benefit or my commercial insurance benefit. I understand that all treatment will focus on comfort (palliative) rather than cure (curative) or life prolonging measures, as it relates to my terminal illness and related conditions. I understand that the goal will be to maintain quality of life through symptom management and no other curative measures are planned. The focus of my care is to provide support and comfort to me and my family/caregivers so I can remain in my home rather than in a hospital. I authorize the release of all medical records necessary for reimbursement, care coordination purposes, and for licensing/accreditation bodies.

II. Financial Responsibility Statement

I understand that while this election is in effect, subject to the exceptions listed below, only Lorian will be able to receive Medicare/Medicaid payment for care or services related to my terminal illness and related conditions. I understand that the Medicare/Medicaid hospice benefit takes the place of my other Medicare/Medicaid benefits for treatment of my terminal illness and related conditions. I acknowledge that by signing this election, I waive my right to all other Medicare/Medicaid benefits related to the treatment of my terminal illness and related conditions, including services provided by a hospice other than Lorian (unless provided under arrangements made by Lorian), except for services.

- Provided by Lorian
- Provided by another hospice under arrangements made by Lorian; or
- Provided by my chosen attending physician, if that physician is not an employee of Lorian or receiving compensation from Lorian for those services.

If I am a child (as defined by my state) and am receiving Medicaid hospice services, I understand that this election shall not constitute a waiver of my rights to be provided with, or to have payment made for services related to the treatment of my condition for which a diagnosis of a terminal illness has been made.

III. My Choice for Attending Physician Is:

_____ Full Name

_____ Hospice Medical Director

IV. Effectice Date

My election of the Medicare/Medicaid hospice benefit will be effective on the date I sign this form, unless I specify a different date below. Select only if applicable:

- I am currently hospitalized. My election of the Medicare/Medicaid hospice benefit will be effective on the date I am discharged from the hospital.
- I want my election of the Medicare/Medicaid hospice benefit to be effective on a future date, _____.

V. I Hereby Acknowledge Receipt, Explanation and Understanding of the Following

- 24 hour hospice on-call availability of staff
- Explanation of Hospice Services
- Review of Non-Hospice Covered Services
- Patient Bill of Rights
- Notice of Privacy Practices
- Notice of Non-discrimination
- Discharge, Transfer, Revocation
- Home Use & Disposal of Controlled Substances
- Advance Directive Policy and State-specific Advance Directive Information
- Complaint and Grievance Policy (*including how to file a complaint with the agency, state and accreditation agency*)
- Emergency Preparedness Planning
- Liability for Payment

I have reviewed and agree with everything listed above.

Patient Signature

Date

Lorian Representative Signature

Date



Primary Caregiver Consent

Patient Name: _____

I, (print name) _____ agree to accept the role of primary caregiver(s) for (patient name) _____ who is requesting admission into Lorian Health hospice program of care. The commitment and responsibilities of this role and of hospice care/ services are described below. I understand the goal of hospice is not to cure terminal illness but to provide symptomatic and supportive care in this final phase of life and to the extent possible this will occur in the patient's residence. I understand the hospice interdisciplinary group will provide me with education, training, and support in the management of the patient's physical, emotional, psychosocial, and spiritual needs. I understand the hospice staff will provide emotional, psychosocial, and spiritual support to help me cope with my caregiver responsibilities, the eventual patient's death, and my bereavement. I understand to receive the full benefits of hospice care it is important for me and the patient to make our needs and concerns known to the hospice interdisciplinary group and to participate in the planning for care.

I understand that in my role as a primary caregiver I will be responsible for meeting or arranging for the patient's 24 hour a day care needs. I will arrange for care in my absence.

I understand hospice services are primarily provided on a prearranged appointment basis but crisis or consultation assistance with hospice is available 24 hours a day, 7 days a week. I will consult hospice in case of any emergency.

I understand I may choose to change my mind about this method of care and withdraw from this primary caregiver agreement; however, I agree not to do so without giving advance notice to the patient and hospice, so another primary caregiver can be arranged. At this time, I understand the responsibility of being the primary caregiver, the nature of the patient's illness, and the goal of hospice care, and have been provided with a copy of my responsibilities as a caregiver. My questions about the hospice program have been answered to my satisfaction by the hospice staff.

Patient Caregiver Signature

Printed Name Primary Caregiver

Date

Hospice Staff Signature

Printed Name Hospice Staff

Date



No Primary Caregiver Consent

Patient Name: _____

I understand that I have an illness that has been diagnosed as appropriate for hospice care, and the goal of hospice care is to relieve, control, or minimize symptoms to maintain optimal quality of life in patients with a life-limiting illness.

I, acknowledge that at present, I live alone with no primary caregiver. When the Hospice team determines that, due to disease progression or changes in my condition, it is unsafe for me to remain in my home alone, I agree to the following change of my environment.

- Contacting or hiring someone to provide 24-hour care to me
- Assisted Living or other facility placement
- Other: _____

Patient Caregiver Signature

Printed Name Primary Caregiver

Date

Hospice Staff Signature

Printed Name Hospice Staff

Date



Home Safety

Most accidents in the home can be prevented by removing hazards. Take note of this information to help reduce the risk of injury within the home. Patients in hospice care oftentimes have new and specialized needs. Many times, previous sleeping or living arrangements must be modified due to caregiving needs. It is important to think about body mechanics the caregiver will be using to provide care, it is important that you are able to use proper body mechanics to avoid injury. Consider both the comfort of the patient and the rest of the family and caregivers.

Fall Prevention

Over half of all falls happen within the home, and every year thousands of older Americans have falls that result in serious injuries. Many falls can be prevented by following these simple tips. Keep emergency numbers in large print near your phone. Place a phone near the floor in case you fall and can't get up or get an alert device such as life alert. Wear shoes that provide good support, non-slip soles, avoid slippers. Remove trip hazards and keep walkways and stairs free of clutter. Remove or secure throw rugs using double sided tape to keep them from slipping. Clean spills quickly. Keep the path in your home clear, moving furniture that is in the way. Keep outside paths/steps clear of snow/ice in the winter. Be aware of pets, especially small ones. Do not walk over or around cords/wires, secure these in place to the wall, if possible, remove from paths. Keep items frequently used within reach. Make sure rooms are well lit, before walking. Add nightlights to your bathroom and walkways. Ensure the carpet is fully attached. Install grab bars next to your toilet or shower, consider using shower chair or elevated toilet seat, and non-slip mats in shower/bathtub. Have your vision checked every year. Take your time when changing positions. Know how to use your DME safely walkers and canes. Review your medications to identify those that cause drowsiness and dizziness. Fire

Safety / Burn Prevention

Have a phone accessible. Notify FD if a disabled person is in the home. Make sure that smoke alarms are working properly, test monthly and replace batteries every 6 months. **DO NOT SMOKE including e-cigarettes in bed, recliner or where oxygen is being used.** Have an escape plan. Follow instructions on safe space heater use. Don't use a kitchen stove or oven to heat the home. Install fire extinguishers. Store flammable items away from heat sources. No open flames within 10 feet of oxygen. Test water temperature before using. Set water heater below 120F to prevent accidental scalding. Cover unused outlets. Do not use any frayed or broken cords. Do not overload outlets. Do not use electrical equipment near water. Puncture plastic wrap before heating food in microwave. Do not place hot items at the edge of a counter.

