



Contact Information

PHONE NUMBERS

9am- 4:30pm Mon-Fri
Local: (814) 456-6689

After Hours, weekends and Holidays
Local: (814) 566-5019

ON-CALL SERVICES

Available 24 hours a day, seven days a week

H.O.M.E team members are available to provide telephone consultation, support and to make visits when needed.

WHEN TO CONTACT US

- General questions regarding care, services and programs, or to speak with a staff member
- Change in the patient's condition such as discomfort, acute pain, breathing problems
- Caregiver issues such as caring for the patient, caregiver of the patient becomes ill, caregiver not available to care for the patient
- Questions about medications related to the hospice diagnosis
- Questions about transportation such as prior authorization needed for ambulance transport, as appropriate
- Questions about medical supplies such as hospital bed, oxygen tank, bedside commode, needles
- For authorization **prior to** any physician appointment and/or other medical service scheduled or considered.

_____	_____
Patient Name	Medical Record #
_____	_____
Primary Nurse	SW
_____	_____
Spiritual Support/Church (#)	PCP
_____	_____
Funeral Home (#)	HHA

Dear Patient/Family Member:

We are honored that you have chosen one of the palliative care services offered by H.O.M.E. Our care is focused on prevention and relief of suffering, on relief of pain and other distressing symptoms, and on easing the stress and burdens that accompany illness. Our goal is to promote an optimum quality of life for our patients, their families and caregivers.

Your care is provided by a team of experienced healthcare professionals who view each patient as a partner in determining goals of care and choosing various options to achieve these goals. Your assigned team will oversee and guide your care every step of the way.

This Patient and Family Handbook is intended to provide you with an immediate source of information about programs and services available to you and your loved ones. If you have needs that arise any time of the day or night, our Access Center is available to answer questions and provide guidance. Please do not hesitate to contact us by calling **814 456-6689** or after hours **814-566-5019**. when you want information or would like our help with anything that concerns you.

Sincerely,

Karen Moski
Executive Director

Kimberly Mascia, MD
Medical Director



Introduction to Services

OUR MISSION

Provide care of the highest standard to enhance the quality of life for terminally ill individuals, their families and the community. Hospice and palliative care is the model for quality, compassionate care for people facing a serious or life-limiting illness. This care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the needs and wishes of patients and their families.

At Hospice of Metropolitan Erie, we believe:

- *No one should live in pain*
- *No one should live in fear*
- *No one should die feeling alone*
- *Everyone deserves to be a partner in his or her care, not just a patient*
- *Children deserve to have their grief honored and their lives celebrated*
- *We are changing the way people face life, dying and death, for the better*

Expert, compassionate staff will work with you and your family to develop a personal plan of care. This plan will include specific steps to promote comfort and help improve your quality of life. Your care will be provided by a specially trained team under the direction of your own doctor. You and your loved ones need to know that you are not alone during this time. All of our services are only a phone call away at **(814) 456-6689** or after hours at **(814) 566-5019**. H.O.M.E. is a not-for-profit, independent, community-owned healthcare organization providing compassionate and expert care to adults, children and infants living with serious or life-limiting illness. Founded in 1980, we are Erie's 1st name in Hospice, we specialize and focus only on end of life care. We provide our services throughout all of Erie County, to eligible individuals regardless of age, race, religion, sexual orientation, diagnosis, financial status or ability to pay. We realize that patients and families have choices when arranging for hospice care. H.O.M.E. thanks you for choosing us as your provider. We are honored that you have entrusted us with your care needs. Please take a moment to read this handbook. If you have questions now, or at any time, contact us at **(814) 456-6689**.



Introduction to Services

HOSPICE CARE

The primary goals of hospice care are comfort and quality of life rather than cure of underlying disease. In the United States, insurance companies offer hospice care as the care-delivery model through which patients and families receive enhanced palliative care during the advanced phase of an incurable illness and during bereavement.

Hospice care is provided by an interdisciplinary team of healthcare professionals trained to assist with physical, emotional, social, spiritual and practical issues of patients and families, as well as their associated expectations, needs, hopes and fears.

To begin hospice care, the following are needed:

- Your personal primary care physician and the hospice's medical director both certify that you have a prognosis of six months or less, if the disease runs its usual course.
- Your goals for care focus on comfort and quality of life rather than on cure of your disease.

Hospice services are not limited to a six-month time period. You will continue to receive hospice services beyond six months if the illness is still present and considered "terminal," and your treatment goals continue to focus primarily on comfort rather than cure.

HOW HOSPICE CAN HELP

- By managing your physical symptoms and keeping you comfortable
- By providing emotional and/or spiritual support for you and your family
- By helping you with your daily living activities
- By providing information about your care and changes that may occur as your disease progresses
- By providing bereavement support to you and your family

At H.O.M.E, our goal is to prevent and relieve suffering to the greatest extent possible for you and your loved ones. For more information, call us at (814) 456-6689.



Introduction to Services

Upon your election of the hospice benefit, H.O.M.E will professionally manage all aspects of the care related to your hospice diagnosis. All services must be authorized, coordinated or arranged by a member of your hospice team. In order for a hospice service to be covered under the hospice benefit, services **must be** incorporated into your plan of care and created in partnership with you, your personal physician and your hospice care team.

As a hospice patient, your care may continue to be under the direction of your personal physician. You will also have the assistance of your entire hospice care team. This team is a group of professionals who will work with you and your doctor to develop a plan of care to meet your needs. This plan of care will support your choices and can be changed at any time to accommodate your changing needs and desires.

Please note that 911 and emergency room services are not covered under the hospice benefit unless specifically authorized by H.O.M.E. You and/or your family are responsible for the cost(s) of any additional services sought without prior authorization from your hospice care team.

Please communicate with your H.O.M.E. care team to obtain authorization prior to seeking medical services related to the hospice diagnosis. H.O.M.E. staff are available 24 hours a day, seven days a week, and can be reached by calling (814) 456-6689 or (814) 566-5019. Your primary team is available Monday through Friday from 8 a.m. until 5 p.m. However, if a question, concern, or emergency arises after hours, qualified staff are available to assist you. Never hesitate to call us first with any questions or concerns that you may have.

