

# *First Health*

## Hospice



Patient Education  
and Training

The 24-Hour Number for home/facility hospice..... (910) 715-6000  
 Hospice House.....(910) 715-6100  
 Toll Free Number..... (866) 861-7485

**MEMBERS OF YOUR TEAM**

Attending Physician	
Case Manager (Primary Nurse)	
LPN	
Medical Social Worker	
Spiritual Care Chaplain	
Hospice Aide	
Volunteer	

**ADMINISTRATION**

Hospice Director  
 Tina Gibbs, MSW, LCSW

Associate Director  
 Jenny Snead, RN, BSN

The Hospice House is open 24 hours a day, 7 days a week. It is located at 251A Campground Road, West End, NC 27376.

Administrative offices are open Monday-Friday from 8:00 a.m. - 5:00 p.m. Hospice nursing support is available 24 hours a day, 7 days a week. Calls after hours are received by our answering services. Please call (910) 715-6000 or (866) 861-7485. Tell the person answering the phone that you need the Hospice nurse, and give your name, the patient's name, and the phone number. If there has been a death, tell them this. They will have a nurse return your call as soon as possible (usually within five or ten minutes). If you do not hear from a nurse in 10-15 minutes, call again. Keep the phone free until you hear from a nurse who is on-call. She will talk to you about the problem and will make a home visit, as needed.

Because our phones are forwarded to an answering service after regular hours, it is possible that a technical error in receiving your call might occur. If you do not receive an answer after the second try, please call FirstHealth Moore Regional Hospital at (910) 715-1000 and tell the operator that you need the Hospice nurse.

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# Welcome

## to FirstHealth Hospice

We want to take this opportunity to thank you for choosing FirstHealth Hospice to assist with the care needs of your loved one during this difficult time. We strive for this to be beneficial not only to the individual, but to the family and friends as well. The services that we provide in the home and facility settings along with our Hospice House are designed to improve the quality of life for those afflicted with a terminal illness.

You will have access to an interdisciplinary group designed to address the physical, emotional, social, and spiritual needs of the individual. Our team includes a physician, nurses, social workers, chaplains, certified nursing assistants, bereavement counselors, and volunteers who are able to assist you throughout the process. Your team will be built and adjusted based on the individual needs of the patient and family.

We strive to be able to keep patients comfortable in their home environment. If additional symptom management and monitoring is required, then the Hospice House is available to improve upon the comfort and care already provided in the home setting. Our Hospice House is designed to create a peaceful and comfortable environment for the family as well as the patient. Each patient room is private with its own outdoor patio, refrigerator, television, and bathroom. This building also contains a playroom for younger visitors, solace room, sun room, screened porch, laundry facilities, and a spacious family and dining area including a fireplace and kitchen. We also have a chapel and beautiful gardens available on the grounds if a quiet place is needed for prayer or reflection. The family is encouraged to visit and for this reason we do not have visitation hours. We do ask that all visitors conduct their visits in a quiet and respectful manner to provide dignity and needed rest for our patients. If a patient has asked not to have visitors, our staff will abide by this request.

To better assist our families in providing for the patients future care in the home setting, we begin discharge planning at the time of admission. This gives us ample opportunity to make any needed referrals or arrangements to provide a smoother transition. Any fees for services will also be discussed at the time of admission based on the patient's particular insurance benefits. If you have any questions about this, our facility, or our services please contact our staff at (910) 715-6000 or (866) 861-7485. Again thank you for choosing us and we look forward to providing you and your loved ones with the highest standard of care.

Sincerely,



Tina Gibbs, MSW, LCSW  
Director  
FirstHealth Hospice & Palliative Care

# NAVIGATING THROUGH DIFFICULT TIMES

Dedicated to Serving Patients and Their Families, Emphasizing Independence and Quality of Life  
The Program Is Available To Anyone In Need.

## What does FirstHealth Hospice do?

FirstHealth Hospice uses a team approach to providing patient care and family support. A team typically includes nurses, physicians, medical social workers, counselors, hospice aides, spiritual care chaplains and support volunteers. Each patient/family is assigned a team. Registered nurses and medical social workers schedule regular visits and assess symptom management. A nurse is available 24 hours a day, seven days a week, and can be reached by calling the Hospice office. In most cases, a regular schedule of visits by team members is established.

A plan of care is developed and regularly reviewed and updated by the team. The patient's personal physician is in charge and is kept informed of the patient's condition. Patients are encouraged to retain control of their lives and take an active role in the decision-making process.

