

CALL US FIRST 24/7!

270-746-9300

## We’re Here When You Need Us

Hospice of Southern Kentucky always has a Registered Nurse available to address your individual needs. You can reach the nurse by calling (270-746-9300) 24 Hours a Day, 7 Days a Week – even on Holidays.

In addition, there is always a physician on call to assist in coordinating any additional medical needs you may have.

You have elected hospice, so we want to be here to keep you comfortable and address any concerns that you have at any time! By electing Hospice you have been assigned an entire care team to monitor and provide a total Plan of Care.

Calling 911 without coordinating with your Hospice team could result in expensive charges that you may be responsible to pay. Your hospice benefit will NOT pay for services, even if you deem them emergency unless you coordinate with your Hospice Care Team. Our goal is to keep you safe and comfortable at home and avoid the need to go to the hospital.

Should you decide that you would like to revoke hospice services, you will need to let your Hospice Team know so that your revocation can be completed PRIOR to seeking further treatment and becoming responsible for payment.

|  |  |
| --- | --- |
| **CALL US FIRST and ask to speak to a Nurse if you have questions or experience any of the following:** | |
| * Difficulty breathing * Increased Shortness of Breath * More swelling in your legs or feet * Weight Gain of 2 pounds or more within a 24 hour period * Decreased Alertness or Confusion * Changes in Urine – Bloody, cloudy, or foul odor * Catheter not draining * Difficulty or painful urinating | * Increased or sudden weakness * Dizziness * Frequent Headaches * No Bowel Movement for 3 Days * Temperature of 100 Degrees or Higher * Changes in Wound – More Drainage, Change of Drainage Color, New Odor * Increased Redness Around a Wound * Falls * Change in Balance, Coordination, or Strength. * Increased Pain * Black stool |

1

## Mission

To honor life through exceptional service and compassionate care.

## Hospice Philosophy

* **Hospice** affirms life.
* **Hospice** exists to provide support and care for persons in the last phases of incurable disease so that they may live as fully and comfortably as possible.
* **Hospice** recognizes dying as a normal process whether or not resulting from disease.
* **Hospice** neither hastens nor postpones death.
* **Hospice** exists in the hope and belief that, through appropriate care and the promotion of a caring community sensitive to their needs, patients and families may be free to attain a degree of mental and spiritual preparation for death that is satisfactory to them.

## Purpose of Hospice

The purpose of hospice is to provide comfort and support to you and your family. Comfort care and support include many different areas:

* + Physical care: pain and symptom control, like nausea, vomiting, or agitation.
  + Supportive psychosocial and spiritual care for both you and your family.
  + Medical management of the hospice diagnosis.
  + Supplies, equipment, and medications related to the hospice diagnosis.

2

## Payors of Hospice Care

Medicare pays for hospice care as long as the diagnosis and symptoms support a limited life expectancy. Many insurances and Medicaid cover hospice care similar to Medicare. Medicare covers all levels of the Hospice benefit (explained under Levels of Care). Room and board is NOT a covered Hospice benefit.

Medicaid and most private insurances follow the Medicare guidelines for eligibility, although some private insurances do require a co-payment amount or deductible.

Hospice coverage includes many disciplines of staff that work as a team to develop an individualized plan for you and your family. Equipment, supplies, and medications that are related to your hospice diagnosis and required to keep you comfortable are also covered under your Hospice Benefit.

Medications that are not related to your Hospice diagnosis may not be effective any longer. It will be up to you to decide which non-related medications you would like to continue. Non- Hospice diagnosis medications are not part of the covered hospice benefit. You will choose whether to continue to obtain those medications through your preferred pharmacy as you did prior to hospice or to stop taking them altogether.

**The following are based on the patient’s condition and the hospice philosophy: Chemotherapy, radiation, blood transfusions, physical therapy, etc. are treatments that require prior approval from the hospice team to determine if they will be beneficial for the patient’s comfort, not a curative treatment.**

Hospice of Southern Kentucky is dedicated to serving all regardless of insurance status. Individuals who have no insurance coverage may qualify for Medicaid or a sliding scale fee. The team will work with you to assist you with this process.

3

## Hospice Levels of Care

Routine Home Care

Routine Hospice Home Care includes intermittent visits from all the members of the Interdisciplinary Team. A patient will be placed at this level of care if they reside at home (or a long-term care facility) and the symptoms of their illness are controlled with medication and treatments. Most hospice patients utilize this level of care which allows them to stay wherever they call home as long as they are able to remain comfortable.

General Inpatient Level (GIP) – Hospice House

Hospice of Southern Kentucky has a lovely 10 bed inpatient unit to provide general inpatient care in a home like setting to those individuals who are having difficulty with extreme symptoms that are not controlled. You may also receive GIP level of care at a hospital if the circumstances require it.

Patients with pain, nausea, vomiting, and uncontrolled agitation are all examples of symptoms that would benefit from monitoring and treatment at an inpatient facility. This is a short-term solution in which the patient will only qualify for inpatient coverage until these symptoms are controlled. When the patient is stabilized, the patient may be discharged from the Hospice House to their home, to a family member’s home, or to a nursing or assisted living facility.

Hospice of Southern Kentucky will continue to care for this patient in their new environment under the Hospice Routine Level of Care.

Respite

This care is provided to home hospice patients at the Hospice House when the family needs a break from caregiving. These patients need a caregiver with them 24/7. Respite can also be used when the caregivers need to attend to family business that prevents them from caring for the patient. The patient is stable and usually does not require physician interventions.

However, if the patient’s condition changes, the physician will care for those needs. This care is for a limited time of five nights or less.

Continuous Care

Continuous care is a level of care provided to individuals who are having serious symptoms that need to be managed closely for the patient to get relief. Continuous care provides **short term** staff in the home for up to 24/hours a day to get the patient comfortable when they do not want to go to the inpatient facility.

Discharge

Patients may be discharged from hospice care if they choose or if their symptoms improve to the point that they are no longer eligible for the Hospice benefit.

All patients have the right to discontinue hospice services to seek care that is not in the hospice plan. This may be physical therapy through a home health agency or rehab facility. Curative radiation and

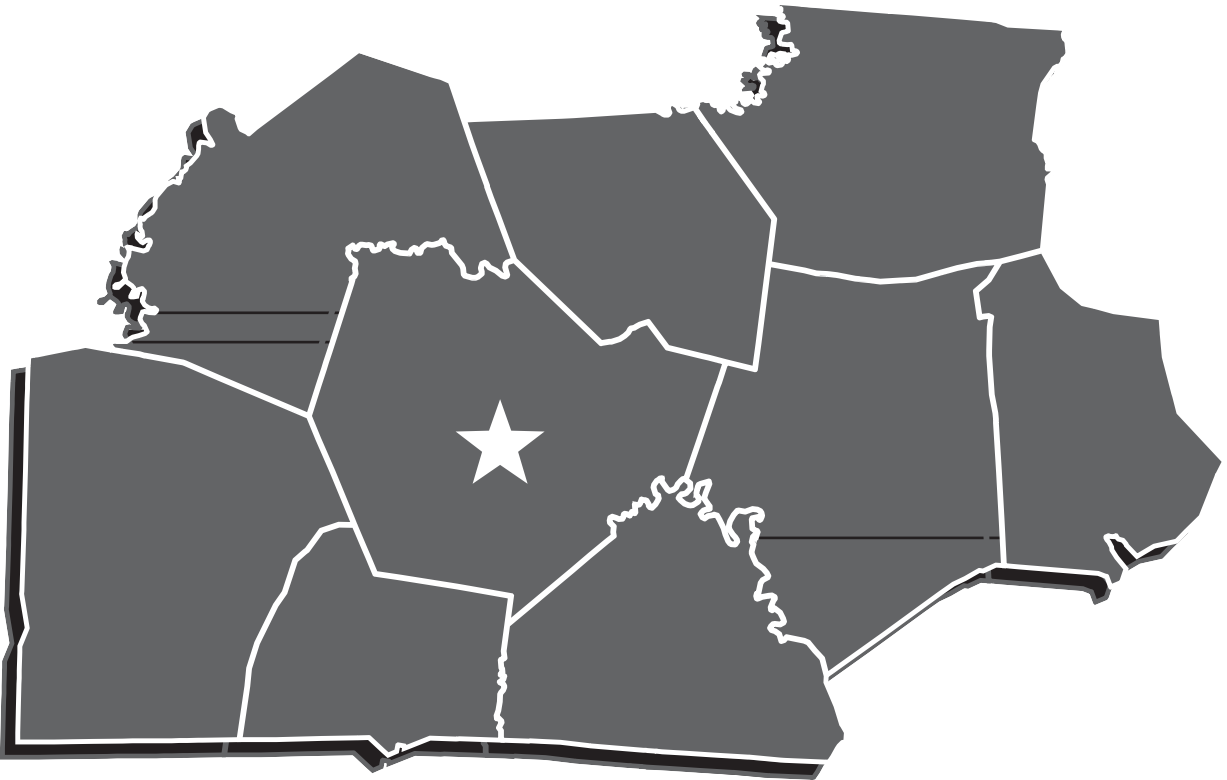
4

chemotherapy are other reasons patients stop hospice services. Patients also have the right to transfer from Hospice of Southern Kentucky to receive care from another hospice provider.