THE HOSPICE TEAM

- **Primary Physician**—Your personal physician can continue to be your primary care provider and oversee your treatment plan.
- **Hospice Physician** — The hospice physician works with your primary physician and other hospice team members to implement your plan of care. Our specially trained hospice physicians are always available for consultation.
- **Hospice Nurse** — The hospice nurse assesses your needs, provides education, administers medications, evaluates changes in your condition and oversees medical treatments as ordered by your physician. Nursing visits are provided as needed and as described in your plan of care, and can be performed by a registered nurse and/or licensed vocational nurse.



Introduction to Services

- **Social Worker** — The social worker assesses psychosocial needs and provides education, counseling, and emotional support for you and your loved ones. Supportive services include exploring legal and financial issues, care options and community resources.
- **Spiritual Counselor**—The spiritual counselor assesses spiritual needs and provides education and non-judgmental spiritual support, as requested by you and your loved ones. Spiritual counselors also work with your own spiritual advisor or clergy.
- **Home Health Aide/STNA**— A State tested nursing assistant is available to provide personal care services such as bathing, skin care and personal hygiene. Visits are provided as needed and as described in your plan of care.
- **Homemaker** — A homemaker is available to assist with light housekeeping, grocery shopping, laundry and errands for you and your loved ones, if required.
- **Pharmacist** — The pharmacist consults with the physician and hospice team regarding what medications are best to manage your symptoms and can also answer questions about prescribed medications.
- **Bereavement Counselor** — A bereavement counselor is available to provide support and counseling, before and after death. Working with a counselor helps loved ones learn about the grief process and formulate a plan for the emotional and physical changes the family may experience in their grief.
- **Hospice Volunteer** — Hospice volunteers are available to assist you and your loved ones in many ways. Volunteers are specially trained to provide companionship and emotional support for the patient. The time they spend with the patient may allow family and other care-givers to have a brief “break” from care giving responsibilities.

WHERE HOSPICE CARE IS PROVIDED

Services are provided in the patient’s home or other places of residence throughout Erie County. A patient’s “home” can be a house or apartment, residential care facility, board and care, assisted living center, skilled nursing facility, the home of a friend or family member, or wherever the patient is most comfortable.



Introduction to Services

LEVELS OF CARE

A patient's care is designed to meet his or her specific goals and needs. Hospice provides four levels of care to meet the goals and needs of the patient and the patient's loved ones.

- **Routine Home Care** — Routine hospice home care is provided in the patient's place of residence, which may be a house or apartment, an assisted living facility, a long-term care facility, nursing home, or wherever the patient is living. Members of the hospice team will work with the caregivers to help them feel comfortable with some of the routine patient care activities.
- **Inpatient Care** — Inpatient care provides a short-term stay in a hospital or extended care facility for patients who need 24-hour skilled nursing care. Inpatient care may be indicated for treating uncontrolled pain or other symptoms or for other conditions requiring close observation and treatment.
- **Respite Care** — Respite care is short-term inpatient care provided to the individual only when necessary to relieve the family members or other persons caring for the individual at home. Respite care may be provided only on an occasional basis, generally no more than once in a benefit period, and may not be reimbursed for more than five consecutive days at a time. This level of care is usually provided in a skilled nursing facility.
- **Crisis Care** — Crisis care, also known as continuous care, is a more concentrated approach to care for patients experiencing uncontrolled pain or other symptoms, and is provided for short periods of time based on the criteria for this level of care. Care is provided by a Licensed Practical Nurse (LPN) or a Home Health Aide (HHA), with daily visits from a Registered Nurse (RN).

DISCHARGE FROM CARE

Patients are discharged from hospice care only if a situation arises where the hospice is unable to serve that patient, if the hospice team determines that the patient's prognosis has changed. Patients may voluntarily choose to leave the hospice program at any time.



Introduction to Services

FREQUENTLY ASKED QUESTIONS

IS HOSPICE EXPENSIVE?

Hospice care is a cost-effective and valuable healthcare resource for individuals living with a life limiting illness. Most private insurance providers, Medicare and Medicaid, have a defined hospice benefit. There is no charge for Hospice care from Hospice of Metropolitan Erie.

DOES “HOSPICE” MEAN GIVING UP HOPE?

No. Hospice workers recognize the importance of hope as a powerful, ever-changing force that continues throughout the time of living and the process of dying. Hospice offers hope that a secure, familiar care setting can be enjoyed. Hospice offers hope for freedom from the fears of isolation, abandonment, loneliness, loss of control and physical pain — hope that the family will be nurtured and supported, even after the death of the patient, through bereavement services.

WHAT KINDS OF ILLNESSES ARE CARED FOR BY HOSPICE?

Hospice care is provided to adults, children and infants living with any advanced progressive life-limiting illness such as severe birth defects, cancer, HIV/AIDS, Alzheimer's, stroke, ALS, Parkinson's, and end-stage heart, lung, kidney or liver disease. Hospice care also supports the patient's family members and loved ones of all ages during the illness and offers extensive bereavement support after the death.

DOES HOSPICE OF METROPOLITAN ERIE PROVIDE 24-HOUR NURSING CARE IN THE HOME?

Typically, the hospice home care program provides intermittent visits on an as-needed basis to support the patient and primary caregiver and does not routinely provide 24-hour nursing care in the home. However, continuous skilled nursing care may be provided in the home for a short term crisis period requiring complex symptom management. Members of the patient care team are available around the clock, seven days a week to answer questions and assist with emergencies.

ISN'T HOSPICE USEFUL ONLY FOR HEAVY-DUTY PAIN MEDICATIONS?

Hospice care is designed to provide not only medical care but also social, psychological and spiritual support delivered by an interdisciplinary hospice team that may include a nurse, social worker, spiritual counselor, home health aide, and other professionals and trained volunteers.



Introduction to Services

CAN PATIENTS RECEIVE CHEMOTHERAPY OR RADIATION WHILE ON HOSPICE CARE?