The Hospice concept of care is directed toward maintaining the patient in the home. Thus, the involvement and cooperation of a responsible person in the home is important. This primary caregiver is expected to carry out routine responsibilities and to alert a Hospice team member of changes in the patient's condition.

FirstHealth Hospice accepts patients who have a limited life expectancy. Patients may be referred to the program by family members, friends or others; and patients are admitted with the approval of their physician. Hospice serves patients in their homes, in nursing centers or in assisted living facilities.

## Our Mission

FirstHealth Hospice is dedicated to serving patients with life-limiting illness and supporting their families by emphasizing dignity and quality of life. The team of health care professionals and specially trained volunteers is always attentive to patient needs and is committed to providing pain and symptom management as well as counseling and adjustment to grief and loss. Hospice is an integral service in the continuum of care provided by FirstHealth of the Carolinas, the

region's first comprehensive not-for-profit regional healthcare network.

## Role Statement

To care for people with life-limiting illnesses by providing quality care and dignity.

## Philosophy

The FirstHealth Hospice philosophy is that every individual who has a limited life expectancy should be assured quality of life regardless of place of residence. The Hospice team of professionals and trained volunteers teaches the family and friends how to care for their loved one at home. All aspects of the patient's physical and emotional needs, as well as the family's support needs, are confidentially assessed by the Hospice team.

Hospice is a philosophy and a concept of care. It strives to be optimistic but realistic. It endeavors to relieve suffering in any form, whether physical or emotional. The emphasis is on providing quality of life, permitting the patient and family to maintain their dignity and independence. Hospice affirms life and neither hastens nor postpones death.

## Certification

FirstHealth Hospice, an entity of FirstHealth of the Carolinas, is a federally approved, not-for-profit health care organization, Medicare certified, ACHC-accredited and licensed by the state of North Carolina. Hospice services are covered by Medicare, Medicaid and private insurance. The Hospice program is available to anyone in need, regardless of race, creed, religious preference, handicap or ability to pay.

A professional health care team and administrative staff coordinate services and programs, many of which are unique to FirstHealth Hospice. The highly-trained clinical staff is led by the patient's physician and consists of nurses, hospice aides, medical social workers, spiritual care chaplains, counselors, therapists and volunteers.

## PATIENT CONSENT & AUTHORIZATION FORM

*I wish to have Hospice care provided for me and I understand the nature and philosophy to be as follows:*

- I will receive medical care from my primary physician and nursing care and support from Hospice.
- I understand visits will be made in my home. A nurse is available by phone 24 hours a day.
- I understand that visits to provide supportive care in the home are provided by nurses, social workers, hospice aides, spiritual care chaplains, and volunteers. Specialty team members such as a dietitian and therapists may assist when appropriate.
- I understand that care is not intended to be curative, but the goal is to provide supportive care for people who have an incurable illness. This supportive care is used to alleviate, to the extent possible, symptoms such as pain or nausea. I further understand that Hospice provides emotional, social, and spiritual support not only for me, but my family and others closely involved in my life.
- My care will be managed in my home as much as possible. If I am transferred to a contracted hospital or extended care facility, I understand the Hospice team will continue to assist me and my family as needed.
- I understand that if my physician and the Hospice team no longer consider Hospice care appropriate or sufficient to meet my needs, I may be discharged from Hospice without further liability to any party.
- I understand that the Hospice medical record will contain information about me and my family. Every effort will be made to keep this information confidential.
- I accept the conditions of Hospice care as described, with the understanding that I may withdraw my consent for Hospice care at any time.
- I have been given the opportunity to ask questions about my care from Hospice and all questions have been answered to my satisfaction.

# FIRSTHEALTH HOSPICE BILLING POLICY

Hospice services will be provided to anyone needing hospice care regardless of ability to pay. Hospice will not discontinue or reduce services if a beneficiary becomes unable to pay.

Hospice accepts Medicare, Medicaid and all other third-party reimbursement. A social worker is available to work with families to apply for Medicaid or other funding sources.

The patient/primary caregiver is advised orally and in writing of the charges for hospice care at or prior to the receipt of services. The patient/primary caregiver also has the right to be informed of changes in payment information no later than 30 days after FirstHealth Hospice becomes aware of the change.

Charges for care and services will also be available to the public and referral sources as requested.