Locations for Patient Care

Hospice of Southern Kentucky serves 9 counties in the Barren River Area. Most of our patients are cared for in their home or the home of a family member or friend. Patients may also receive hospice care in an assisted living facility or skilled nursing facility. Hospice of Southern Kentucky must have a contract with individual facilities to provide care inside their facility.

\_\_\_\_Show map of Counties



**HART**

**BUTLER**

**EDMONSON**

**WARREN**

**BARREN**

**METCALFE**

**LOGAN**

**SIMPSON**

**ALLEN**

5

## The Hospice Team

Your Physician / Hospice Medical Director

Some primary care providers (PCP’s) or specialty physicians may choose to follow their patients’ care while the patient is on hospice. Others defer primary/attending physician care to the hospice physician. If the hospice physician serves as the attending physician, a patient may continue to see their PCP or specialist for care not related to the hospice diagnosis, however, these visits would not be covered as part of the hospice benefit.

When you are admitted to hospice you and your primary physician may choose whether the primary care physician will continue coordinating your care, or if you would prefer the Hospice Medical Director to lead your care.

The Hospice Medical Director has a unique focus to ensure that you are comfortable and the symptoms of your terminal illness are controlled.

Your primary physician develops your medical treatment plan and may continue to participate in your care. The medical director is available to manage your care as well and is updated regularly on your condition.

Hospice Nurse

Hospice nurses help identify and relieve physical discomfort through the medical orders given by the physician. The nurse will explain disease progression, treatments, medications, expected changes, and answer other questions you might have. For patients receiving Routine Home Care, the nurses will train family members and other care givers how to care for the patient when the Hospice staff are not there.

Social Worker

The social worker provides help with financial concerns and community resources, and discharge planning. The social worker can help with difficult issues such as explaining death to children, funeral planning, and family needs or problems.

Chaplain

The Chaplain works with patients and families to understand the meaning of life and death. The Chaplain will provide support while helping families to process what is happening. The Chaplain has training in spirituality as well as grief and bereavement is an integral part of the team for your overall care. The Chaplain provides support with personal Spirituality and will coordinate with the patient’s clergy if the patient chooses.

Hospice Aide

The hospice aide is a certified nurse assistant (CNA) and provides personal care to patients as directed by the nurse. The hospice aide is able to assist with bathing, feeding, hair care, turning and skin care, dressing, etc.

6

Volunteer

The hospice volunteer can do a variety of things to help you at home, as well as at Hospice House. Volunteers can sit with patients while families go out, read to patients or help them write letters, watch a movie with patients, or just be present.

Bereavement & Grief Support

Bereavement support follows the family for a year. Hospice staff will be in touch through mailings, phone calls, and home visits to help with the adjustment to the loss of a loved one based on the family’s needs and wishes. This service is provided with the goal of helping families through the grieving process.

## Patient’s Bill of Rights

* I have the right to be treated as a living human being until I die.
* I have the right to maintain a sense of hopefulness, however changing the focus may be.
* I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this might be.
* I have the right to participate in decisions concerning my care.
* I have the right to expect continuing medical and nursing attention even though “cure” goals must be changed to “comfort” goals.
* I have the right not to die alone.
* I have the right to be free from pain.
* I have the right to have my questions answered honestly.
* I have the right not to be deceived.
* I have the right to have help from and for my family accepting death
* I have the right to die in peace and dignity
* I have the right to retain my individuality and not be judged for my decisions which may be contrary to the belief of others.
* I have the right to discuss and engage my religious and/or spiritual experiences, whatever these may mean to others.
* I have the right to expect that the sanctity of the human body will be respected after death.
* I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death.

7

## Patient’s Rights and Responsibilities

As a hospice patient, you have the right to be fully informed of your rights and responsibilities before the initiation of service. If/When a patient has been judged incompetent or at the patient’s request, the patient’s legal surrogate decision maker may exercise these rights as described below. Hospice of Southern Kentucky will protect and promote your right to exercise these rights; you will not be subjected to discrimination or reprisal for exercising these rights.

Patient Rights

* To know Hospice of Southern Kentucky’s mission and care and services provided directly or through contractual arrangement.
* The right to pain management and symptom control for conditions related to your terminal illness.
* To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse of any kind, including injuries of unknown source, and misappropriation of patient property. Corporal punishment is prohibited.
* To be assured the personnel who provide care are qualified through education and experience to carry out the services for which they are responsible and to choose your attending physician.
* To be advised of what services are to be rendered and by what discipline (e.g. Registered Nurse, Chaplain, Social Worker, etc.) and the names and professional relationship of the staff who will see you.
* To exercise these rights and receive services appropriate to your needs and to expect Hospice of Southern Kentucky to provide safe, professional care at the level of intensity needed, without unlawful restriction by reason of age, sex, race, creed, color, national origin, religion, economic status, educational background, ancestry, sexual orientation or marital status, source of payment for care or disability.
* To know the hours of care and service and how to obtain care or service after hours.
* To be informed of ownership and control of Hospice of Southern Kentucky.
* To be fully informed by a physician of your medical condition, unless medically contraindicated. This includes information about your illness, the course of treatment and prognosis in terms you can understand.
* To participate in the planning of your medical treatment including pain and symptom management as well as to be involved in resolving dilemmas about your care, treatment and services. This includes the right to refuse treatment and services to the extent permitted by law and to be informed of the expected consequences of such refusal.
* To allow your family and other individuals to be involved in care, treatment and service decisions to the extent you desire and as allowed by law.
* To receive reasonable continuity of care, to know in advance the time and location of visits, and to receive reasonable responses to any reasonable request made for service.
* To be involved in the initial and ongoing development and implementation of your plan of care.
* To receive information regarding any beneficial relationship between Hospice of Southern Kentucky and agencies that refer to us.
* To be informed of the goals of hospice and the interventions that support those goals. To be informed of the value and purpose of a technical procedure that will be performed,

8

including information about the potential benefits and risks as well as who will perform the procedure.

* To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. Case discussion, consultation, examination and treatment are confidential and will be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual.
* To have your cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected.
* To receive considerate and respectful care and to have your property treated with respect.
* To have staff communicate in a language or form you can reasonably be expected to understand.
* To be assured confidential treatment of personal and clinical records, to have access to and approve or refuse their release to any individual outside the hospice, except in the case of transfer to another health facility, or as required by law, or third-party payment contract. For a complete list of your rights under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule please read Hospice of Southern Kentucky’s Notice of Privacy Practices.
* To request amendment to, and receive an accounting of disclosures regarding your own health information as permitted under applicable law.
* To be fully informed of services available through Hospice of Southern Kentucky, limitations on these services and of related charges, including any charges for services not covered under Title XVIII or XIX of the Social Security Act.
* To know the cost of services that will be billed to your insurance(s) and/or self (verbally and in writing).
* To be advised, in advance, of any change in treatment.
* To formulate an advanced directive to receive a copy of our policy and procedure regarding Advanced Directives, and be informed of Hospice of Southern Kentucky’s policy on withholding resuscitative services and the withdrawal of life sustaining treatment. To refuse to participate in research, investigational or experimental studies or clinical trials without compromise to your access to care, treatment or services.
* To be informed of what to do in an emergency.
* To terminate hospice services even against the advice of physicians.
* To be informed of continuing health care requirements should you discharge from Hospice of Southern Kentucky.
* To voice complaints/grievances about treatment or care that is (or fails to be) furnished, or regarding lack of respect for property by anyone who is furnishing services on behalf of Hospice of Southern Kentucky, without retaliation or discrimination for same and to be informed of the procedure to voice complaints/grievances with Hospice of Southern Kentucky. Complaints or questions may be registered with Hospice of Southern Kentucky by phone, in person, or in writing Monday – Friday 8:00 a.m. – 4:30 p.m. Address and phone are: 5872 Scottsville Road, Bowling Green, KY 42104 (270-746-9300). Hospice of Southern Kentucky documents and investigates all complaints.

9

* To be informed of the State Hotline. Complaints may be registered confidentially and without retaliation or discrimination in any manner for such complaint or question.

Patient Responsibilities

* To provide, to the best of your knowledge, complete and accurate information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
* To report perceived risks in your care and unexpected changes in your condition.
* To provide feedback regarding hospice services, your needs and expectations, and ask questions regarding care or services.
* To inform Hospice of Southern Kentucky when you will not be able to keep your hospice appointments.
* To treat Hospice of Southern Kentucky staff and property with consideration and respect.
* To follow directions and Hospice of Southern Kentucky’s policies and procedures concerning patient care and conduct.
* To sign the required consents and release for insurance billing and provide insurance and financial records as requested and to promptly meet any financial obligation.
* To inform Hospice of Southern Kentucky of any problems or dissatisfaction with patient care.
* To notify Hospice of Southern Kentucky of any changes in address, telephone number, or insurance/payment information.
* To remain under a doctor’s care while receiving hospice services.
* To inform Hospice of Southern Kentucky of any advance directives or any changes in advance directives and to provide Hospice of Southern Kentucky with a copy.
* To cooperate with your primary doctor, hospice staff and other caregivers.
* To obtain medications, supplies and equipment ordered by the patient’s physician, if they cannot be obtained or supplied by Hospice of Southern Kentucky.
* To accept the consequences of any refusal of treatment or choice of non-compliance with the care plan.
* To have adequate resources/plans to provide for up to twenty-four (24)-hour care in the home should your condition warrant it.
* To provide 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, services may be terminated.