H.O.M.E. evaluates these needs on an individual patient basis. If the treatment promotes comfort and quality of life, patients may receive chemotherapy and radiation treatments.

IF YOU ARE ON HOSPICE, CAN YOU KEEP YOUR OWN DOCTOR?

Yes. Patients may remain under the care of their personal primary care physician while receiving hospice care.

MUST YOU LEAVE YOUR HOME TO RECEIVE HOSPICE CARE?

Hospice is a philosophy of care for people who are living with an advanced or life-limiting illness, no matter where they live. Care is provided in the patient's home or wherever the patient resides, including residential, skilled nursing, and assisted living facilities. Specialty in-hospital care is also available.

IS A HOSPICE PATIENT REQUIRED TO SIGN A "DO NOT RESUSCITATE" FORM?

A Do Not Resuscitate (DNR) form is not a requirement for hospice services at home, in long-term care facilities or in community hospitals.

IS THERE A TIME LIMIT ON HOSPICE SERVICES?

Hospice services are not limited to a six-month time period. Patients will continue to receive hospice services beyond six months if the illness is still present and considered "terminal," and treatment goals continue to focus on palliation rather than cure of their underlying disease. Contrary to popular belief, Medicare law does not time-limit the hospice benefit. Patients have access to the Medicare Hospice Benefit as long as the patient's physician and the hospice medical director certify that the patient's illness is still considered "terminal," with an estimated life expectancy of six months or less.

WHAT HAPPENS IF A PATIENT'S CONDITION IMPROVES?

If a patient's condition improves to the point where hospice or palliative care is no longer needed, the patient will be discharged from H.O.M.E. services. Staff will assist the patient and family with this process. The patient can receive hospice and palliative care services again in the future, as appropriate.



Introduction to Services

WHAT HAPPENS IN AN EMERGENCY?

In case of an emergency involving the hospice patient, call H.O.M.E. at (814) 456-6689 or (814) 566-5019. Staff members are available 24 hours a day, seven days a week to take your call and provide assistance. If a patient visit is required, the appropriate professional will be promptly dispatched. Emergency room services and 911 calls are not covered under the hospice benefit unless **specifically authorized by hospice health care personnel.**

AREN'T ALL HOSPICES THE SAME?

Even in the same community, hospice programs can differ in the services and/or treatments that are offered to patients and their family members. There are several different hospice programs in Erie County, all independent of each other. In most cases, individuals can choose the hospice program from which to receive services. H.O.M.E. is the first hospice agency to focus and specialize only in hospice care and has been serving Erie county since 1980, we are a not-for-profit hospice program. We offer the most comprehensive hospice care services for adults and children.



Who Pays for Hospice Services

INSURANCE COVERAGE FOR HOSPICE SERVICES

Patient care is our highest priority.

Most health insurance plans, including Medicare Part A, Medicare HMO, Medicaid, Medicaid HMO/PPO's, senior health plans and private insurances, offer some level of hospice care benefit.

H.O.M.E. bills the patient's insurance carrier directly for hospice services. Hospice services in most insurance plans include all of the following:

- Visits by the hospice team
- Medications related to the hospice diagnosis
- Medical equipment
- Medical supplies
- Respite Care
- Inpatient Care
- Continuous/Crisis Care
- Bereavement services
- Physical, speech and occupational therapy

Medical care provided by the patient's attending physician and services not related to the hospice diagnosis, if needed, are handled under the patient's regular insurance plan.

THE MEDICARE HOSPICE BENEFIT

To be eligible for the Medicare Hospice Benefit, a patient must be entitled to Medicare Part A benefits and must be certified as terminally ill, which is defined by the Medicare Hospice Regulations as "a medical prognosis with a life expectancy of six months or less if the disease runs its normal course, as certified by a physician." The patient must also elect the Medicare Hospice Benefit, consent to treatment, and be certified by the Hospice Medical Director.

Patients covered by a Medicare HMO (for example, Security Blue) are entitled to use their Hospice Benefit and may choose any Medicare certified hospice provider while remaining an HMO member. H.O.M.E. will bill Medicare for all services related to the hospice diagnosis. Any services of the patient's attending physician as well as services unrelated to the hospice diagnosis will continue through normal avenues with the HMO carrier.



Who Pays for Hospice Services

Patients with Medicare Part A coverage will not receive any additional bills for hospice services. The patient will be responsible for co-pays and cost shares related to their attending physician services.

COMMERCIAL INSURANCE BENEFITS FOR HOSPICE CARE

If you are not covered by either Medicare Part A or Medicaid coverage, we will contact your insurance carrier to determine your specific hospice benefits. Please feel free to call your health insurance company if you wish to get a direct quote of your hospice benefit. If you have questions about your hospice benefit or other insurance matters, please contact your carrier or our office and we will assist to the best of our ability.

UNINSURED PATIENTS

We believe that everyone should have access to appropriate hospice and palliative care. If you do not have the ability to pay, we have a Social Worker who will meet with you to help you identify potential funding sources. Many times patients are not aware of all the benefits available to them.

We can assist you in applying for benefits, such as:

- Social Security benefits
- Other potential funding sources
- GECAC senior services
- Community Resources for Independence
- Voices For Independence



Patient's Rights/ Privacy Practices

YOUR RIGHTS TO MEDICAL TREATMENT

You have the right to make choices about your medical care, this right continues even after you are unable to communicate due to illness or injury. An Advance Healthcare Directive (a written document giving specific instructions about your healthcare) is required to protect this right.

H.O.M.E supports the rights of the patient or his/her designated agent to participate in informed decisions regarding care. It is our intent to educate patients as to their rights, to formulate advance healthcare directives, and to encourage and support patients in formulating and communicating those care decisions. We can provide Advance Healthcare Directive documents and education to patients and families as needed. For more information about the Advance Healthcare Directive and the Durable Power of Attorney for Healthcare, contact your hospice team.

DO NOT RESUSCITATE FORM

Most H.O.M.E. patients and their loved ones understand the dying process and do not want Cardiopulmonary Resuscitation (CPR) performed. When a patient makes this decision, a "Do Not Resuscitate" (DNR) form should be completed. Your hospice team can assist you with this process and answer any questions. Similarly, your assigned spiritual counselor can be of assistance in helping you address spiritual concerns behind this decision.