Oxygen Safety

Do not smoke around oxygen and no open flames within 10 feet. Prevent kinks in tubing, do not lay objects on tubing. Position your concentrator in a well-ventilated area, away from curtains or heat sources. Avoid using flammable products such as aerosol sprays, alcohol and petroleum products. Keep oxygen tanks in their stands. Secure portable oxygen tanks in the back seat of the vehicle when traveling. Register with your local utility company if you have electrically powered equipment such as an oxygen concentrator. If you live in a multi-dwelling residence notify property management of O2 use.

Continued on next page



Medication Safety

Keep an accurate medication and allergy list. Know the name, dose, route, schedule, reason and major side effects for all your medications. Take medications only as prescribed. Do not take anyone else's medications. Have your medications refilled a few days before you run out. Do not change how you take your medication without your doctor's approval. Keep your medication in the packaging it came in. Store medications in a cool, dry area, or as directed. Store medications and other household cleaning products away from children and pets. Store chemicals in their labeled and proper containers. Do not double up if you forget a dose of medication. If you need assistance with a medication planner notify your Lorian Hospice nurse. If you have expired medication, notify your nurse and discard expired medication properly, disposal education is provided earlier in this guide.

Food Preparation Safety

Keep all meat and milk products refrigerated when not in use. Prepare food on clean surfaces. Wash fruits and vegetables before using. Cook meat thoroughly. Wash hands before preparing food and after handling meats and eggs. Use a separate cutting board for meats and ensure they are cleaned completely after using raw meats. Do not use the cooking spoon to taste.

Caregiver Safety

Wear gloves before providing personal care where you may be in contact with body fluids. Wash hands after removing gloves. Wash hands with soap and water for 20 seconds after handling patient soiled body or linens. Proper body mechanics is the use of good body alignment and posture to move and function which is the best way to prevent injury when caregiving. Use proper body mechanics when providing care, lift with your legs. Raise the bed before providing care instead of bending or stooping. It is important to use your large muscle groups when lifting, with the strongest being your legs. Hold objects close to your body to reduce fatigue and risk of strain.



Infection Control

Infection Prevention & Control

Staying clean and using good hygiene can help stop the spread of infection. Some items used in healthcare, such as used bandages or gloves, can spread infection, please wash your hands after disposing of these. Some illnesses and treatments such as chemotherapy, cancer, diabetes and AIDS can increase your risk for infection.

Please tell your hospice team if you notice any of the following SIGNS/SYMPTOMS of infection: pain, tenderness, redness or swelling; inflamed skin, rash or ulcers; fever or chills; pain when urinating; foul odor in urine; sore throat or cough; confusion; increased tiredness or weakness; nausea, vomiting or diarrhea; and/or green or yellow pus.

Practice Good Habits

Cover your mouth and nose with a tissue when you sneeze or cough. If you don't have a tissue, use your upper sleeve not your hands. Wear a mask when you are sick around others.

Avoid close contact with people who are sick and if you are sick keep your distance. Don't share food or utensils.

Don't touch your eyes, nose or mouth. Germs can spread by touching contaminated items.

Take time for Self-Care, get enough sleep, exercise, manage stress, drink plenty of fluids and eat nutritious food.

Handwashing

Wash your hands frequently and correctly. **It is the most important step in preventing the spread of infections.**

Hand wash before caring for a sick person; touching food; or treating a wound. **Hand wash after** caring for a sick person; wound care; toileting; touching animals; touching dirty linen; touching garbage; changing diapers; coughing; sneezing or blowing your nose.

If you have visibly dirty hands, wash with soap and warm water for at least 20 seconds. Remember to clean beneath jewelry and around your nails and webs of your fingers. Rinse and dry with a clean towel, use towel to turn off faucet.

If you do not have visibly dirty hands, use an alcohol-based hand sanitizer with 60-90% ethyl or isopropyl alcohol. Use a dime sized amount (or recommended amount), rub hands together, covering all surfaces until they are dry.

Disposable Items and Equipment

This includes wound care supplies, incontinence supplies, catheters, plastic tubing, and gloves.

Store these items in a clean, dry area. Throw away any used items in a waterproof plastic bag. Tie these securely and throw them in the trash.

Nondisposable Items and Equipment

This includes dirty linen, dishes, durable medical equipment like walkers, wheelchairs, commodes, suction machines, and oxygen equipment.

Wash dirty laundry separately in hot, soapy water. Handle it as little as possible to reduce the spread of germs. If the patient has a virus, you can add 1 part bleach to 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 and other electronic equipment with alcohol before and after use. Store in a clean, dry place. Wipe off equipment with a normal disinfectant or bleach mix. Follow cleaning instructions that came with the item and ask your nurse if you have any questions.

Pour bodily fluids in the toilet. Clean their containers with hot, soapy water then rinse them in boiling water and let them dry.

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Sharps in the Home

This includes all types of needles, lancets and other devices used to penetrate skin for the delivery of medications.

California Sharps Disposal

California law requires that all sharps waste be transported to a collection center in a sharps container approved by local law enforcement. When a container is ¾ full, seal it tightly and take it to an approved collection center. Pharmacies may take these items back.