If you have any questions about your rights, please ask your hospice team, call the hospice’s compliance officer, or call the National Hospice and Palliative Care Organization’s toll free Help Line at 800-658-8898.

Multilingual line 877-658-8896 [www.caringinfo.org](http://www.caringinfo.org/) | [caringinfo@nhpco.org](mailto:caringinfo@nhpco.org)

10

## Civil Rights

HSK does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations. These activities include, but are not limited to, hiring and firing staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, and vendors.

Our goal is to treat you fairly. That’s why we follow Federal civil rights laws in our health programs and activities. We do not view or treat people differently because of their race, color, national origin, age, disability, sex or sexual orientation.

If you need assistance with any of the information we provide, please let us know. We offer services that may help you. These services include aids for people with disabilities to communicate effectively with us, such as language assistance through interpreters, and are available to you at no charge. If you need these services, please contact us at 270-746-9300.

If you believe we have failed to provide these services or have been discriminated in another way on the basis of race, color, national origin, age, disability, or sex, please let us know. You have the right to file a grievance also known as a complaint. If you need to file a complaint, please contact us at the following: 5872 Scottsville Rd, Bowling Green KY 42104; 270-746-9300 (Dial 7-1-1 or TTY number 1-800-648-6056), fax 270-782-3496, email [hospice@hospicesoky.org.](mailto:hospice@hospicesoky.org) You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, we are 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 of 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 Ave, SW Room 509F, HHH Building, Washington, D.C. 20201 or 1-800-368-1019, 1-800-537-7696 (TDD). Complaint forms are available at https:/[/www](http://www.hhs.gov/ocr/office/file/index.html).[hhs.gov/ocr/office/file/index.html.](http://www.hhs.gov/ocr/office/file/index.html) Nondiscrimination Notice Document

Español (Spanish)

Atencion: si habla espanol, tiene a su disposicion servicios gratuitos de asistencia linguistica. Llame al 1-270-746-9300, TTY: 711 or 1-800-648-6056.

11

## Advanced Directives (Check the Statues)

### Write a plan to make your health care wishes known.

If you were unable to communicate your wishes about your health care, would your loved ones know exactly what you want – or don’t want – when it comes to treatments and measures to preserve your life? Who would you want to speak for you about your preferences if you were unable?

“Advance Directives” is a term used for the written instructions a person creates to convey their wishes regarding medical treatment if they’re unable to express decisions themselves.

### The directives often contain signed, witnessed and legally binding documents, including:

### MOST

Living Will

A Living Will gives you a voice in decisions about your medical care when you are unconscious or too ill to communicate. As long as you are able to express your own decisions, you can accept or refuse any medical treatment. But if you become seriously ill, you may lose the ability to participate in decisions about your own treatment. You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

KY Living Will Directive and Health Care Surrogate Designation

Allows you to indicate your decisions about your medical care and assigns an alternate to make health care decisions for you if you’re not able.

Plan your end-of-life care well in advance and share your plan with your loved ones, your physician and your attorney before a health care crisis happens. Contact your Hospice of Southern Kentucky Social Worker if you would like assistance completing your Advanced Directives.

Do Not Resuscitate/DNR

The Kentucky Do Not Resuscitate (DNR) order is an agreement between a patient and all medical personnel stating that the patient does not wish to be resuscitated in the event of cardiac or respiratory arrest. Typically, patients who have elected hospice do not want aggressive treatment and will elect to have the physician write a Do Not Resuscitate Order.

Emergency Medical Services Do Not Resuscitate Order – EMS DNR

An Emergency Medical Services Do Not Resuscitate form must be completed for individuals who would NOT want to be resuscitated by Emergency Medical Personnel (in an ambulance or after calling 911), more specifically if the patient does not want a tube placed in their throat or electrical shock to their heart.

If you would like more information and assistance with creating these documents for your individual needs and wishes, please discuss with your assigned Social Worker.

12

## Comfort & Symptom Management

Your comfort is the primary goal. You may find yourself experiencing changes in symptoms and discomfort in ways that are new to you. We are here to help.

Pain

Some patients don’t want to talk about pain or they minimize pain or accept it as part of life. Some people consider reporting pain as a sign of weakness.

Pain interferes with your life, and it makes you tired. It keeps you from sleeping well, and you don’t feel like eating, sometimes. Life has lost its luster. Hospice of Southern Kentucky wants to help relieve your pain and return some luster to your life.

There are different kinds of pain that are relieved by different kinds of medicines. Many people don’t like to take any medicine and, especially, pain medicine. There are all kinds of untrue rumors out there about them. But at this time in your life medicines may be needed to ease your discomfort. Ultimately, it is up to you if you take the medicines that can help you. We want you to feel the best that you can.

Some of the common medications that hospices use include morphine (Roxanol), lorazepam (Ativan), hydrocodone (Lortab), and hydromorphone (Dilaudid). These are very good medications and help hospice patients with pain, shortness of breath, and anxiety. Don’t be afraid to talk to your nurse if it makes you anxious to take any of these medications.

Many patients are worried about becoming addicted to pain medication. True addiction is when people take it and don’t need it. Their body gets used to it or they like the “high” feeling they get from the medicine. If you are in pain, you won’t become addicted. As time goes on, your pain may increase and your body may get used to the medicine so we will need to increase the dose. This is a natural process for patients who have real pain, like you.

There can be side effects from pain medications and Hospice of Southern Kentucky wants to limit those as much as possible.

Drowsiness is a very common side effect and most patients will, eventually, get used to that and not be so sleepy. But if you haven’t been sleeping because of your pain, you may need to catch up! You may sleep a lot when you first begin to take pain medicine.

Some medication can cause nausea and sometimes just taking the medicine with food alleviates the problem. Occasionally, just a cracker can prevent or relieve it. However, the doctor might decide to give you medicine to help the nausea or may change to a different pain medication.

There are non-drug therapies that can help with symptoms. Many patients enjoy music therapy, pet therapy, aroma therapy, meditation and prayer, to name a few. Heat or cold applications may also provide symptom relief in some areas.

It is important to take the medication as the doctor has ordered for you to get the most relief. Please tell us if the medication doesn’t seem to work. If you are in constant pain the goal is to

13

keep medication in your system all the time to keep that pain under control. Gaps in taking your medication leads to an increase in pain and more time to get relief.

Please don’t hesitate to ask questions of your nurse. We want you to feel comfortable taking any medication we recommend for you. We are here to help you as much as we can.

Restlessness

It is not uncommon to have feelings of restlessness that cause discomfort and an inability to get comfortable. Restlessness is also a symptom that the interdisciplinary care team can address to relieve your symptoms.

Shortness of Breath

Shortness of breath can be very troublesome. It may make you feel drained with no energy and may make you feel like you have to make an extra effort just to breath. In the worse cases, you could feel like you are being suffocated. Talk to your nurse so that the appropriate comfort measures can become part of your treatment plan. In addition to medications and oxygen, there are some very effective techniques that the nurse can show you.

Anxiety

Anxiety is very common and can also be treated in a variety of ways. Be sure to let your hospice team know how you are doing and when you feel anxious so that they can help to relieve those symptoms.

Constipation

It is very common for individuals to have struggles with constipation which can also lead to other types of discomfort and increased restlessness. Constipation is a side effect that may need continuous management, and is a result of slowing down of your gastrointestinal track. There are several different things that can help from prunes to laxatives. You will be ordered medications to avoid problematic constipation. If something has worked for you in the past, that is a good place to start. Some patients can simply drink a hot beverage in the morning. Your bowels need to move, at least, every 3 days, even if you are not eating a lot. Please notify your nurse if you have NOT had a bowel movement in a couple days so she/he can plan ahead and prevent a problem. Constipation is a problem we want to avoid. And needless to say, it is uncomfortable!

14

## Medications

Medications are an important component of the hospice treatment regime. Your doctor and nurse will work with you closely to ensure that your medication profile is meeting your needs for comfort and safety. **Do not be afraid to take the medications that are prescribed for you**. You will not become addicted if you are in need of the medications.

It is very important that the medications prescribed for you for your hospice care are ONLY used by you. It is illegal for persons without a prescription to take medications prescribed for another person.