Why the DNR form is important. At the time of a hospice patient's death, the first call should be made to the hospice team by dialing (814) 456-6689 or (814) 566-5019 for immediate assistance. In the event that 911 is called at the time of death, the patient's DNR form must be completed and posted where the patient resides, so that the paramedics can see it. If 911 is called and a DNR form is not completed or the completed DNR form is not present for the paramedics to see it, the paramedics must act accordingly, which will result in their performing CPR on the patient. H.O.M.E. does not require patients to complete a DNR form to receive hospice services at home, in long-term care facilities or in contracted acute care hospitals. The decision to sign the DNR form is up to the patient.



Patient's Rights/ Privacy Practices

VOICING A CONCERN/COMPLAINT REGARDING CARE

Staff members at H.O.M.E. are committed to the highest standards of quality care. Every patient and family has the right to problem resolution with respect to treatment or care that is (or fails to be) provided. Questions and concerns may be directed to the patient's team.

If further assistance is needed, please contact:

- *Executive Director*, at (814) 456-6689.

All complaints will be handled confidentially and in a timely manner. The patient or family will not be discriminated or retaliated against, or in any way penalized, for requesting problem resolution. You may also file a complaint at the State Department of Health. A 24-hour telephone hotline is available to receive complaints or questions about local home health and hospice agencies.

Pennsylvania Department of Health Services

Toll-free Hotline 1-800-222-0989



Patient's Rights/ Privacy Practices

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE EXPLAINS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you receive care from H.O.M.E. we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by any H.O.M.E. healthcare personnel or your physician.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

OUR RESPONSIBILITIES

Our primary responsibility is to safeguard your personal health information. We must give you this notice of our privacy practices, and we must follow the terms of the notice that is currently in effect.

Changes to this notice—We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe the ways that we use your health information within H.O.M.E. and disclose your health information to persons and entities outside of H.O.M.E. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the categories listed below.



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Written Consent—In compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain in writing an Informed Consent when you elect to obtain care from H.O.M.E. The Informed Consent is necessary to allow us to use your health information within H.O.M.E. and to disclose your health information as appropriate.

The Informed Consent needs to be obtained only once and remains valid unless revoked in writing. This consent will be used for the following purposes:

Treatment—We may use your health information to coordinate care within the hospice and with others involved in your care, such as your physician, members of the hospice team and other healthcare providers. H.O.M.E. may also disclose your healthcare information to individuals outside of the hospice, including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other healthcare professionals who assist in coordinating your care.

Payment — The hospice may use and disclose your health information in invoices to collect payment from third parties, such as insurance providers, for the care you receive from H.O.M.E. H.O.M.E. may need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice care and the services that will be provided to you.

Healthcare Operations—We may use and disclose your health information for our own operations in order to facilitate the function of the hospice and as necessary to provide quality care to all of the hospice's patients. Healthcare operations include such activities as quality assessment and improvement activities; activities designed to improve health or reduce healthcare costs; protocol development, case management and care coordination; contacting healthcare providers and patients with information about treatment alternatives and other related functions that do not include treatment; professional review and performance evaluation; training programs including those in which students, trainees or practitioners in healthcare learn under supervision; training of non-healthcare professionals; accreditation, certification, licensing or credentialing activities; review and auditing, including compliance and medical reviews, legal services and compliance programs; business planning and development; business management and general administrative activities of the hospice; fundraising for the benefit of the hospice and certain marketing activities.



Patient's Rights/ Privacy Practices

For example, H.O.M.E. may use your health information to evaluate its staff performance, combine your health information with other H.O.M.E. patients in evaluating how to more effectively serve all H.O.M.E. patients, disclose your health information to H.O.M.E staff & contracted personnel for training purposes, use your health information to contact you as a reminder regarding your visit to you, or contact you or your family as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

Business Associates — There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, etc. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, we require our business associates to sign a contract that states they will appropriately safeguard your information.

Research — When a research study does not involve treatment, we may disclose your health information to researchers. In this case, an Institutional Review Board (IRB) would review the research proposal, establish appropriate protocols to ensure the privacy of your health information and approve the research

WITH YOUR SPECIFIC WRITTEN AUTHORIZATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Some typical disclosures that require your authorization are as follows:

Research Involving Your Treatment — When a research study involves your treatment, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, for any such research study, an Institutional Review Board will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your health information and approved the research. You do not have to sign the authorization in order to receive treatment from H.O.M.E., but



Patient's Rights/ Privacy Practices

if you do refuse to sign the authorization, you cannot be part of the research study.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

State or federal law permits H.O.M.E. to use or disclose your health information without your consent or authorization for a number of reasons:

When Legally Required — H.O.M.E. will disclose your health information when it is required to do so by any federal, state or local law.

Risks to Public Health — H.O.M.E. may disclose your health information for public activities and purposes in order to prevent or control disease, injury or disability; to report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions; to report adverse events, product defects; to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration; to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease; to inform an employer about an individual who is a member of the workforce, as legally required.

Report Abuse, Neglect or Domestic Violence — H.O.M.E. is allowed to notify government authorities if there is reason to believe a patient is the victim of abuse, neglect or domestic violence. H.O.M.E. will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

Health Oversight Activities — H.O.M.E. may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. H.O.M.E., however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of healthcare or public benefits.

Judicial and Administrative Proceedings — H.O.M.E. may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when H.O.M.E. makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.



Patient's Rights/ Privacy Practices

Law Enforcement Purposes—H.O.M.E. may disclose your health information to law enforcement officials for law enforcement purposes as follows: as required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; under certain limited circumstances, when you are the victim of a crime; to a law enforcement official if H.O.M.E. has a suspicion that your death was the result of criminal conduct including criminal conduct at the hospice; in an emergency in order to report a crime.

Coroners, Medical Examiners and Funeral Directors — H.O.M.E. may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law. If necessary to carry out their duties, H.O.M.E. may disclose your health information to funeral directors prior to and in reasonable anticipation of your death, consistent with applicable law.