- Mail-back programs and free sharps containers may be available from your drug manufacturer or your city or county. Call toll-free 1-800-RECYCLE (1-800-732-9253)
- For programs in your area, visit: <https://www.calrecycle.ca.gov/hazardouswaste/sharps/>
- Disposing of sharps in puncture resistant containers
- Order free sharps containers online at <https://med-project.org/locations/california/sharps/mail-back-services/>

Elk Grove Sharps Disposal

For residents of Elk Grove, Republic Services will pick up sharps in an approved sharps container from a resident's home, free of charge, by appointment only. To make an appointment or to request a free "mail-in sharps kit," call Republic Services at (916) 635-2500. Approved sharps containers include sharps container, empty detergent bottles and empty coffee containers; they must be a rigid plastic container that is strong enough to withstand puncture by its contents and can be sealed closed. The container must be clearly labeled as "sharps" and must not contain any medications, except for unused auto-injectors. Milk jugs and similar items are not rigid enough to be used as an approved container. For more information, visit: <https://www.republicservices.com/>

San Diego Sharps Disposal

San Diego drop off locations accepting both medications and sharps

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Eastern Division
9225 Aero Dr., San Diego, CA 92123
Hours: 9am-3pm (Mon-Thu)
Phone: 858-495-7900 • Mid-City Division
4310 Landis St., San Diego, CA 92105
Hours: 8am-4pm (Mon-Thu)
Phone: 619-516-3000 | <ul style="list-style-type: none"> • Northeastern Division
13396 Salmon River Rd., SD, CA 92129
Hours: 8am-4pm (Mon-Thu)
Phone: 858-538-8000 • Northwestern Division
12592 El Camino Real, SD, CA 92130
Hours: 8am-4pm (Mon-Thu)
Phone: 858-523-7000 | <ul style="list-style-type: none"> • Southern Division
1120 27th St., San Diego, CA 92154
Hours: Call Ahead
Phone: 619-424-0400 • Southeastern Division
7222 Skyline Drive, San Diego, CA 92114
Hours: 8am-5pm (Mon-Thu)
Phone: 619-527-3500 • Western Division
5215 Gaines St., San Diego, CA 92110
Hours: 7:30am-3:30pm (Mon-Thu)
Phone: 619-692-4800 |
|---|--|---|

Las Vegas Sharps Disposal

In Nevada it is recommended that you put used sharps in a strong, plastic container. When ¾ full put the lid on it and seal it with duct tape and label "DO NOT RECYCLE." Put the plastic container in the household trash – DO NOT RECYCLE! Sharps should never be thrown loosely into the trash or toilet. You can also bring your sharps to a community to a sharps disposal program.

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Southern Nevada Health District
280 S Decatur Blvd, Las Vegas, NV 89107
Service Area: Las Vegas
Phone: 702-759-1000 • Huntridge Family Clinic
1820 E Sahara Ave, Las Vegas, NV 89104
Service Area: Las Vegas
Phone: 702-979-1111 | <ul style="list-style-type: none"> • Ctr for Behavioral Health-Desert Inn Rd
3050 E Desert Inn Rd, #116, LV, NV 89121
Service Area: Las Vegas
Phone: 702-796-0660 • LGBTQ Center Wellness Clinic
401 S Maryland Pkwy, LV, NV 89101
Service Area: Las Vegas
Phone: 702-733-9800 | <ul style="list-style-type: none"> • Center for Behavioral Health-North LV
3470 W Cheyenne Ave Ste 400, North Las Vegas, NV 89032
Service Area: Las Vegas
Phone: 702-636-0085 |
|---|--|---|

Spills in the Home

Blood and other body fluid spills can be common. To clean these first wipe up with a disposable towel. Then use a household bleach cleaning solution wiping the area down to prevent spread of infection. Make sure to discard all used paper towels in trash can. If you do not have a household cleaning solution you can make one by combining 1 part bleach with 10 parts water.

Covid-19

The public health emergency regarding has been lifted but COVID is still an active infection to stay aware of. Basic infection control is the best way to keep you and your loved ones safe from respiratory infections including COVID.



Caregiver Guide

We at Lorian Health Hospice thank you for the privilege of assisting you with the care of your loved one. We applaud you for all you have done to surround your loved one with compassionate care, to provide your loved one with comfort and calm, and to enable your loved one to leave this world with a sense of peace and love. You have given your loved one the best, most beautiful gift humans are capable of, and have given yourself a wonderful gift as well.

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

Our hospice supports your willingness to undertake the role of primary caregiver for your loved one. In this way you allow your loved one to remain in comfortable and familiar surroundings at this difficult time in life's journey. We will do everything possible to help you do this effectively and appropriately. We see ourselves as a team with each of us having differing roles and responsibilities which when combined achieve the maximum benefit for you and your loved one.

Primary care refers to the basic physical and emotional activities involved in meeting the ongoing daily living needs of your loved one at home. This may involve maintaining your loved one's hygiene, nourishment, and use of medications. It may involve such comfort measures as preventing constipation, nausea, or other symptoms, repositioning, oral care, skin care, toileting, bathing and grooming. It may include learning skills such as caring for the bedbound patient, ostomy care, and utilizing specialized equipment. It may include filling prescriptions, communicating with the hospice nurse and team, communicating with community resources, utilizing printed materials and making final arrangements. Generally, it means being available to your loved one to listen, touch, share and to be present, and to care.

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

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

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

To be able to care of another, you must first care or yourself.

These are some **helpful tips on caring for yourself**: Love yourself, at least as much as the person you are caring for. Get enough rest, nap during the day and conserve your energy. Exercise, even a short walk can help with sleep and give you energy. Eat well, keep a varied diet from the five food groups, drink plenty of water. Reduce stress, meditate and think about what has helped you before. Take breaks, relax and think about other things. Pay attention to what your body is telling you. Nurture your spiritual aspect, pursuing things that uplift you. Pamper yourself, especially on hard days. Be patient and considerate with yourself. Avoid having unrealistic expectations of yourself. Allow others to help you. Set limits, it's okay to say no sometimes. Recognize your limits and needs.

Here are some tips on helping your loved ones: Let them talk, listen without judgement. Acknowledge and validate

Continued on next page



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

Remember the Best Patient Care Is Provided by Family and Friends Who Love You.

Independence and Activity

As disease processes progress, hospice patients can lose some of their independence as they decline and need increased assistance. It is important to allow patients the opportunity to be as self-sufficient as possible, allowing them the time to participate in their own care. Patients can remain alert and oriented, despite their physical decline, it is valuable to preserve their dignity when assisting with care.

Ambulation and DME

If your loved one is using a cane, be sure they use it on their weaker side for support. Walk on the opposite side of the cane, to assist them should they become unsteady. If they are using a walker, walk behind them to assist if needed. Gait belts can be a good way to prevent falls, as patients become increasingly unsteady. Many times, patients need reminders not to use a walker to stand, these can tip over and cause injury.

Safe Transfers

Do not attempt to transfer a patient that is dizzy, faint, too weak or too tired. Allow patients a few minutes between position changes to adjust, for example from laying to sitting, or from sitting to standing.

Nutrition

In hospice care it is very common for patients to have decreased appetite and thirst. It is important not to focus on "how much" they are eating, but rather on offering multiple food choices and snacks. Eating is both a physical and social activity, focus on the quality time spent together during mealtimes. Some patients experience a change in their taste, and food may not bring the same pleasure as before. Offer frequent meals and snacks but DO NOT FORCE FEED the patient, this can cause aspiration and pneumonia which can shorten life expectancy. Offer sips of water and ice chips and provide frequent oral care.