The guide below provides some basic training related to medications you may be prescribed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pain** | | | | | |
| Medications | Storage | Interactions | Potential Side Effects | Precautions  in the Home | Disposal |
| Hydrocodone Morphine IR Morphine ER Dilaudid Hydromorphone  Fentanyl/Duragesic Patch  Codeine Oxycodone | Room Temp | Alcohol Illegal Drugs  Other Narcotic Meds | Drowsiness Constipation Unsteady Gait Dizziness Nausea/Vomiting | Keep Away From Children  Store out of sight | See Disposal options |
| Roxinol  Liquid Morphine | Refrigerate | Alcohol Illegal Drugs  Other Narcotic Meds | Drowsiness Constipation Unsteady Gait Dizziness Nausea/Vomiting | Keep Away From Children  Store out of sight | See Disposal options |
| **Anxiety and**  **Restlessness** | | | | | |
| Medication | Storage | Interactions | Potential Side Effects | Precautions  in the Home | Disposal |
| Ativan/Lorazepam Xanax/Alprazolam Valium/Diazepam Clonazepam Haldol/Haloperidol | Room Temp | Potential: Alcohol Narcotics GHB Products (Gamma  Hydroxybutyrate) | Dizziness Headache Constipation Heartburn Weakness Sweating Insomnia Dry Mouth  Nausea/Vomiting | Keep Away from Children  Store out of Sight | See Disposal Options |
| **Constipation** | | | | | |
| Medications | Storage | Interactions | Potential Side Effects | Precautions  in the Home | Disposal |
| Senna/Senna S Milk of Magnesia Bulk Fiber  Mag Citrate Miralax  Dulcolax/Bisacodyl Docusate | Room Temp | Potential: Antibiotics Coumadin/Warfarin | Diarrhea Bloating Gas Upset  Stomach/Cramping Nausea | Keep Away From Children | Household Garbage |

15

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Respiratory Distress**  **Shortness of Breath** | | | | | |
| Medication | Storage | Interactions | Potential Side Effects | Precautions  in the Home | Disposal |
| Inhalers  Nebulizer Treatment Morphine Oxycodone  Steroids  Anti-Anxiety Meds | Room Temp | Potential: Other Narcotics Alcohol  Illegal Drugs | Sleepiness Constipation Light Headedness Nausea  Insomnia Confusion | Keep Away From Children Store Out of Sight | See Disposal Options |
| Oxygen | Room Temp | None | Dry Nose | No Smoking No Open Flames | DME  Company |
| **Nausea and Vomiting** | | | | | |
| Medication | Storage | Interactions | Potential Side Effects | Precautions  in the Home | Disposal |
| Phenergan/Promethazine Compazine Zofran/Ondansetron  Ativan/Lorazepam Haldol/Haldoperidol | Room Temp | Potential: Alcohol Lithium  Ace Inhibitors Illegal Drugs | Sleepiness Blurry Vision Dry Mouth  Mood Changes Confusion | Keep Away From Children  Store out of Sight | See Disposal Options |

## Medication Disposal Options

It is vitally important to dispose of medications immediately when the person they were prescribed for no longer has a use for them. Ideally, medications should be taken to a DEA- authorized collector. Some pharmacies offer a take back program. Disposing of prescription drugs properly reduces accidents and inappropriate drug use.

There is a list of DEA- authorized collectors below.

If you are unable to take the unused prescriptions to an authorized collector you make take the following steps to dispose of them safely.

* + Remove the drugs from their original containers and mix them with something undesirable, such as used cement or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.
  + Put the mixture in something you can close (a re-sealable zipper storage bag, empty can, or other container) to prevent the drug from leaking or spilling out.
  + Throw the container in the garbage.
  + Scratch out all your personal information on the empty medicine packaging to protect your identity and privacy. Throw the packaging away.

### Flushing medications is highly discouraged, as it has been found to cause contamination in water supplies.

16

## Safe Options for Needle Disposal

In Kentucky, medical waste can legally be disposed of in household garbage, however, there are many safety concerns that need to be addressed to prevent injuries to waste workers and others who may be accidently exposed to needle waste if not properly managed.

* + Needles should never be placed directly in the trash.
  + You can use a sharps container available at the local pharmacies or a large hard plastic container with a lid such as a laundry detergent.
  + Every time a needle is used it should be placed in the container without recapping it to prevent an accidental needle stick.
  + Replace the lid or lower the sharps container lid every time it is opened for needle disposal.
  + Do not leave the disposal container in reach of children.
  + When disposal container is ¾ full dispose of the container in the garbage with the lid tightly sealed.

Disposal Sites per County

|  |  |  |
| --- | --- | --- |
| **ALLEN**  Allen County Sheriff’s Department 194 Wood St, Scottsville KY  270-237-3210. 24/7 | **BARREN**  Cave City Police Department 103 Duke St, Cave City, KY 270-773-2441. Mon-Fri 8– 4  Barren Co Sheriff’s Department 117 N. Public Square Glasgow, KY  270-651-2771. Mon-Fri 8 – 4 Sat 8 – Noon  Glasgow Police Department 201 S Broadway St, Glasgow, KY 270-651-5151. 24/7 | **BUTLER**  Butler County Sheriff’s Department 110 North Main St, Morgantown, KY 270-526-3676. Mon-Fri 8-4  Morgantown City Police  2800 Sailing Circle, Morgantown KY 270-526-3662. 24/7 |
| **EDMONSON**  Edmonson County Sheriff’s Department 110 Jackson St, Brownsville KY  270-597-2157. Mon-Fri 8-4 | **HART**  Hart County Sheriff’s Department 116 East Union St Munfordville, KY 270-524-2341. Mon-Fri 8-4 | **WARREN**  Warren County Sheriff’s Department 429 E 10th St Bowling Green KY  270-842-1633 Mon-Fri 8-4:30 |
| Brownsville Police Department 121 Washington St, Brownsville KY 270-597-3814. Mon-Fri 8-4 | Horse Cave Police Department  121 Woodlawn Ave Horse Cave, KY 270-786-4357. Mon-Fri 8-4:30 | Bowling Green Police Department 911 Kentucky St Bowling Green KY 270-393-2473. 24/7 |
| **METCALFE**  Metcalfe County Sheriff’s Department 106 S Main St Edmonton KY  270-432-3041. Mon-Fri 8-4 | **SIMPSON**  Simpson County Sheriff’s Department 203 East Kentucky St Franklin KY  270-586-7425. Mon-Fri 8-4 | Kentucky State Police- Post 3  3119 Nashville Rd Bowling Green KY 270-782-2010. 24/7 |
|  | Franklin Police Department 100 S Water St Franklin KY 270-586-7167. Mon-Fri 8-4 |  |

17

## Home Safety

Because we are concerned about all aspects of your well-being, we have included the following advice for maintaining a safe living environment.

Home Safety

* + Keep your patient handbook readily available with your Hospice Team phone numbers
  + Make sure electric cords are not frayed
  + Make sure all stove burners are off after use
  + Have functioning smoke detectors
  + Keep medications in a safe place, away from children and visitors

Fall Safety

* + Remove throw rugs
  + Keep areas free of clutter
  + Use non-skid bathmats or strips
  + Consider shower chair or grab bars
  + Move furniture or other objects that may block pathways
  + Keep electrical cords and small objects out of walkways
  + **Before** sitting down, make sure the back of your legs touch the chair.
  + **Before** standing from a sitting or lying position, sit at the side of the chair or bed and stand slowly to prevent dizziness.
  + **Always lock** wheelchairs when sitting still.
  + **Take your Time.** Don’t rush to get to the phone, door or restroom. Move only at speeds that make you feel safe and stable.

Home Patient Emergency Safety Guidelines

These safety guidelines have been established for all patients and personnel as guidelines to help in preparation of home emergencies, but are not all-inclusive.

Power Outages

Power outages can occur at any time of year due to severe weather or man-made events. The following list of supplies could be used at any time.

1. Supplies: coolers, Styrofoam work well; ice; flashlights; weather radio; extra batteries; first aid kit; non-perishable food, easy to prepare; water – one gallon per person, per day; extra cash
2. If someone is dependent on electric-powered, life-sustaining equipment, backup power should be a consideration.

Food Safety

Food safety is a major concern in a power outage. Perishable foods, including milk, meat, and eggs should not be above 40 degrees longer than two hours.

18

These items can be surrounded by ice in a cooler or in the refrigerator during a prolonged blackout. An unopened refrigerator will keep foods cold enough for a couple of hours. A half full freezer keeps food for 24 hours and a full one for 48 hours.

It is recommended: to stay at home in an emergency that a two-week supply of food and water is needed.

Infection Control

It is important to reduce the opportunity to spread infections through these daily actions.

* WASH hands often and always after touching your face, pets, toilets, uncooked food, and after coughing, sneezing.
* CLEAN up substances immediately such as urine, bodily fluids, blood, etc. with a 10:1 bleach solution.
* Wear gloves for any patient care.
* Dispose of materials with bodily fluids promptly – Place items in plastic bag, tied and placed in another plastic bag.

Earthquakes

To prepare for an earthquake: have emergency equipment and medical supplies readily available, learn how to shut off gas valves in your home, store heavy items close to the floor. When an earthquake occurs:

* + M*ove and stay away from windows*
  + If electricity is out: Use flashlights. Do not use candles.
  + For patients on oxygen concentrators, switch to cylinders.
  + Where possible, switch equipment to battery backup.
  + Stay in safe places, like under furniture or an interior wall away from windows.
  + Cover your head and neck.
  + Monitor weather bulletins/radio announcements.
  + Do not exit building until instructed, unless it becomes unsafe.
  + REMAIN CALM. DO NOT PANIC.

Tornados

To prepare for a tornado: have emergency equipment and medical supplies readily available and learn how to shut off gas valves in your home. Plan ahead where safe locations are within your home or work place. If there is time, secure lawn furniture, trash cans, hanging plants, and any other loose items outdoors.