Organ, Eye or Tissue Donation — H.O.M.E. may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

Serious Threat to Health or Safety — H.O.M.E. may, consistent with applicable law and ethical standards of conduct, disclose your health information if the hospice, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Specified Government Functions — In certain circumstances, the federal regulations authorize H.O.M.E. to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

Workers' Compensation — H.O.M.E. may release your health information for Workers' Compensation or similar programs.



Patient's Rights/ Privacy Practices

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of H.O.M.E., the information belongs to you. You have the right to:

Request a restriction on certain uses and disclosures of your information — You may request in writing, restrictions on certain uses and disclosures of your health information. However, if our system capabilities will not allow us to comply with your request, we are not required to do so. You have the right to request a limit on H.O.M.E.'s disclosure of your health information to someone who is involved in your care or the payment of your care.

Request confidential communications — You have the right to request that H.O.M.E. communicate with you about medical matters in a certain way. For example, you may ask that H.O.M.E. conduct communications pertaining to your health information only with you privately, with no other family members present. H.O.M.E. will not request that you provide any reasons for your request and will attempt to honor your reasonable request for confidential communications.

Inspect and copy your health information — You have a right to inspect and copy your health information, including billing records. You must submit your request in writing and H.O.M.E. may charge a reasonable fee for copying and assembling costs associated with your request. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another healthcare professional chosen by someone on our hospice team. We will abide by the outcome of that review.

Amend healthcare information — If you or your representative believes that your health information records are incorrect or incomplete, you may request that H.O.M.E. amend the records. That request may be made as long as the information is maintained by H.O.M.E. H.O.M.E. may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by H.O.M.E., if the records you are requesting are not part of H.O.M.E. records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or, if in the opinion of the hospice, the records containing your health information are accurate and



Patient's Rights/ Privacy Practices

complete. Please note that even if we accept your request, we are not required to delete any information from your health record.

An accounting of disclosures of your health information — You or your representative have the right to request an accounting of disclosures of your health information made by H.O.M.E. for any reason other than for treatment, payment or health operations. The request should specify the time period for the accounting.

Revoke your authorization — You or your representative have a right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Complain about any aspect of our health information practices to us and/or to the Department of Health and Human Services of the United States — Complaints about this notice or how H.O.M.E. handles your health information should be directed in writing to: H.O.M.E. Executive Director, 202 East 10th Street, Erie, PA 16503. There will be no retaliation for filing a complaint and you may expect an investigation and explanation. You may also submit a formal complaint in writing to the Secretary of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201.

If you have any questions about this notice, please contact the H.O.M.E. Executive Director at (814) 456-6689



Preparing for Final Days

RELIGIOUS RITUALS

Many individuals belong to supportive religious communities. In some cases, particular faith traditions have rituals that are celebrated before and at the moment of death. It is important to note that the patient's assigned spiritual counselor might be of a different faith tradition and not able to celebrate the desired ritual with the patient. Likewise, it may be difficult to locate a member from the patient's faith tradition in a timely manner. Therefore, it is recommended that this be discussed with the assigned spiritual counselor in advance so that he/she might effectively facilitate the desires of the patient and family.

SIGNS AND SYMPTOMS

We realize that this period of time is often the most difficult for everyone. You may feel the need to contact your hospice team for additional support. The following information on signs and symptoms of impending death is offered as a guideline to help you understand the natural changes which may happen during the dying process. These signs and symptoms may or may not occur, nor are they in any particular order.

- **Withdrawal** — Withdrawal is normal for the dying patient. Separation begins first from the world – no more interest in newspaper or television – then from people, no more neighbors visiting, withdrawal from the children and grandchildren, and perhaps withdrawal from even those persons most loved. With this withdrawal comes less of a need to communicate with others. In some cases, however, withdrawal may be an indication of a spiritual issue or concern that is unresolved. It may prove beneficial to talk with the assigned spiritual counselor for suggestions on how to bring peace to this situation.
- **Fluid and Food** — There is usually little interest in eating and drinking. This is one of the hardest concepts for a family to accept. Allow your loved one to eat and drink whatever seems appetizing, but any nourishment should be taken slowly and in small amounts. Let the dying patient decide how much and when to eat and drink. Please remember that it is okay for your loved one to choose not to eat.
- **Sleep** — As a result of changes in the body's metabolism, the dying patient will gradually spend more time sleeping and will be more difficult to arouse. Plan to spend more time with your loved one during times of alertness.



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- **Disorientation** — There may be increasing confusion about time, place and the identity of people. To allow for a peaceful transition, gently reorient your loved one to day, time and presence of other people. Provide a comfortable, quiet environment and filtered light. In conscious moments, the patient may speak or claim to have spoken to people who have already died, or to see places not presently accessible or visible to you. This is not a hallucination or a reaction to medication. It signifies the beginning of the normal detachment from life — a preparation for the transition. Accept this transitional time. There is no need to contradict, explain away, belittle, or argue about what your loved one claims to see or hear. Listen with respect. Allow free expression of feelings and offer comfort through touching and/or speaking reassuringly and calmly.

- **Restlessness** — You may notice the dying patient becoming restless and pulling at the bed linens. These symptoms are a result of a decrease in the oxygen circulation to the brain and a change in the body's metabolism. Talk calmly and assuredly so as not to startle or frighten. Similar to withdrawal, restlessness may also be a result of the resurfacing of past spiritual events in the patient's life. This restlessness should be brought to the attention of the assigned spiritual counselor so that he/she can assist the patient and family in discovering comfort in the final days.

- **Decreased Senses** — Clarity of hearing and vision may decrease. Keep soft lights on in the room when vision decreases. Never assume that your loved one cannot hear; hearing is said to be the last of the five senses to be lost and can remain very acute even though the patient may seem to be asleep.

- **Incontinence** — Incontinence (loss of control) of urine and bowel movements may become more pronounced as death nears. Your hospice team can help you to obtain pads to place under your loved one for more comfort and cleanliness, or the doctor may order a catheter.