Oral Care

Good oral care can help with comfort and help maintain dignity, maintain the mouth by keeping it clean and moist. Oral membranes are delicate, and dryness can cause bad breath, irritation and lead to infection. Raise the head of the bed, place a towel under the chin. Moisten the mouth, either offer a sip or using a toothette. Use soft bristle toothbrush or toothette to cleanse the mouth. If teeth cannot be brushed, use a mouth rinse. Avoid alcohol rinses as they can increase soreness and dryness. Ask them to rinse and offer a bowl to spit. Apply lubricant to lips.

Caring for Bedbound Patient

A draw sheet is a flat sheet folded in half and placed across the bed. Draw sheets are placed under the patient from the midback to the upper thigh, to help with turning, repositioning and pulling a patient up in bed. Pulling a patient up in bed is best done with 2 people. Start by telling the patient what you will be doing and moving catheters/tubing onto the bed and making sure it will not be pulled. Lower the head of the bed. Ask the patient to cross their arms and tuck their chin, if able. Each person will stand on either side of the patient and hold the draw sheet by rolling it up close to the patient and holding it tightly. Together at the same time lift using your knees. If the patient is able, they can push with their feet. **NEVER BEND AT THE WAIST WHEN LIFTING.** Draw sheets should be changed daily or when soiled. An incontinence pad can be placed on top of the draw sheet to make incontinence care easier. Follow instructions for safe use of side rails, full side rails can increase risk of falls and are

Continued on next page



rarely ordered. Side rails can be padded with a towel or blanket to prevent injuries while repositioning or in case of seizures. Your nurse and hospice aide can show you the best, simplest ways to provide care, change bedding and increase patient comfort. Turning a pillow to the fresh, cool side and using cool washcloths can help with comfort.

Preventing Skin Breakdown

Skin can breakdown if you are in one position for just two hours. A healthy person will naturally reposition themselves. Skin is the body's largest organ, and as the body declines at times this organ system will break down even with the best care. Hospice patients sometimes lose the ability to reposition themselves and need assistance. Patients should be repositioned every 2 hours, this does not have to be a full turn to the side. Just enough movement to change the area where the pressure is. Use pillows to reduce pressure on bony prominences and for comfort, such as beneath elbows, knees, heels. A pillow can also be used to turn a patient slightly to the right or left. Keep skin clean and dry, urine and stool will break down skin. Keep linens clean and wrinkle free. If you notice any redness or open broken skin notify your Hospice nurse.

Changing Bedding

If a patient becomes too weak to transfer safely, you may need to change linens while they are in bed. It can help to think about the bed as two halves. You change one half of the bed, while the person lays on the other half. Then you roll them onto the clean half, to finish the process. Start by raising the bed to waist level or a comfortable height for you. It is best to place the bed flat and remove all but one pillow, if the patient can tolerate it. Make sure the side rail is up and help them roll towards the rail using the draw sheet. Go to the side facing their back and loosen all bedding on that side. Roll the bedding up and tuck it under them. Place the clean linens on that side of the bed, (be sure to include all parts you are using fitted sheet, draw sheet and incontinence pad) roll up the other side and tuck it under the soiled bedding. Be sure that the rail on this side is up. Then help the patient roll towards the side rail on the other side. You can now remove the soiled bedding. Unroll the clean bedding and place it on this side of the bed. Reposition them comfortably using pillows as needed.

Odor Control

In some cases, there can be foul odor associated with certain disease processes. Air fresheners can help but sometimes that isn't enough. Potpourri can absorb odors and is available in many fragrances. Peppermint oil is good at neutralizing odors, using a diffuser or placing a few drops on a cotton ball in a dish. White vinegar or baking soda near the open source of the odor can be helpful. Crushed charcoal or coffee grounds can also help absorb the odors. Fans can help minimize odors. Discuss with RNCM for additional options if odor continues.



Symptom Management

Pain

The comprehensive pain assessment will help your clinical team to determine the best course of treatment for your pain. The comprehensive assessment will include pain location, severity, duration, frequency, what relieves or worsens pain, and effect on function or quality of life. Your pain management regimen can include opiates, steroids, NSAIDs, antiepileptics, and antidepressants. These are the most used treatments. **Each patient's treatment is individualized** and yours may vary. Your hospice team can provide further education on the specifics of your treatment plan.

There are many non-pharmacological interventions for pain; some of these include: heat/cold application, range of motion, companionship, massage and healing touch, reiki, guided imagery, meditation, pet therapy, distraction, music and art therapy, hypnosis, prayer, counseling, and spiritual reflection.

Many hospice patients may become nonverbal, and it is important to recognize these cues. These can include **changes in breathing** (labored, hyperventilation, irregular), **vocalization** (moaning, groaning, crying or repeated calling out), **facial expressions** (grimacing, frown, sad or frightened), **guarding and tension** (fidgeting, pacing, clenched fists, pulling knees up, pulling/pushing away, striking, and generalized muscular tension) **difficult to console/attempting to self soothe** (rocking). If your loved one had pain prior to becoming unresponsive, assume pain is still present and continue treatment.

Nausea and Vomiting

Many things can cause nausea and vomiting in hospice patients, disease process, constipation, medication side effects and other reasons. This can be very hard for patients and families to deal with. Sometimes nausea is accompanied by increased salivation, dizziness, light-headedness, rapid heartbeat, and difficulty swallowing. There are many medications to help with nausea and vomiting, talk to your hospice nurse about your options.

Nonpharmacologic interventions include serving meals at room temperature (hot foods may trigger nausea), avoiding strong odors, providing small frequent meals, eating slowly, eating/drinking sitting up, avoiding sweet, salty, fatty, and spicy foods. Good oral care can help prevent nausea. Suck on ice chips or take frequent sips of liquid like ginger ale. Avoid drinking liquids with meals. Try distraction, relaxation, guided imagery, music therapy, and deep controlled breathing.

Shortness of Breath

As patients decline and become weaker, they can have difficulty breathing. They can experience rapid or noisy breathing or may feel winded. This can happen with activity or in some cases at rest. The most common pharmacologic interventions are morphine and oxygen. A variety of other medications can also be used to treat shortness of breath depending on the cause, each treatment is different and specific to each patient.

There are many **nonpharmacologic interventions** that can help with shortness of breath including using fans, prayer, meditation, distraction, music, television. Dietary interventions include low salt diet and fluid restriction, stopping IV fluids and tube feedings may be appropriate (cardiac patients frequently have shortness of breath due to fluid overload and edema). Lying flat can sometimes worsen shortness of breath (especially in cardiac patients), try propping up with pillows or elevating the head of the bed. Changing positions can frequently help with shortness of breath, sitting at the side of the bed with upper body resting on bedside table, pursed lip breathing for patients with COPD. Use a cool-mist humidifier in the room, especially in the winter months. Use an air conditioner, if possible, in hot summer months. Eliminate allergens like smoke, dust and mold if

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possible. Plan your activities to conserve energy, arrange the environment to reduce exertion such as placing commode next to bed. Consider allowing someone to assist with bathing and dressing to save your energy for the activities you enjoy.