Listen to local news or a NOAA Weather Radio. Watch for danger signs: dark, greenish clouds, which is caused by hail; wall cloud, cloud of debris, large hail, funnel cloud, or a roaring noise.

### When a Tornado Warning is issued:

* Move to a safe place in the interior or lower level
* Stay away from windows or any other glass
* If electricity is out: Use flashlights. Do not use candles.

19

* For patients on oxygen concentrators, switch to cylinders.
* Where possible, switch equipment to battery backup.
* Monitor weather bulletins/radio announcements.
* REMAIN CALM. DO NOT PANIC.

If you are caught outdoors, seek shelter in a basement or sturdy building, or lie in an area lower than the road and cover your head with your hands.

Floods

(Flood warnings, alerts, or an actual flood.) Precautions before the flood:

* Store drinking water.
* TURN OFF all unnecessary electrical appliances.
* Open basement windows to equalize water pressure on the walls and foundation.
* Move patient to upper floor or to other designated areas.
* Move all essential equipment and supplies to safe areas.

### After the flood:

* + Do not touch or turn on any electrical appliance unless it is dry.
  + Do not use any open flame devices until the building has been inspected for possible gas leaks.
  + Watch for live electrical wires.
  + Do not use any food supplies that have come in contact with floodwaters.
  + Provide emergency medical treatment required.
  + Flash floods:
  + Remember, flash floods can happen without warning.
  + When a flash flood warning is issued, take immediate action.
  + Protect patient and yourself to the best of your ability.

Snow Emergency

When winter weather approaches, there are a few things to do in preparation for emergencies.

* Keep a one (1) to two (2) week supply of heating fuel, food, and water on hand in case of isolation at home. If possible, have extra medications and cash on hand.
* Keep your car properly serviced, with snow tires and filled with gas.
* Keep emergency supplies in the car:
* Container of sand or kitty litter
* Shovel
* Windshield scraper
* Tow chain or rope
* Flares
* Blanket
* Flashlight
* When traveling, notify organization of destination and approximate time of arrival.

20

* Dress appropriately—wear several layers of loose, lightweight warm clothing, mittens, and winter head gear to cover head and face.
* Carry a cellular phone (if available).
* Drive with all possible caution. If caught in a blizzard, seek refuge immediately. Keep car radio on for weather information.
* If your car breaks down—turn flashers on or hang a cloth from the radio aerial; stay in your car. If car is stuck in snow or traffic jam and car is running, crack windows to prevent carbon monoxide poisoning and keep exhaust pipe free of snow. If engine is not running, do not crack windows.

Home Visit Safety

Your safety as well as the safety of the Hospice of Southern Kentucky staff is our priority. In the event of inclement weather or other disasters, your home visits may be delayed or rescheduled. Your team members will be in contact with you to ensure you are safe and to make arrangements to address your personal needs.

21

## Abuse & Neglect

***We at Hospice of Southern Kentucky are mandated reporters of elder abuse and/or neglect.*** *All individuals who work with patients are required by law to report any suspected signs of abuse or neglect to Adult Protective Services. It is then up to proper authorities to investigate.*

*Tens of thousands of seniors are abused or neglected every year.*

Types of Abuse

* Physical Abuse **–** Non-accidental force that results in pain, injury, restraint or confinement.

o Pushing, Shoving, Hitting, Restraint

* Emotional Abuse **-** Verbal or nonverbal behavior that causes humiliation, emotional pain, or distress Yelling, Intimidation, Humiliation, Ridicule, Ignoring, Isolating from family/friends.
* Sexual Abuse **–** Sexual contact or exposure without consent.
* Physical acts, showing pornographic material, forcing the senior to watch sex acts.
* Neglect/Abandonment **–** Failure to fulfill caretaking obligation
* Financial Exploitation **–** Unauthorized use of a senior’s funds or property
* Forging of signature, misuse of checks or credit cards, identity theft, stealing cash or household items, scams, phony charities, phony prizes, etc.

General Signs and Symptoms of Abuse

* Frequent arguments or tension between senior and caregiver
* Changes in personality or behavior of senior
* Unexplained bruises, welts, skin abrasions
* Caregiver refusal to allow care providers to see senior without caregiver present
* Withdrawn behavior from the senior

It is estimated that for every call to report elder abuse, 12-13 cases are NOT reported.

**REPORT ABUSE –** If you need assistance making a report, please contact your Hospice of Southern Kentucky care team.

If you suspect that anyone you know is the victim of elder abuse, tell someone today. You can share confidentially with your caregiver or you can call Adult Protective Services directly.

Adult Protective Services can be reached without giving your name at 888-277- 8366.

22

## Complaint Procedure

Hospice of Southern Kentucky is here to provide comfort care to any terminally ill patient living in our service area. We hope that you and your family are completely satisfied with the care provided. If you have a concern, we ask that you bring it to our attention immediately. Please call 270-746-9300 to speak to a member of our administrative team who will work diligently to resolve any complaints.

If we do not address your concerns to your satisfaction, you may call Licensing and Regulations at (270) 889-6052. We sincerely hope that we can resolve any issues you have prior to making this call.

23

## Hospice House

Patients and families will find Hospice House more like home than a hospital or nursing facility. The facility is staffed 24 hours a day with nurses and certified nursing assistants. A physician or APRN is in the Hospice House most days.

There are 10 private patient suites, a chapel, playroom for the kids, family room with community kitchen, and memorial garden outside. Families are invited to stay with their loved ones, but it is not required. All visitors are welcome, including those with pets.

Visitors of all ages are welcome at Hospice House anytime. There are accommodations for overnight stays in each patient room, and visitors are welcome to stay.

*While we welcome visitors and recognize the importance of quality time between our patients and families, Hospice House of Southern Kentucky reserves the right to limit visitors and amenities as needed to ensure patient, staff and visitor safety.*

**Visitor Amenities**

Pet Therapy

Pet therapy is an exciting time for some patients and can bring great joy. Pets coming to the Hospice House to visit patients need to be up-to-date on vaccinations. Please let staff know ahead of time. We ask you to please keep your pet leashed or in a proper carrier when not in a patient’s room.

Playroom Use

The playroom is available for children and is furnished with toys, chairs, a TV, and other play items. Children may bring their own toys as well. All children need to be accompanied by an adult when in the playroom.

Kitchen Use

A kitchen is provided for family use and is often stocked with snacks and drinks, donated by local organizations for families free of charge. The kitchen is furnished with a refrigerator/freezer, microwave, storage cabinets, and a coffee machine.

Nutrition

Families and visitors may bring food in for their own consumption. If family room refrigerators are used, please label the food with name and date. Food over 3 days old in the public refrigerator will be thrown away. There are several delivery services in the area in which families may order food.

Showers

Showers are available for family and visitors. Linens will be provided; toiletries will need to be brought by family members.

24

Vending Machines

Vending soda machines are available.

Wi-Fi

Wireless internet is available throughout the building; Please see bulletin board in the room or ask a staff member for the password.

Chapel

The Hospice House Chapel is located at the front of the building between the entry doors. Families are welcome to use the chapel for quiet reflection and prayers as desired. Bibles and other reading materials are available for use at any time.

**Patient /Visitor Safety Policies**

Entrances

The facility is open to visitors 24/7, however the facility remains locked, requiring visitors to announce their arrival and be let in as appropriate. Restrictions may be placed on visitation for infection control, patient requests, or other matters that may impair the safety of our patients, staff and visitors.

Monitored door bells can be found at the entrance of the Hospice House.

Tornado

In the event of a tornado watch, staff will alert patients and families. Should a tornado warning be issued, patients will be moved away from the window, blinds lowered, and extra pillows and blankets distributed. Visitors must go into the patient bathroom and crouch in the shower area.

Fire

In the event of a fire in the Hospice House, alarms will notify the Fire Department immediately. After removing anyone in harm’s way, all patient room doors will be closed to prevent the spread of the fire. Candles cannot be used in the facility. Any evacuations that may be necessary will take place through the patient patio doors.

Power Failure

In the event of a power failure, the emergency generator will return power to emergency equipment and lighting in a matter of seconds.

No Firearms/Weapons

Patients, families and guests are not permitted to have firearms/weapons on the property at anytime.

25

CPR

CPR will not be performed by hospice staff. If the patient or family has not signed a DNR (Do Not Resuscitate) form and the family desires CPR, the EMS (Emergency Medical System) will be activated by the family.

Infection Control

All visitors are encouraged to wash hands frequently when visiting patients in the Hospice House.. Please dispose of any waste materials in a plastic lined garbage receptacle available in each room. Smoking/Alcohol Use

This is a non-smoking facility. There are designated smoking areas and receptacles outside the facility. Please always use an appropriate receptacle to distinguish and dispose of smoking materials. Please refrain from smoking on patient patios.

Alcohol is not allowed on the property for use by visitors.

Securing Valuables

Hospice House has very limited space to lock up valuables and families are encouraged to take any valuables home. There will be a record of patient belongings that remain in the facility in the chart. Hospice will not be responsible for valuables kept in the patient’s room.

Electrical Items

To help prevent accidents, all electrical items brought into the Hospice House must be approved prior to use and must have a UL listing.