- **Physical Changes** — The following are physical changes that may occur and that show the physical body is losing its ability to maintain itself.
 - The blood pressure often lowers and can cause dizziness for the patient.
 - There are changes in the pulse, either increasing or decreasing.
 - The body temperature can fluctuate between fever and cold.
 - There is increased perspiration, often with clamminess.



Preparing for Final Days

- The skin color changes: flushed with the fever, bluish with the cold. A yellowish paleness (not jaundice) often accompanies approaching death.
 - Breathing changes also occur. Respirations may increase or decrease. Breathing may become irregular with 10-30 seconds of no breathing (apnea).
 - Congestion can also occur and a “rattling” sound may be heard in the lungs and upper throat. This occurs because the patient is too weak to swallow secretions and/or cough them up. The congestion can be affected by positioning; it may be very loud and sometimes just comes and goes. Your doctor might order medication to dry these secretions. Elevating the head of bed and swabbing the mouth with oral swabs gives comfort.
 - The arms and legs of the body may become cool to the touch. The hands and feet become purplish. The knees, ankles and elbows are blotchy. These symptoms are a result of decreased circulation. Cover your loved one with a light blanket.
 - Generally the patient becomes non-responsive (unable to respond to the environment) as death approaches. Although the patient is non-responsive, assume that the sense of hearing remains. Speak in a comforting voice.
- **Saying Goodbye** — A dying person may need to be assured that those left behind will be all right. A caregiver’s ability to reassure the patient can be considered an unconditional act of love. Saying *goodbye* to the dying person can be done in a variety of compassionate ways — by holding a hand, lying nearby or saying what you need to say. Tears are a normal and natural part of saying goodbye. To help ease your own pain if this should take place, it is recommended that each time you leave the patient’s side you express the goodbye in a loving manner.

SIGNS THAT DEATH HAS OCCURRED

- No breathing
- No heartbeat
- Loss of control of bowel or bladder
- No response to verbal commands or shaking
- Eyelids slightly open
- Eyes fixed on a certain spot
- Jaw relaxed and mouth slightly open



Preparing for Final Days

PROCEDURES AT THE TIME OF DEATH

Call H.O.M.E. at (814) 456-6689 or after hours at (814) 566-5019 to inform us of the death and to ask for assistance.

Please note: At the time of death, it is suggested that 911 *not* be called. H.O.M.E. is not financially responsible for 911 calls, ambulance services, or emergency room admissions unless specifically authorized by hospice healthcare personnel. If any of these services are chosen without prior authorization, the patient's family will be responsible for the cost(s). H.O.M.E. will offer to send a staff member to the patient's residence for support and to assist with phone calls, final arrangements, and the disposal of medications. We will make the necessary phone calls to the following:

- **Patient's primary physician** — The physician is responsible for verifying the cause of death and signing the death certificate. This will usually occur on the next business day. It is not necessary for the physician to come to the home.
- **Coroner/Medical Examiner** — The Coroner/Medical Examiner's Office will be contacted.
- **Mortuary/Funeral Home** — After all family members and/or loved ones who may want to see the patient have been contacted and have arrived, the funeral home of choice will be contacted, particularly if no further viewing of the patient is anticipated. If needed, a H.O.M.E. staff member can assist in calling the funeral home. When the funeral home staff arrives, they will ask the immediate family some questions, but most final arrangements are completed the following day at the funeral home or by phone.

IMPORTANT DOCUMENTS TO GATHER

In preparation for the death of a loved one, this list is intended only as a guide. Other legal or professional advice may be needed. Following the death of your loved one, you may have many friends and family offering their time and support. Do not be afraid to call upon them to assist with these details.

Durable Power of Attorney for Healthcare



Preparing for Final Days

Final arrangements

Be sure you know your loved one's wishes regarding final arrangements. If arrangements have already been made, locate those instructions. If assistance is needed, contact a member of your hospice team.

Will

If your loved one did not prepare a will, it may be helpful to prepare a list of property, including real estate, stocks, bonds and personal possessions.

Documentation for bank and investment accounts

Keep in mind that if accounts are not joint or do not name a beneficiary, funds may not be immediately available upon death. Every bank operates differently; check with yours.

Insurance policies

It may be helpful to contact insurance companies to inquire about claiming benefits. Some accounts may be covered by credit insurance, which pays off balances upon death.

Life Insurance

Mortgage or Loan Insurance

Health Insurance

Auto Insurance

Safe deposit box

While locating the keys, be sure you know where the safe deposit box is located.

Military discharge certificate

If applicable, this paperwork will be needed in planning a funeral with military honors. If unable to locate, contact the Regional Office of Veteran's Affairs at 1-800-827-1000.



Preparing for Final Days

Death certificate

Determine the number of copies needed. Certified copies are \$12 each, initially available through the funeral home. Afterwards, certified copies can be obtained from the County Recorder at the Erie County court house.

Notify banks, insurance and government agencies of your loved one's death. Most will require a copy (certified or photocopy) of the death certificate.

Banks

Investment accounts

Credit card companies

Social Security (1-800-772-1213) You may need to send specific payments back to SS depending when the death occurred. SS will give you instructions on this.

Pension and other retirement benefits

Life insurance

Mortgage or loan insurance

Accident insurance

Health insurance

Long-term care insurance

Auto insurance

Department of Motor Vehicles

Applicable religious or civic organizations



Preparing for Final Days

__ Maintain a certified copy of death certificate for your personal files

__ If applicable, contact the executor of your loved one's estate/will

OTHER HELPFUL INFORMATION

- **Social Security** — Social Security should be notified as soon as possible after the death. In most cases, this is done by the funeral home.
- **Death Benefit** — A one-time payment of \$255 is payable to the surviving spouse if he/she was living with the beneficiary at the time of death OR if living apart, was eligible for SS benefits on the beneficiary's earnings record.
- **Spouse Benefits** — If you are receiving benefits based on your spouse's work when you report the death, Social Security will change the payments to survivor's benefits. If receiving benefits based on your own work, Social Security will check to see if you are eligible for more money as a widow or widower. You will receive the higher benefit, not a combination of the two. For more information, visit www.ssa.gov or call 1-800-772-1213.