Constipation

Constipation is a common issue during end-of-life care and can affect up to 80% of patients. It can occur due to several reasons such as disease processes, medication side effects, dehydration, and decreased intake. Patients may feel discomfort, pain, bloating, flatulence, and difficulty in passing bowel movements. The longer the stool remains in the large intestine, the harder it becomes to push out, as the large intestine reabsorbs water. **If you don't have a bowel movement in 3 days or experience a decrease in bowel movement frequency, please notify your nurse immediately.**

Pharmacological interventions for constipation include bulk laxatives, lubricant laxatives, surfactant laxatives, osmotic laxatives, and bowel stimulants. Stimulant laxatives are the most commonly used in hospice care. Many medications used in hospice care can decrease bowel motility, and stimulant laxatives work on the colon to increase bowel motility. The body does not get used to constipation caused by opiates and requires medicinal intervention such as a stimulant laxative. When opiates are ordered, a prophylactic laxative will also be ordered to prevent constipation.

Non-pharmacological interventions for constipation may include increasing fluid and fiber intake. This can be achieved by consuming whole-grain bread, bran cereal, fruits, and vegetables. If the ability to consume increased fluids is limited, foods containing larger amounts of water such as soups, fruit, gelatin, yogurt, mousse, and sauces should be consumed. Increasing mobility and range of motion can also help. To optimize toileting, encourage it after breakfast, as this is when the body has the most powerful reflex. Provide privacy, use correct positioning, and avoid bedpans if possible. Bedpans can limit the intra-abdominal pressure required to pass stool.

Altered Mental Status

Many hospice patients will experience altered mental status and confusion at some point during their treatment. This can be caused by many different things including disease progression, agitation, delirium, or terminal agitation. Many disease processes can lead to short-term memory loss, impaired cognition, decreased attention and concentration. Agitation is a term used to describe aggressive behaviors, such as physical or verbal aggression, or repetitive behaviors like pacing. Delirium can occur suddenly and may include day/night reversal, vivid hallucinations/delusions, restlessness, and/or sedation. Terminal agitation is commonly observed in patients who are close to death, and it is characterized by excessive restlessness and increased mental and physical activity. Restlessness related to terminal agitation often includes non-purposeful movement, disturbance to sleep/wake cycle, and an inability to concentrate or relax. Although medications cannot reverse altered mental status, they can be used to calm distressing symptoms such as agitation, paranoia, or hallucinations. If your loved one begins to exhibit altered mental status, please notify your Lorian hospice nurse.

It is always recommended to use non-pharmacological interventions. Simple modifications in the environment can be very beneficial, such as reducing or increasing sensory stimulation, and avoiding the use of restraints and catheters if possible. To promote good sleep hygiene, it is advised to open blinds/windows during the day to provide environmental cues. Soft voice tones and a gentle touch should be used. Familiar people and objects should be kept nearby, and the number of visitors at one time should be limited. Distressing sensory extremes such as heat, cold, or bright lights should be avoided when attempting to sleep. It is best to limit moving the bed to what is required to provide proper care. Relaxation techniques such as distraction, music, massage, and pet therapy can be helpful. Pastoral and psychological support can also be provided to discuss feelings and aid in coping.

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Dysphagia

More than 50% of patients in hospice care suffer from dysphagia, which is a difficulty in swallowing food or liquids. Dysphagia can be caused by several factors such as obstruction, neurological problems, or motor dysfunction. Maintaining good oral hygiene can help reduce issues caused by dryness. Dysphagia increases the risk of aspirating food or fluids into the airway, which can be dangerous. In some cases, thickeners may be helpful for patients who struggle with thin liquids. Your nurse can help assess if you could benefit from this or other interventions.

Making changes to your eating habits is the most effective way to reduce the risk of aspiration. Take small bites, and make sure to chew your food thoroughly before swallowing. Wait until you have fully swallowed before adding more food or fluids. Take small sips of fluid and alternate between liquid and solid swallows. When eating or drinking, sit upright (90 degrees) and remain in that position for 15 minutes after each meal. Instead of having three large meals, have small frequent meals throughout the day. Take medications one pill at a time. Avoid nicotine, alcohol, and caffeine to reduce the drying of oral membranes. Lastly, remove any distractions during mealtimes.

Insomnia

Insomnia or difficulty falling and staying asleep is a common problem in hospice patients. A variety of factors can increase the risk of insomnia, including unmet emotional or spiritual needs, physical discomfort, medication side effects, environmental factors, and caffeine and alcohol consumption. Treatment for insomnia is individualized and can involve a range of medications. **Non-pharmacological interventions** focus on promoting healthy sleep habits, such as avoiding daytime napping, engaging in daytime activities, and avoiding caffeine or alcohol consumption 3 hours before bedtime. Relaxation techniques like calming music, meditation, drinking warm milk, and lavender scent can also be helpful. It's important to maintain a comfortable sleeping environment, including preferred temperature and turning off lights. Medical social workers and spiritual counselors are available to address any emotional or spiritual needs.

Fever

Fever is a common occurrence among hospice patients and can be caused by various disease processes. A frequent cause of fever is infection due to the weakened immune system of hospice patients. There are two ways to treat fever: address the root cause and/or alleviate the symptoms. However, in hospice patients, a fever does not always indicate the presence of an infection. As patients approach the end of their life, they may lose their ability to control their body temperature, leading to fluctuations between hot and cold, and often clammy skin. If you suspect that your loved one has a fever related to an infection, it's best to discuss it with your care team. Non-pharmacological interventions such as using cool washcloths, adjusting blankets, and turning pillows can provide relief. It's also important to change clothing and sheets regularly to keep them dry and comfortable.

Seizures

Seizures occur when neurons in the brain discharge abnormally. There are two types of seizures: partial and generalized. Focal or partial seizures affect only a specific region of the brain and can cause sensory, motor, or visual disturbances. Patients may remain conscious or lose consciousness. Generalized seizures involve large parts of the brain, resulting in a loss of consciousness and general muscle contractions or twitching. Patients may also exhibit biting, incontinence, and difficulty breathing. Seizures can be caused by various reasons, including tumors, stroke, seizure disorder, or severe electrolyte imbalances. Treatment plans are tailored to individual patients and may include a range of medications. If your loved one has a seizure, call Lorian Hospice.