26

## My Medication Record

### Patient Name

**Allergies**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Medication** | **Purpose** | **Dose** | **How to**  **Take (Route)** | **When to**  **Take (Frequency)** | **Stop Taking Date** | **Covered by Hospice?** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

27

## Aide Care Plan

Patient Name Start Date

Aide Frequency

### Personal Care

€ Bed Bath

€ Assist with Shower

€ Complete Bed Beth

€ Assist with Tub Bath

€ Oral Care

€ Facial Shave

€ Incontinent Care Chux Brief Type/Size

€ Foley Catheter Care

€ Lotion to:

### Nutrition

€ Assist with Feeding

### Mobility

€ Assist with ambulation

€ Assist with use of walker

€ Assist with transfers

€ Bedbound

### Further Instructions

**Rn Signature Date**

28

## Notice of Privacy Practices

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

Hospice of Southern Kentucky, Inc. is committed to treating and using protected health information about you responsibly. Hospice of Southern Kentucky is required by the federal law known as the Health Insurance Portability and Accountability Act (referred to as the HIPAA Privacy Rule) to take reasonable steps to ensure the privacy of your personally identifiable health information (*Protected Health Information*) and to inform you about:

* Hospice of Southern Kentucky’s uses and disclosures of *Protected Health Information*;
* your privacy rights with respect to your *Protected Health Information*;
* your right to file a complaint with Hospice of Southern Kentucky and to the Secretary of the U.S. Department of Health and Human Services; and
* the person or office to contact for further information about Hospice of Southern Kentucky’s privacy practices.

### Uses and Disclosures of Protected Health Information

Except as otherwise provided in this notice or otherwise permitted under the HIPAA Privacy Rule, uses and disclosures of *Protected Health Information* will be made only with your written authorization and will be subject to your right to revoke such authorization. If you provide Hospice of Southern Kentucky authorization to use or disclose PHI about you, you may revoke that permission, in writing, at any time by sending a notice of revocation to the Privacy Officer at 5872 Scottsville Road, Bowling Green, KY 42101. If you revoke your permission, Hospice of Southern Kentucky will no longer use or disclose PHI about you for the reasons covered by your written authorization. Hospice of Southern Kentucky will not be able to reverse any disclosures made prior to your revocation.

Hospice of Southern Kentucky may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***Note:*** *Special rules may apply with respect to the use and disclosure of genetic and HIV testing information. You may contact the Quality/Privacy Officer for more information about these rules.* **Uses and Disclosures that Require Your Written Authorization**

Your written authorization is generally required before Hospice of Southern Kentucky will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health

treatment. Hospice of Southern Kentucky may use and disclose such notes when needed by Hospice of Southern Kentucky to defend against litigation filed by you.

To the extent Hospice of Southern Kentucky uses and discloses your Protected Health Information for certain marketing purposes, it will obtain your specific authorization to the extent required by law.

Additionally, any disclosures that constitute the sale of your Protected Health Information will also require your specific authorization unless otherwise permitted or required by law.

### Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations

The HIPAA Privacy Rule permits Hospice of Southern Kentucky and its respective Business Associates to

29

use and disclose *Protected Health Information* without your consent, authorization, or opportunity to agree or object, to carry out Treatment, Payment and Health Care Operations.

* *Treatment* is the provision, coordination or management of health care and related services. For

example, Hospice of Southern Kentucky may disclose your Protected Health Information to your primary care provider to assist in the coordination of your care.

* *Payment* includes but is not limited to actions to make coverage determinations and payment (including Medicare/insurance eligibility and coverage, and billing). For example, Hospice of Southern Kentucky may submit its charges for payment to your insurance carrier or Medicare for payment.
* *Health Care Operations* include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, and working with vendors to coordinate your care. For example, Hospice of Southern Kentucky may share your medical records with peer review committees to assess and improve the level of care you are receiving.
* *Fundraising Activities*. Hospice of Southern Kentucky may place your name, email, and address on its mailing list to send you a copy of the agency’s e-newsletter, semi-annual newsletter and information about development activities. In addition, Hospice of Southern Kentucky may use your name, email, address, and phone number to contact you for the consent to use information about you and the services you received (e.g., nursing, homemaking, physical therapy) for the fundraising purposes of Hospice care. If you do not want the agency to contact you by phone or send any literature via the mail, please notify the Development Department at 1-270-746-9300 and indicate that you do not wish to be contacted.
* *Annual Memorial Activities.* Several times a year, Hospice of Southern Kentucky holds memorial activities to remember those patients who we have served and have died during the past year. Names are printed in programs and public announcements and may be read aloud during public services. If you do not wish to have your name included in this service, please notify the Bereavement Coordinator at 1-270-746-9300 and indicate that you wish to have your name omitted.
* *Appointment Reminders.* The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

### Uses and Disclosures that Require that You be given an Opportunity to Agree or Disagree Prior to the Use or Release

Disclosure of your *Protected Health Information* to family members, other relatives and your close personal friends is allowed if:

* the information is directly relevant to the family or friend’s involvement with your care or payment

for that care; and

* you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

### Other Uses and Disclosures for which Consent, Authorization or Opportunity to Object is not Required

Use and disclosure of your *Protected Health Information* is allowed without your consent, authorization or request under the following circumstances:

* When required by law.
* When permitted for purposes of public health activities, including if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
* When authorized by law to report information about certain abuse, neglect or domestic violence to public authorities.

30

* For public health oversight activities authorized by law.
* For certain judicial or administrative proceedings.
* For certain law enforcement purposes
* To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law; and funeral directors, consistent with applicable law.
* Hospice of Southern Kentucky may use or disclose *Protected Health Information* for research, subject to conditions.
* For the purpose of facilitating organ, eye or tissue donation or transplantation.
* When consistent with applicable law to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
* To the extent necessary to comply with workers’ compensation or other similar programs established by law.

### Required Uses and Disclosures

Upon your request, Hospice of Southern Kentucky is required to give you access to certain *Protected Health Information* in order to inspect and copy it. Under certain circumstances, however, Hospice of Southern Kentucky may deny your request.

Use and disclosure of your *Protected Health Information* may be required by the Secretary of the Department of Health and Human Services to investigate or determine Hospice of Southern Kentucky’s compliance with the privacy regulations.

### Rights of Individuals

In the event any of the following provisions require you to submit a written request to exercise such right, you must submit such request to the Director of Quality Assurance, **Hospice of Southern Kentucky, Inc., 5872 Scottsville Road, Bowling Green, Kentucky 42104.**

**Right to Request Restrictions and Confidential Communications of Protected Health Information** You may request that Hospice of Southern Kentucky restrict uses and disclosures of your *Protected Health Information* to carry out Treatment, Payment or Health Care Operations, or to restrict uses and disclosures to persons identified by you who are involved in your care or payment for your care.

Hospice of Southern Kentucky is not required to agree to your request; however, unless otherwise required by law, Hospice of Southern Kentucky must permit a request for a restriction on disclosures to another health plan for purposes of payment or health care operations where the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

Hospice of Southern Kentucky will accommodate reasonable requests to receive communications of *Protected Health Information* by alternative means or at alternative locations.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your *Protected Health Information* or to request confidential communications

of *Protected Health Information*.

### Right to Inspect and Copy Protected Health Information

You have a right to request to inspect and obtain a copy of your *Protected Health*

*Information* contained in a “Designated Record Set,” for as long as Hospice of Southern Kentucky maintains the *Protected Health Information*.

31

* “Designated Record Set” includes enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan, or other information used in whole or in part by or for the Covered Entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the Designated Record Set.

A hospice patient’s clinical record (whether hard copy or electronic form) must be made available to a patient, free of charge, within 7 business days. All other requests for PHI by a patient or legal representative must be “acted upon” – either provided or denied with a full written explanation within 30 days.

You or your personal representative will be required to complete a form to request access to the *Protected Health Information* in your Designated Record Set. If access is denied, you or your

personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your rights to review this denial and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

### Right to Amend Protected Health Information

You have the right to request Hospice of Southern Kentucky amend your *Protected Health Information* or a record about you in a Designated Record Set for as long as the *Protected Health Information* is maintained in the Designated Record Set.

Hospice of Southern Kentucky has 60 days after the request is made to act on the request. A single 30- day extension is allowed. If the request is denied in whole or part, Hospice of Southern Kentucky must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your *Protected Health Information*.

You or your personal representative will be required to complete a form to request amendment of

the *Protected Health Information* in your Designated Record Set. Any request for an amendment must be in writing and provide a reason to support a requested amendment.

### Right to Receive an Accounting of Protected Health Information Disclosures

Upon your written request, Hospice of Southern Kentucky will also provide you with an accounting of disclosures by Hospice of Southern Kentucky of your *Protected Health Information* during the six years prior to the date of your request. However, such accounting need not include *Protected Health Information* disclosures made: (1) to carry out Treatment, Payment or Health Care Operations; (2) to individuals about their own *Protected Health Information*; (3) prior to the compliance date; or (4) based on your written authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, Hospice of Southern Kentucky will charge a reasonable, cost-based fee for each subsequent accounting.