Decisions about disposition arrangements after an individual's death if no directions are left.

The responsibility for making decisions devolves in the following order:

1. Executor of the will (Power of Attorney is null and void upon death in PA)
2. Spouse
3. Adult children/majority of adult children
4. Parent(s)
5. Competent adult sibling/majority of adult siblings
6. Other competent adult kin
7. Public administrator



Caregiver Resources

CARE FOR CAREGIVERS

Taking care of someone with a serious illness can be rewarding and also physically, emotionally and spiritually stressful. A caregiver who does not practice self-care is not of much help to the loved one. You need to balance everything so that you can find the equilibrium that gives you energy for the things you'd like to do as well as the things you have to do. The hospice team can help you if you find yourself stressed. Here are some tips to help.

- Plan early to find ways to support yourself to stay healthy through diet, exercise, vitamins and supplements, yoga, meditation and time for yourself.
- Be patient with yourself, recognizing that some days are going to be more difficult than others, but maybe tomorrow will be better.
- Take advantage of offers of help from family, friends and community agencies.
- Educate yourself about the patient's condition. Information can be empowering.
- Have at least one person who can give you support and in whom you can confide.
- Seek support from other caregivers. There is great strength in knowing you are not alone.
- Trust your instincts most of the time they'll lead you in the right direction.
- If you are accustomed to participating in particular religious activities, be sure to find time to keep these as a part of your regular routine, as they may help you remain in a good space while caring for your loved one.

For additional support and resources, please contact your hospice team by calling (814) 456-6689.

COMMUNICATING WITH CHILDREN

Families are often challenged in communicating with their children during this process. In our efforts to protect children from harm, we often avoid or minimize difficult news. Remember that both children and adolescents experience grief from the loss of a loved one. Even infants will show signs of distress when



Caregiver Resources

threatened with the loss of an attachment figure. Some helpful reminders for communicating with children and adolescents are:

- As parents or caregivers, it is important that you communicate openly and honestly with your children.
- Use words and ideas to fit your children's developmental levels and encourage them first to tell you what they know. This will give you an idea of where to begin. When details and facts are omitted, both children and adolescents will make assumptions based on their limited understanding of the world. These assumptions are often far from the truth and can have long-lasting unhealthy consequences
- Use honest, simple responses to answer your children's questions.
- Maintain routines and consistency as much as possible to provide your children with a sense of security despite the prevalent changes taking place.
- Don't hesitate to express your own feelings openly and appropriately, and trust your children to express feelings in their own ways and at their own pace.
- Above all, show your children how important they are. Set aside time to have one-to-one, uninterrupted interactions with each child. Don't create additional losses for your children by becoming unavailable yourself. Remember that you are not alone in this journey. We are here to provide support and resources along the way.

GRIEF AND LOSS SUPPORT

Hospice of Metropolitan Erie provides services that do not end with the death of the patient. We offer a variety of opportunities for ongoing emotional support and education about grief, loss, and life adjustments following the death of a loved one, including our *Empty Chair* that is sent to all family members who have provided an address to their social worker or team. Each hospice family is assigned a counselor who will contact you a few weeks after the death. They will want to see how you are doing and to offer our assistance to determine which of our services will be the most helpful to you. Complimentary bereavement services include our *Empty Chair* newsletters, telephone support, and individual, couple, family and support group counseling. These groups form throughout the year and are designed specifically for people facing similar types of losses.



Caregiver Resources

Even as you are first partnering with H.O.M.E. for the patient's care, you are likely to experience some anticipatory grief reactions. This is a normal process and involves grieving the losses you've already experienced along with accommodating to your current situation. It is also common to imagine the future as a way of rehearsing the possibilities that exist and their impact to you. As your journey progresses, you will encounter various manifestations of this grief. You may notice physical symptoms such as:

- Upset stomach
- Sleeplessness
- Changes in your appetite
- Trouble concentrating or focusing your thoughts

Since grief and care giving take an enormous amount of energy, fatigue is also common. A variety of emotions can also emerge such as:

- Helplessness
- Irritability
- Loneliness
- Anger
- Guilt

Grief is unpredictable and uniquely an individual experience. During this time, remember to seek support from someone you trust, whether that is a spiritual source, family member, friend or your assigned social worker or spiritual counselor.

PAIN MANAGEMENT AND CONTROL

One of the most consistently voiced fears from seriously ill patients and their loved ones is physical pain. For patients who are in pain, proper pain management is important in enabling them to live comfortably. One of the primary functions of hospice care is to assist the patient in the reduction of pain and to keep him/her as comfortable as possible. The hospice nurse, in cooperation with the patient's doctor, assists in developing a pain management program specific to the patient's needs. Chronic pain can be debilitating and exhausting. One of the primary methods used to control chronic pain is medication. There are three important concepts to understand in the use of medication.

- **Pain relievers** — Pain relievers, as appropriate, should be given at regular intervals in order to maintain an adequate, continuous blood level of the medication and prevent recurring pain. Pain is more difficult to control if it



Caregiver Resources

becomes severe before medication is given. In addition, the patient's fear of the pain returning intensifies the pain significantly. The hospice nurse will assist in setting up a time schedule to meet the patient's needs.

- **Drowsiness** — Although drowsiness is a side effect of taking some pain medications, it is important to know that alertness and relief of pain can be balanced. During the first two to three days of taking a new pain medication, the patient may feel drowsy. As the body adjusts, he or she usually becomes alert again. If drowsiness continues, the dosage can be adjusted until the correct balance of pain relief and alertness is achieved.
- **Fear of addiction** — Many terminally ill patients fear drug addiction with the use of pain medication. The therapeutic aim in the use of pain medication is pain relief. Addiction is not a risk when pain medications are used appropriately for this purpose

MEDICAL SUPPLIES

In an effort to help patients and families obtain the necessary supplies, H.O.M.E. will provide commonly used items. The hospice team can also help to identify those items that best meet the patient's needs.

AMBULANCE TRANSPORT

Ambulance transport may be available under specific circumstances and **must be authorized by H.O.M.E.** Consult with your hospice team for more information.