During a seizure, the focus is on patient safety. Help the patient lay down, either on the bed or on the floor. Use pillows and blankets to pad the side rails of the bed or unmovable items. Move any objects or furniture out of the way to prevent injury. Do not force anything into the patient's mouth or attempt to restrain them, as this could cause greater harm. Once the seizure has stopped, roll the patient to their left side, in the recovery position. If you have additional questions, talk to your hospice nurse.



Preparing for the Final Days

Every person has their own unique journey in life, and similarly, each individual approaches death in their own way. The information provided here is meant to be a guideline and not every patient will have the same experiences. It is possible that all of the signs may be present, or none at all. The timing of death is also very flexible, with some patients taking months and others only minutes. Death is unique to each individual and occurs on its own terms.

Saying Goodbye

It can be difficult for family and friends to decide whether to say goodbye when a loved one is nearing the end of their life. Some fear that saying goodbye may hasten the person's passing, while others may struggle with finding the right words to say. Some may even wonder if they should give permission to let go. However, saying goodbye is a personal choice and there is no right or wrong way to do it. It may be harder for some people than others, but many find that once it's done, it can be a gift.

One to Three Months Prior to Death

Withdrawal

It is common for individuals who are nearing the end of their lives to start withdrawing or disengaging from the world and the people around them. This may begin several months before their passing. They may opt to stay in bed throughout the day, sleep more often than being awake, and talk less. Quietness, silence, and touch may be more meaningful to them than any conversation. It is possible that they may not respond to external stimuli or appear as if they are in a coma. Some may misunderstand this behavior and attribute it to the pain medication that the person is taking. However, it is a natural part of the dying process for them to detach from their surroundings and relationships. It may be their way of mentally and emotionally preparing themselves to let go.

It is recommended to schedule tasks and visits during the times when the person appears most alert. Always introduce yourself by saying your name and explain what you are going to do before doing it. For instance, you could say "Hi John, my name is Jane. I am going to adjust your pillow now." It's important to note that the patient may still be able to hear you even if they appear to be asleep. Therefore, it's best to speak in your normal tone of voice and talk to them as if they were awake. Avoid saying anything that you wouldn't want them to hear if they were awake.

Changes to Eating

It can be very difficult for families to accept when a loved one stops eating and drinking. In most cultures, sharing meals and demonstrating love through food is a common practice. When our bodies begin to shut down, it's natural to lose interest in food and drink. Often, nothing tastes good, and while cravings may come and go, as the body slows down, there is generally a gradual decrease in eating. Meats are usually the first type of food to be avoided, followed by vegetables and other hard-to-digest foods. Eventually, soft foods and liquids may no longer be desired.

When caring for a patient, it is important to respect their choices when it comes to eating and drinking. Avoid trying to force them to eat and instead offer a variety of options frequently. If the patient expresses a craving, allow them to indulge it, if it is safe for them to do so. In some cases, liquids may be better than solid foods. Thick liquids like milkshakes could be easier for some patients to drink. Ice chips and frozen juice can also offer comfort. Be aware of signs that a patient does not want to eat, such as coughing, biting on spoons, clamping their mouth shut, turning their head, or spitting out food. When a person is near death, they may appear thirsty but unable to drink. To keep the mouth and lips moist, frequent oral care and the use of swabs can be helpful.

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One to Two Weeks Prior to Death

Confusion

It is common for individuals approaching the end of their lives to display signs of confusion. They may lose track of time and their surroundings, not recognizing the people around them. They may even claim to see things that others cannot or talk to loved ones who have already passed away. Occasionally, they may use symbolic language to talk about traveling, which could be their way of conveying that they are prepared to depart from this world. It is important to note that these experiences are a normal part of the dying process and not a result of any medication.

If the person you are taking care of seems confused, it is important to gently try to reorient them and remind them of who you are. Let them know what you are doing and point out familiar things in the room to provide comfort. Reassure them that they are safe and that you are there to take care of them. It is best to limit visitors to help decrease confusion. Listen carefully to what they are saying and do not argue with them, as their experiences may seem real to them even if they do not seem real to you. Pay close attention as some messages may be conveyed in symbolic language. Consider writing down important things that happen, it may be a source of comfort to share with other loved ones later.

Physical Changes

During this time, the body may undergo physical changes indicating its reduced ability to maintain itself. Initially, the **pulse** may rise as if the person is running. However, since the heart is a muscle and it starts to tire out, the pulse drops back down to normal or even lower. At this point, the **blood pressure** may also decrease as the heart is no longer capable of compensating.

The **body temperature** can vary from feverish to cold. It can also result in **increased perspiration** and clamminess. **Skin color** may change from flushed with fever to bluish with cold. Prior to death, patients may sometimes develop a pale and yellowish complexion. This is distinct from the darker shade of yellow seen in cases of jaundice. The hands, feet, and nailbeds may appear pale and bluish because of the heart's inability to circulate blood through the body at a normal rate.

Breathing may become irregular with fluctuations from rapid and shallow to very slow. During sleep, there can be puffing, a blowing of the lips on exhaling, or actual stopping of rhythmic breathing only to resume. This might be accompanied by congestion, which causes a rattling sound in the lungs and upper throat due to a failure to clear oral secretions. Sometimes, there might be coughing that cannot bring anything up. All these breathing changes and congestion are usually intermittent - they may appear and disappear suddenly. One minute, all these symptoms may be present, and the next they could be gone.

One to Two Days, to Hours Prior to Death

Rally

Dying loved ones may exhibit a sudden and brief surge of energy, or rally. They may be surprisingly alert, clear, and coherent. They may ask to eat or get up to visit when they haven't eaten or been out of bed for weeks. Waves of energy may not always occur, and when they do, they may not be drastic. They may be subtle, such as a loved one being awake more often. However, this may give you false hope that your loved one is recovering, which is unfortunately unlikely. It could be that they are gathering strength for their last moments of life. If your loved one experiences a rally, cherish the special time you have and use this opportunity to say your goodbyes and be together.

Restlessness may increase due to insufficient oxygen in the blood. Breathing patterns may become slower and increasingly irregular. There may be periods of apnea or pauses between breaths lasting up to forty-five seconds before resuming. Congestion can become louder and may be affected by positioning. The eyes may be open or partially open, but not responsive and often appear glassy and teary. The hands and feet can turn purplish while the extremities and underside can become blotchy. A person may become unresponsive before their death.