32

### Right to Notification of Breach of Unsecured Protected Health Information.

In the event that a breach occurs with regard to your Protected Health Information, you have the right to be notified of the breach.

### Right to Paper Copy of Electronic Notice of Privacy Practices.

If you received this notice in electronic format, upon your written request, Hospice of Southern Kentucky will provide you with a paper copy at no cost.

### A Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your *Protected Health Information* or allowed to take any action for you.

Hospice of Southern Kentucky retains discretion to deny access to your *Protected Health*

*Information* to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

### Hospice of Southern Kentucky’s Duties

Hospice of Southern Kentucky is required by law to maintain the privacy of *Protected Health Information* and to provide patients with notice of its legal duties and privacy practices. This notice is effective beginning September 13, 2013 and Hospice of Southern Kentucky is required to comply with the terms of this notice. However, Hospice of Southern Kentucky reserves the right to change its privacy practices and to apply the changes to any *Protected Health Information* received or maintained by Hospice of Southern Kentucky prior to that date.

If a privacy practice is changed, a revised version of this notice will be either mailed to you or posted on our website. In the event the revised notice is mailed to you, it shall be provided by first class mail to your last known address. Any revised version of this notice will be distributed/published within 60 days of the effective date of any material change to the uses or disclosures, the individual’s rights, the duties of Hospice of Southern Kentucky or other privacy practices stated in this notice.

### Minimum Necessary Standard

When using or disclosing *Protected Health Information* or when requesting *Protected Health Information* from another Covered Entity, Hospice of Southern Kentucky will make reasonable efforts not to use, disclose or request more than the minimum amount of *Protected Health*

*Information* necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

* disclosures to or requests by a health care provider for treatment;
* uses or disclosures made to the individual or pursuant to your authorization;
* disclosures for compliance made to the Secretary of the U.S. Department of Health and Human Services;
* uses or disclosures that are required by law; and
* uses or disclosures that are required for Hospice of Southern Kentucky’s compliance with legal regulations.

33

### Your Right to File a Complaint with Hospice of Southern Kentucky or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to Hospice of Southern Kentucky in care of the following officer: Director of Quality Assurance, Hospice of Southern Kentucky, 5872 Scottsville Road, Bowling Green, KY 42104.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

Hospice of Southern Kentucky will not retaliate against you for filing a complaint.

### Additional Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following officer**:** Director of Quality**,** Hospice of Southern Kentucky, 5872 Scottsville Road, Bowling Green, Ky 42104.

The HIPAA Privacy Rule is set out at 45 Code of Federal Regulations Parts 160 and 164. These regulations and additional information about the HIPAA Privacy Rule are available

at [http://www.hhs.gov/ocr/hipaa/.](http://www.hhs.gov/ocr/hipaa/)

34

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE AND IMPORTANT INFORMATION

I acknowledge that I have received the Notice of Privacy Practices.

### I acknowledge that I have received and reviewed the following:

Hospice Notice of Election Initial

I have been informed about my right to receive a copy of the Election Addendum and Notice of Initial Non-Covered Items, Services, and Drugs

Patient Handbook Initial

Statement of Patient and Family Rights and Responsibilities Initial

Hospice Patient’s Bill of Rights Initial

Information related to Advanced Directives Initial

Information related to medication disposal and safe disposal of Narcotics Initial

I have received the above information and have had an opportunity to review and have questions answered to my satisfaction. My signature below indicates the receipt of the notices designated above.

Patient/Legal Representative Signature Relationship to Patient Date

Witness Signature Date

35

**Informed Consent for Hospice of Southern Kentucky And Notice of Election**

I, the patient and /or Legal representative of the patient, request admission to the Hospice of Southern Kentucky program and understand and agree to the following conditions:

**Introduction**: I understand that Hospice of Southern Kentucky is palliative, not curative, in its goals. The program emphasizes symptom control /relief of symptoms such as pain, physical discomfort, spiritual and emotional needs which may accompany life threatening illness. I understand that payment for care and treatment modalities that are part of the hospice plan of care related to my terminal illness is covered by my Hospice benefit for services provided by Hospice of Southern Kentucky. I understand that if I do not have Medicare or Medicaid I may have some financial responsibility for my care. I understand that upon accepting hospice services, I am waiving my right to regular Medicare benefits in relation to my illness for which I was referred to hospice except for payment to my attending physician and treatment for medical conditions unrelated to my terminal illness.

**Right to Choose a Physician:** I understand I have the right to choose the Physician overseeing my care. My attending physician will work in collaboration with Hospice to provide care related to my terminal illness and related conditions.

€ I do not wish to choose an attending physician and would like the Hospice Medical Director to oversee my care.

€ I acknowledge my right to choose an attending physician and would like to choose Dr. .

Address Phone .

**Caregiver**: I understand that Hospice of Southern Kentucky services are supportive and supplemental and not intended to take the place of care by my family members or significant others.

**Patient Care Services**: As long as I am eligible for Hospice benefits, my care will be managed by Hospice of Southern Kentucky and provided by my hospice interdisciplinary team, providers contracted by Hospice of Southern Kentucky, and by my chosen attending physician. I understand that I am to call Hospice of Southern Kentucky whenever I have questions or concerns about my health care needs.

I understand these services are related to my terminal illness and are palliative in nature, and may include physician, nurse, social worker, home health aide, chaplain, volunteer, counseling, bereavement, medical supplies, equipment, dietary counseling, physical, occupational and speech therapy, and medications necessary for pain and symptom management. 24 hour on-call services are available for questions, emergencies and /or visits 7 days a week.

I may receive hospice services at home, in a nursing facility, inpatient hospice facility or an acute care hospital under agreement with Hospice of Southern Kentucky. I understand that there are four levels of care that are provided under the hospice benefit and are determined by patient symptoms and the level of care required to provide comfort measures. I have been provided with detailed information related to the levels of care.

The Hospice of Southern Kentucky interdisciplinary team assigned to my care will determine the appropriate level of care based on my condition. I will be informed as soon as possible when my condition changes, requiring a change in level of care.

**Follow-up Care for Families**: I understand that the caregiver and others who are part of the patient’s family or who are important to the patient may choose to participate in Hospice of Southern Kentucky’s bereavement program. Services designed for family members and others include individual counseling, written education, help with practical matters, access to community resources and support groups.

**Choice of Care**: I understand that I will have a choice about care provided to me. I will have an opportunity to participate in the development of the plan of care that guides my care plan and services. I understand that I may review the plan of care at any time and may decline any treatment I choose.

36

I further understand that some medical services or procedures (such as advanced cardiac life support or respirators) are not routinely provided by Hospice of Southern Kentucky. The subject of resuscitation should be discussed by me and my physician prior to electing Hospice services. However, a patient’s eligibility for hospice care is not affected by his /her decision about resuscitation.

I understand that I may ask for a volunteer to be included in my plan of care.

**Records:** I authorize release of all records and information required to act on this election, and hereby authorize payment to be made directly to Hospice of Southern Kentucky for services provided that are covered by my insurance. I also authorize regulatory agencies to review my Hospice of Southern Kentucky medical record.

**Financial Responsibility**: The estimated cost and expected reimbursement of Hospice care has been explained to me. I have read the explanation regarding the benefits, provisions and scope of services to be offered me. I understand that I am responsible for payment of services not covered by insurance unless other arrangements for payment have been made. I have been given a chance to discuss the financial needs with a representative of Hospice. I understand that the patient will not be denied admission to the program if I am not able to pay, but that I am required to meet these financial responsibilities to the extent possible. I understand that room and board IS NOT covered by my hospice benefit.

**Informed Consent for Hospice of Southern Kentucky And Notice of Election**

**NON – Covered Services – I understand that any care, including doctor’s visits, ambulance runs, emergency room visits, hospitalizations, or any other care received outside my home or hospice facility without prior approval from a Hospice of Southern Kentucky nurse will be my financial responsibility.**

**Withdrawal/Transfer/Discharge**: I accept the conditions of Hospice of Southern Kentucky as described, understanding that I may choose not to remain in the program and revoke hospice services for any reason. This means there will be no further liability to me or Hospice. I understand, however, that I may request to be readmitted at a later date. I understand that I may, at any time transfer my enrollment to another Hospice Provider.

**Medicare Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO):** As a Medicare hospice beneficiary, you have the right to contact the Beneficiary and Family Centered Care Quality Organization (BFCC- QIO) to request Immediate Advocacy if you disagree with any of hospice’s determinations. The BFCC- QIO for our region is:

**KEPRO Phone Number - 888−317−0751 (toll-free)**

**Non-Medicare/Medicaid Patients:** I understand that if I have insurance other than Medicare or Medicaid I am responsible to verify any co-payments that I may be responsible to pay to Hospice of Southern Kentucky.

Further, I understand that Hospice of Southern Kentucky will do everything in its power to confirm benefit limits and co-payment amounts. I agree to pay any uncovered charges that I am responsible for according to my insurance limits, co-pays and deductibles.

**Uninsured Patients:** I understand that Hospice of Southern Kentucky will provide care to all patients regardless of their ability to pay. I understand and agree to cooperate in completing a Financial Assessment to determine my financial liability. I agree that if I do not agree to complete the financial assessment, or if I do not qualify for financial assistance, I will be required to pay full rate for services.