Support Groups

1st Tuesday of every month at 7:00pm

3rd Thursday of every month at 10:00am

Private counseling available by calling the office at (814) 456-6689

All meetings are held at the H.O.M.E. office located at 202 East 10th, Erie, PA



Safety Guidelines

MEDICATION SAFETY

At H.O.M.E., we are dedicated to making sure that you are as knowledgeable about your care as possible. This includes medication safety and education. Please review the following important medication safety tips.

- Know where your list of medications is — keep in this binder under the tab, POC/Med List/Symptom Scale.

- Ask your nurse:
 - WHAT your medications are
 - WHAT the reason is for each medication
 - WHEN each one is to be taken
 - HOW OFTEN to take them
 - Any special instructions for taking the medication
 - Any side effects of which to be aware
 - Which medications H.O.M.E. will pay for and deliver

- Please ask your hospice nurse if you have a question or concern about a medication.

- Let your nurse know about ALL the medications or supplements you are taking.
 - Vitamins and minerals
 - Herbal supplements
 - Other over-the-counter meds for:
 - Constipation
 - Heartburn or indigestion
 - Sleep
 - Colds or cough (including lozenges)
 - Allergy
 - Supplements obtained from the Internet, a nutritionist, chiropractor, or practitioner of natural or Oriental medicine. (Many drugs, herbs, supplements and vitamins interact with each other and with medications.)

- Take only the medications prescribed for you. In the event of a missed dose, call H.O.M.E. for instructions on actions to be taken.

- Read medication labels carefully; take the right medication in the right dosage at the right time.



Safety Guidelines

- Keep labels on medication bottles clean and readable to avoid mistakes in taking or giving the wrong medication.
- Certain medications can be crushed. Some CANNOT. Ask your nurse first.
- Check package inserts and H.O.M.E. Pharmacy medication information sheets for intended use and expected actions of medications. Note the method for proper storage and any expiration date. NEVER take a medication that has expired — watch the dates on the bottles!
- Keep all medications out of the reach of children and protected with child-proof caps.
- Let your hospice team know ahead of time if you are running low on any medications.
- H.O.M.E. can provide a medication box for you. Check with your hospice team if this is an option for you.

MEDICATION DISPOSAL

- Medications should be destroyed when the person for whom they were prescribed no longer needs them. Three important facts are:

– *Hospice staff are prohibited from removing medications from your home.*

– Please refer to the FDA guidelines for disposal of hazardous wastes such as medications to wastewater sewer systems.

Another way to properly dispose of unused medicine is to find the phone number of your local Household Hazardous Waste collection site in the government section of your local white pages of the telephone directory. For more information, refer to the H.O.M.E. Patient/Family Teaching Sheet, Medication Disposal. Call H.O.M.E. if you are unsure of the directions for disposal of medications listed above or have any other questions related to medications that the patient is no longer taking.

NEEDLE SAFETY

Sharps and needles should be destroyed when the person for whom they were prescribed no longer needs them. The Pennsylvania Department of Health recommends the use of a “sharps container” for discarding sharps and needles;



Safety Guidelines

detergent bottles and coffee cans are acceptable for home disposal of these items.

MEDICAL EQUIPMENT

- Follow directions and maintenance instructions. Make sure the equipment company follows the recommended maintenance schedule that comes with the equipment.
- If equipment such as oxygen is being used, ask the nurse about back-up equipment.

INFECTION CONTROL

- Always wash your hands before and after assisting an ill person. Hand washing helps prevent the spread of infection.
- If you are caring for someone who may require dressing changes, ask the hospice nurse about the use of gloves and proper bagging of soiled dressings.

FIRE SAFETY

- Do not smoke while oxygen is in use.
- A small fire extinguisher and smoke detectors are recommended precautions.
- Make a plan for evacuation. If a fire starts and you smell smoke or see flames, drop to the floor and crawl to the nearest exit. Once you are out, don't go back inside for anything.
- If your clothes catch fire, stop everything, and drop and roll on the ground. Cover your face with your hands for added protection.
- If a patient is bed bound, he/she may be pulled to safety on a blanket or sheet.

ACCIDENT PREVENTION

- Keep walkways in halls and rooms uncluttered to prevent falls and allow room for walkers.
- Remove throw rugs from patient pathways.



Safety Guidelines

- Bathrooms can be equipped with items such as safety rails, raised toilet seats, tub/shower chairs and rubber mats to make them safer for the patient.
- Examine electrical wires for cracked, exposed or frayed cords. Avoid overloading circuits with multiple plugs or extension cords. Disconnect items from electrical outlets by grasping the plug at the wall receptacle; do not pull or jerk the cord.
- Follow instructions on electric blankets for safe use.
- Use precautions walking with and around oxygen tubing.
- Give patient a whistle or bell to use to alert caregiver when out of hearing distance.

PERSONAL PROTECTION

- Make certain you know everyone entering your home. If unsure, ask for identification.
- Know your neighbors and keep telephone numbers handy.
- Work out a buddy system with a friend to check on each other daily.
- If you have people in your home helping with patient care, consider renting a safety deposit box at your bank for valuable jewelry and important papers.
- Don't discuss your finances with strangers except professionals who need this information to help you obtain services or plan for the future.

DISASTER PREPAREDNESS

In the event of a disaster, every effort will be made to provide continuing hospice services. H.O.M.E. will contact the patient and family to assess the patient's needs, and assistance will be provided as necessary.

- In the event of a disaster, it is the patient/family's responsibility to arrange transportation to the nearest hospital.
- If the patient is moved to a new location, please contact us at (814) 456-6689 or (814) 566-5019. Provide us with the patient's name and new address so that



Safety Guidelines

we can continue to monitor his/her needs and, if possible, provide or manage care needs.

- If the patient has life-sustaining equipment that requires electricity, it is the patient/family's responsibility for contacting the power company in order to place the patient on a "priority list." If the patient or family member has sustained a life-threatening injury as a result of a disaster, obtain emergency medical care. If the injury is not life threatening, contact your physician for further treatment.