Preparing for the Final Days (Summary)

One to Three Months

- Withdrawal from people or activities
- Less talkative
- Eating and drinking less
- Sleeping more
- Self-reflection or introspection

One to Two Weeks

- Mental Changes
 - Disorientation
 - Confusion
 - Agitation
 - Speaking to the unseen
 - Picking at clothes
 - Using symbolic Language
- Physical Changes
 - Decreased blood pressure
 - Increased or decreased pulse
 - Changes in skin color, pale or bluish
 - Increased perspiration
 - Breathing changes, can become weak or uneven
 - Congestion
 - Taking very little fluids, not eating
 - Sleeping and not responding
 - Temperature fluctuations

Days to Hours

- Previous signs become more pronounced
- Rally (does not always occur)
- Glassy eyes, tearing or half open
- Episodes of restlessness
- Irregular breathing with apnea
- Purplish, blotchy extremities
- Decreased urine output

Minutes

- Gasping breaths or puffing breaths
- Cannot be awakened

Crossing The Creek by Michael Holmes

This book provides a general description of what we can expect to encounter during the physical, mental, emotional, and spiritual processes that dying people undergo as they transition from life into death. The hospice team is available to support you and answer your questions. If you would like to read a more in-depth explanation of this process you may benefit from reading this book.

Feel free to use the QR Codes Below to bring you directly to the site.



English



Spanish



Bereavement Support

A Guide to Grief

No amount of knowledge can prepare us for bereavement. Grief is the most intense and enduring emotion we can experience with no quick fix. Grief is a normal response to loss. It can be the loss of a home, job, marriage, or a loved one. Often the most painful loss is the death of a person you love. This guide will help you understand the grief you and others may feel after a death, whether sudden or anticipated. We hope this guide will help you realize that these feelings are not unusual and that things can get better. You are not alone.

The Grieving Process

Grief is painful and at times the pain seems unbearable. It is a combination of many emotions that come and go, sometimes without warning. Grieving is the period during which we actively experience these emotions. How long and how difficult the grieving period is depends on the relationship with the deceased, the circumstances of the death, and the situation of the survivors. The length of time people grieve can vary greatly from weeks to years. One thing is certain: grief does not follow a timetable, but it does ease over time.

Because grief is so painful, some people try to “get over” a loss by denying the pain. Studies show that when people don’t deal with the emotions of grief, the pain does not go away. It remains with them and can turn up in unrecognizable and sometimes destructive ways. Understanding the emotions of grief is an important step in healing and in helping others who may be grieving.

The Feelings of Grief

Experts describe the process as Shock, Denial, Anger, Guilt, Depression, Acceptance, and Growth. Some people experience the grieving process in this order. Most often, a person feels several of these emotions at the same time, perhaps to different degrees.

Shock

If death comes suddenly, shock is often the first response people feel. Even if the death is anticipated, there may be disbelief at its finality. A person may be numb and be able to go through the motions of life while feeling little. At the same time, physical symptoms such as confusion and loss of appetite are common.

Denial

Shock and denial are nature’s way of softening the immediate blow of death. Denial can follow soon after the initial shock. People may know their loved one has died, but some part of them can’t yet accept the reality of the death. It is not uncommon to fantasize that the deceased will walk through the door as if nothing has happened. Some people leave their bedrooms unchanged or make plans as if the loved one will participate, just as in the past.

Anger

Anger is normal. It may be directed at the deceased for leaving and causing a sense of abandonment, or at the doctors and nurses who couldn’t save them. People of faith may feel anger at God, for allowing so much pain and anguish. Anger may also be directed at oneself for not saving the life of a loved one. It can be a mild feeling or a raging irrational emotion. It can test one’s faith in religion or even in the goodness of life.

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Guilt

Few survivors escape some feelings of guilt and regret. “I should have done more” are words that haunt many people. Were angry words exchanged? Most people are very creative in finding reasons for guilt. So many things could have been done differently “if only I had known.”

Sadness

Sadness is the most inevitable emotion of grief. It is normal to feel abandoned, alone, and afraid. After the shock and denial have passed and the anger has been exhausted, sadness and even hopelessness may set in. A person may have little energy to do even the simplest daily chores. Crying episodes may seem endless.

Acceptance

Time alone will not heal grief. Acknowledging the loss and experiencing the pain may free the survivor from a yearning to return to the past. Accepting life without a lost loved one may give way to a new perspective about the future. Acceptance does not mean forgetting, but rather using the memories to create a new life without the loved one. Hoping for things to be as they were may be replaced by a search for new relationships and new activities.

Growth

Grief is a chance for personal growth. For many people, it may eventually lead to renewed energy to invest in new activities and new relationships. Some people seek meaning in their loss and get involved in causes or projects that help others. Some people find a new compassion in themselves because of the pain they have suffered. They may become more sensitive to others, thus enabling richer relationships. Others find new strength and independence they never knew they had. After the loss, they find new emotional resources that had not been clear before.

The Experience of Grief

Grieving people have two choices: they can avoid the pain and all the other emotions associated with their loss and continue hoping to forget. This is a risky choice, since experience shows that grief, when ignored, continues to cause pain. The other choice is to recognize grief and seek healing and growth. Getting over a loss is slow, hard work. For growth to be possible, it is essential to allow oneself to feel all the emotions that arise, as painful as they may be, and to treat oneself with patience and kindness.

Feel the Pain

Give into it - grief is a pain that will get in the way later if it is ignored. Realize that grief has no timetable; it is cyclical, and emotions may come and go for weeks, months or even years.

Talk About Your Sorrow.

Take the time to seek comfort from friends who will listen. Let them know you need to talk about your loss. People will understand, although they may not know how to respond. If they change the subject, explain that you need to share your memories and express your sorrow.

Forgive Yourself.

Forgive yourself for all the things you believe you should have said or done. Forgive yourself for the anger, guilt, and embarrassment you may have felt while grieving.

Eat Well and Exercise.

Grief is exhausting. To sustain your energy, be sure to maintain a balanced diet and exercise. Find a routine that suits you – perhaps walks or bike rides with friends, or in solitude. Clear your mind and refresh your body.

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Indulge Yourself.

Take naps, read a good book, listen to your favorite music, get a manicure, go to a ball game, or rent a movie. Do something frivolous, distracting, and that you find comforting.

Prepare for Holidays and Anniversaries.

Many people feel especially ‘blue’ during these periods, and the anniversary date of the death can be especially painful. Even if you think you’ve progressed, these dates may bring back some of your painful emotions. Plan to be with friends and family members with whom you are comfortable and plan activities that allow you to mark the anniversary.

Get Help

Bereavement groups can help you recognize your feelings and put them into perspective. The experience of sharing with others who are in a similar situation can be comforting, and reassuring. Sometimes, new friendships grow through these groups- even a whole new social network that you did not have before. Lorian Health can assist you in finding a support group that can meet your needs. If you find that you are in great distress or long-term depression, individual or group therapy from a counselor may be advisable.