Page 2

37

**Hospice Consent and Notice of Election Page 3**

**I, the patient, or legal representative, acknowledge that I have read and understand the information presented in this informed consent and Hospice Election. I have had the opportunity to ask questions and have had my questions answered to my satisfaction. My signature below indicates my agreement of the information presented in the Consent and Notice of Election.**

**Date of Election of Hospice Benefit .**

Patient Name (Print) Patient DOB

Patient /Legal Representative Signature – (Include relationship to patient.) Date

Witness Signature Date

38





Patient Notification of Election Benefit Addendum and Notification of Hospice Non-Covered Items, Services and Charges

Patient Name Date

I have been informed of my right to receive to a Hospice Election Statement Addendum outlining the Hospice Non-Covered Items, Services, and Drugs.

My Hospice of Southern Kentucky nurse has explained to me that items that are not related to my Hospice Diagnosis will not be covered by Hospice.

€ I DO NOT wish to have a copy of the Hospice Election Statement Addendum.

€ I would like to receive a copy of the Hospice Election Statement Addendum.

Patient/ Surrogate Signature Date

Employee Witness Date

39

Hospice of Southern Kentucky, Inc

Patient Notification of Hospice Non-Covered Items, Services, and Drugs

**MRN:**

Patient Name:

Purpose:

The purpose of this addendum is to notify the requesting Medicare beneficiary (or representative), in writing, of those conditions, items, services, and drugs not covered by the hospice because the hospice has determined they are unrelated to your terminal diagnosis and related conditions. If you request this notification on the effective date of the hospice election (start date of hospice care), the hospice must provide you this form within five days. If you request this form at any point after the start date of hospice care, the hospice must provide you this form within three days.

**Diagnoses Related to the Terminal Illness and Related Conditions:**

|  |  |
| --- | --- |
| **1.** | **4.** |
| **2.** | **5.** |
| **3.** | **6.** |

**Diagnoses Unrelated to Terminal Illness and Related Conditions:**

|  |  |
| --- | --- |
| **1.** | **4.** |
| **2.** | **5.** |
| **3.** | **6.** |

**Non-Covered Items, Services, and Drugs Determined by Hospice to be Unrelated to Your Terminal Illness:**

|  |  |
| --- | --- |
| **Items/Services/Drugs** | **Reason for Non-Coverage** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Note:** The Hospice makes the decision as to whether or not conditions, items, services, and drugs are related for each patient. As the patient or representative, you should share this list and clinical explanation with other healthcare providers from which you seek items, services, or drugs, unrelated to your terminal illness and related conditions to assist in making treatment decisions. The Hospice should provide its reasons for non- coverage in a language that you (or your representative) can understand.

40

**Right to Immediate Advocacy**

As a Medicare beneficiary, you have the right to contact the Medicare Beneficiary and Family Centered Care- Quality Improvement Organization (BFCC-QIO) to request for Immediate Advocacy if you (or your representative) disagree with the decision of the hospice agency on items not covered because the hospice has determined they are unrelated to your terminal illness and related conditions.

Please visit this website to find the BFCC-QIO for your area: https://qioprogram.org/locate-your-qio or call 1- 800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**Signing this notification (or its’ updates) is only acknowledgement of receipt of this notification (or its’ updates) and does not constitute your agreement with the hospice’s determinations.**

|  |  |
| --- | --- |
| Name of Beneficiary: | |
| Signature of Beneficiary: | |
| Date Signed: | |
|  | |
|  |  |
| Beneficiary is unable to Sign | |
| Signature of Representative: | |
| Date Signed: | |

41

MAP-374 (Rev. 5/19)

INSERT MAP -374 – KY Medicaid Notice of Election

**Hospice Benefit Election**

# Election of Medicaid Hospice Benefits

Patient’s Signature or Mark Patient’s Name (Print or Type)

Witness’ Signature Relationship to Patient

Date Signed Effective Date of Election

**Second Benefit Period:** (To be signed only if benefits previously revoked or temporarily terminated.)

Patient’s Signature or Mark Patient’s Name (Print or Type)

Witness’ Signature Relationship to Patient

Date Signed Effective Date of Second Period

**Additional Benefit Period:** (To be signed only if benefits previously evoked or temporarily terminated.)

Patient’s Signature or Mark Patient’s Name (Print or Type)

Witness’ Signature Relationship to Patient

Date Signed Effective Date of Period

**Additional Benefit Period:** (To be signed only if benefits previously evoked or temporarily terminated.)

Patient’s Signature or Mark Patient’s Name (Print or Type)

Witness’ Signature Relationship to Patient

Date Signed Effective Date of Period

**Submit form by faxing to DMS at 502-564-0039 or email to DMS inbox at** [**dms.eligibility@ky.gov.**](mailto:dms.eligibility@ky.gov)

Clear Form

42

MAP-379 (Rev. 12/11)

MAP- 379

(rev.12/11)

# Representative Statement For Election of Hospice Benefits

### Representative Statement for Election of Hospice Benefits

I, , due to the physical/mental (Legal Representative)

incapacity of am authorized

(Patient Name/Member #)

in accordance with state laws to execute, change or revoke the election of Medicaid Hospice on behalf of who has been certified as terminally ill.

As the representative for , I will sign all necessary forms.

Signature, Legal Representative Date

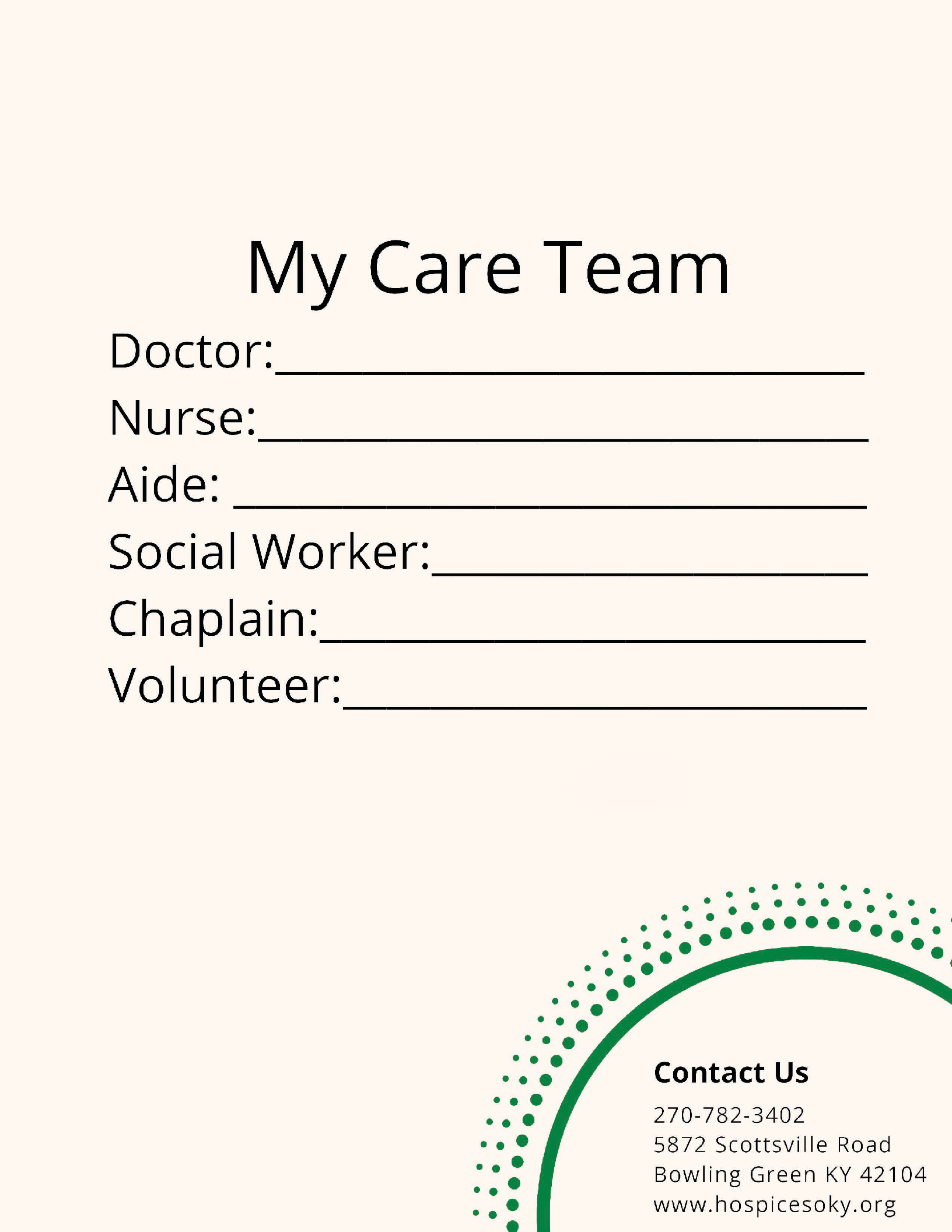
Witness Date

**CLEAR FORM**

43

44

45



|  |
| --- |
| Doctor:  Nurse: Aide: Social Worker: |
| Chaplain: |
| Volunteer: |

270-746-9300

Rev 2/2022