Take Active Steps to Create a New Life for Yourself

Give yourself as much time to grieve as you need. Once you find new energy, begin to look for interesting things to do. Take courses, donate time to a cause you support, meet new people, or even find a new job. It is often tempting to try to replace the person who has been lost. Whether through adoption, remarriage, or other means; this form of reconciliation often does not work. Many people discover that there is hope after death. Death takes away, but grief can give back. It is possible to recover from grief with new strengths and a new direction. By acting on our grief, we may eventually find peace and purpose.

Helping Those Experiencing Grief

You may know someone who has experienced a loss. Many of us feel awkward when someone dies, and don’t know what to do or say. The suggestions below are designed to help you help friends, family, and coworkers who are grieving.

Reach Out to the Grieving Person

Show your interest and share your caring feelings. Saying the wrong thing is better than saying nothing at all. At the same time, avoid cliches like “It was God’s will,” or “God never gives us more than we can bear”, or “At least she isn’t suffering.” Do not say you know how it feels. Do say you are sorry and that you are available to listen. Be prepared for emotions yourself. A death generates questions and fears about our mortality.

Listen

Your greatest gift to a grieving person can be your willingness to listen. Ask about the deceased, allowing the person to talk freely without fear of disapproval helps to create healthy memories. It is an important part of healing. While you can’t resolve the grief, listening can help.

Ask How You Can Help

Taking over a simple task at home or at work is not only helpful, but it also offers reassurance that you care. Be specific in your offer to do something and then follow up with action.

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Remember Holidays and Anniversaries

These can be a very difficult time for those who are in grief. Do not allow the person to be isolated. Remember to share your home, yourself, or anything that may be of comfort.

Suggest Activities That You Can Do Together

Walking, biking, or other exercises can be an opportunity to talk, and a good source of energy for a tired body and mind.

Help the Grieving Person Find New Activities and Friends

Include grieving people in your life. Grieving people may require some encouragement to get back into social situations. Be persistent but try not to press them to participate before they are ready.

Pay Attention to Danger Signs

Signs that the grieving person is in distress might include weight loss, substance abuse, depression, prolonged sleep disorders, physical problems, talk about suicide, and lack of personal hygiene.

Observing these signs may mean the grieving person needs professional help. If you feel this is the case, a suggestion from you (if you feel close enough to the person), or from a trusted friend or family member may be appropriate. You might also want to point out community resources that may be helpful.

Bereavement

Dealing with the loss is one of the greatest challenges we face during our lifetime. Bereavement is a time of intense, painful, confusing feelings. It is a transition between the way things used to be and the way things will be. Grief is not a single event nor is it an illness. It is a necessary process of healing that takes time. It is private, personal and complex. Each person has different needs, feelings, and reactions. We are here to help.

Hospice supports those who survive the patient's death through the first thirteen months after the death. During this period, the bereavement staff will be in touch by telephone and by mail. We will keep you informed about the support groups hospice offers and about other resources that may be helpful. It is our goal to help you through the normal range of feelings and concerns you will experience in adjusting to a loss.

The Bereavement Services Coordinator, counselors, volunteers, and other hospice team members offer a variety of services to meet individual and family needs. They include:

- Educational and support materials mailed to survivors at regular intervals.
- Support Groups
- Telephone calls for emotional support
- Visit(s) by a Hospice team member
- Referral to appropriate community resources
- Memorial Service

If at any time you wish to speak with a bereavement counselor, call the hospice office.

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Calendar

Month: _____ Year: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Month: _____ Year: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

SN = Skilled Nurse HA = Health Aide SC = Spiritual Counselor VOL = Volunteers



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Statement of Revocation or Transfer

Patient Name: _____ MR #: _____

Date of Patient Visit: _____ Time: _____

Benefit Period

(Check appropriate box)

1st 90 day period 2nd 90 day period 60 day period

Please check the appropriate box to the left of the section which indicates the reason for change.

Statement of Revocation

I hereby give notice that on the effective date listed below I no longer wish to receive hospice services.

If I am a Medicare Beneficiary, I understand that:

- By revoking the hospice benefit, I am forfeiting the remainder of the days in that period.
- I can enroll in hospice any time in the future that I am determined to be eligible for hospice coverage.
- The Medicare benefits waived at the time of election will automatically resume on the effective date of this revocation.

Transfer / Change of Designated Hospice Provider

I hereby give notice that on the effective date listed below I no longer wish to receive hospice services from: _____

,and choose to transfer to: _____

To receive hospice services at: (address) _____

Phone #: _____

- If I am a Medicare Beneficiary, I understand that changing to another Medicare certified hospice program, one time in each period, does not result in loss of benefit days.
- I hereby authorize release of medical information to the above hospice provider.

Patient or Legal Representative Signature

Date

Relationship to Patient

Effective Date

Signature of Witness

Date



Change in Designated Attending

Patient Name: _____ **MR #:** _____

Date of Patient Visit: _____ **Time:** _____

I hereby change my Attending Physician to:

Effective Date: _____ *(cannot be prior to the date signed)*

I acknowledge that the change in attending physician is my choice.

Patient or Legal Representative Signature

Date

Relationship to Patient

Effective Date

Patient unable to sign due to

Signature of Witness

Date

Notes

Notes

HOME HEALTH CARE **VS** HOSPICE CARE



Lorian Health Home Health Care

- Services covered but may have costs associated with certain medications or equipment
- RN/LVN, home health aide, social work, physical, speech and occupational therapy
- Chronic condition or recovery from surgery or injury
- Goals are to help patients recover and regain function
- Length of service depends on goals of care and doctor's orders
- Care focused on the patient and education for family/caregiver
- Must be homebound with certain exceptions
- Not available during inpatient care at hospital or nursing home



Lorian Health Hospice Care

- No homebound requirement
- Prognosis of six months or less to live
- Goals are comfort and quality of life
- Care can last up to six months, longer if doctor certifies limited life expectancy continues
- Nursing triage and support provided 24/7
- Available for skilled nursing facilities and short stays during inpatient care
- Medicare covers all hospice services including medications, supplies and equipment that are related to the terminal illness
- Care focused on patient and family caregiver through bereavement counseling, social work and chaplain services
- RN/LVN, social work, spiritual counseling, hospice aide, volunteers



What both have in common

- ♥ Care tailored to needs of the patient
- ♥ Focus on safety independence, avoiding unnecessary hospitalizations
- ♥ Team visits a few hours per week, not 24/7 care
- ♥ Care can be provided at home or in assisted living/group home
- ♥ Often covered by Medicare/Medicaid/VA/private insurance if patient meets eligibility criteria
- ♥ Nursing triage and support provided 24/7
- ♥ Lower cost than hospital or facility care



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