If you have **Private Insurance:**

- We will bill your insurance company monthly.
- Upon receipt of payment, we will bill you for the deductible and coinsurance indicated by your insurance company.
- If you have reached your maximum benefit limit, we will bill you for services rendered according to a financial assessment.

If you have **No Insurance:**

- We will bill you monthly, at the current rates, for Hospice staff services provided.
- Any outside services not arranged and preapproved in writing such as DME, x-rays, lab work, consultation, etc., are not the responsibility of FirstHealth Hospice. You will need to make arrangements for services and will be responsible for payment of these services.
- If you have any questions or want to make payment arrangements, please call our Business Office at 715-6000.

**Financial Assistance:**

- FirstHealth Hospice, in order to meet community healthcare needs, gives services without charge to eligible persons who cannot afford to pay for care.
- If you think you may be eligible for financial assistance, you may request a review by contacting the Family Services Department at 715-6000 or toll free (866) 861-7485.



## Hospice Medicare/Medicaid Benefit

You, as a Medicare/Medicaid recipient, are eligible for the Hospice Medicare/Medicaid Benefit. If you choose to elect this benefit, it will include the following:

### Core Services:

- Physician services
- Nursing services
- Medical social services
- Bath service/homemaker
- Spiritual care services
- Volunteer services
- Bereavement services
- 24-hour on-call availability



FirstHealth Hospice will develop a plan of care that is individualized for each patient and his/her family. In addition to core services, other services may include:

### Additional Services:

- Routine durable medical equipment
- Medical supplies
- Prescription medications for pain and symptom management
- Continuous care, to provide care to a hospice patient during a period of medical crisis
- Short-term inpatient care for the patient
- Inpatient respite care to relieve the family members or other persons caring for the individual at home.
- Outpatient services including:
  - Palliative transfusions
  - Laboratory services
- Consulting physician services
- Speech, occupational and physical therapy
- Dietary counseling
- Palliative IV therapy



Hospices are frequently asked about the following services that are not routinely provided. Some hospices may provide and cover these services. These services may include, but are not limited to:

### Other Optional Services

- Oral supplemental feedings
- Specialty equipment
- IV hydration
- Tube feedings
- Skin care products
- Over-the-counter medications
- Ambulance transports, if not included in the plan of care and pre-approved by the hospice

### MEDICARE PART A:

These benefits take the place of your standard Medicare/Medicaid hospital insurance for the illness for which you were referred to FirstHealth Hospice. The standard Medicare/Medicaid benefits will continue to pay for treatment of illness other than the one for which you were referred to Hospice and other doctor's services.

You may revoke this election and Hospice services at any time by notifying FirstHealth Hospice in writing. At that time, you will be eligible to resume regular Medicare/Medicaid coverage.

### AMBULANCE SERVICE:

Any ambulance or other patient transport that is medically related to terminal illness and consistent with the plan of care established by FirstHealth Hospice will be considered for coverage by Hospice under the following guidelines:

- The patient is actively enrolled in the hospice program.
- The patient is being admitted to general inpatient care or Hospice inpatient unit; from the home hospice program.
- The patient must be medically and physically unable to be transported by any other means.
- A hospice staff member must authorize and arrange transportation prior to the services being provided.

FirstHealth Hospice will not pay for the ambulance trip if this service is not authorized and arranged by FirstHealth Hospice; therefore, the patient/family accepts full financial responsibility. Transportation by ambulance to and from long-term care or physician's office will not be covered by the Hospice program. Transportation covered by private insurance policies will not be covered by the Hospice program. Should you have any questions or concerns, please discuss them with your nurse or social worker.

# FirstHealth Hospice

## Admission and Medication Management for Medicare Part D Enrollees

### Prior Authorization

This document is to inform you of a new process that Medicare (CMS) has instructed all Hospices and Medicare Part D (Drug) Plans to follow. Beginning on May 1, 2014, Medicare Part D Plans will no longer allow any pharmacy to provide medications to any eligible Medicare Part D Plan hospice patients, until it receives specific information to determine who is responsible for payment. There is a new prior authorization process required by Medicare. As part of this process, FirstHealth Hospice will review all your medications on admission to determine if they should be covered by FirstHealth Hospice (under your Hospice Medicare Benefit), by your Medicare Part D Plan, by your private insurance or out-of-pocket from you, the patient.

The prior authorization process determines payment responsibility for the medications so it is very important that you provide to FirstHealth Hospice, all of your Part D Plan information along with any changes or updates in your Part D Plan while enrolled in the hospice program. The prior authorization process must be completed before you will be able to receive any current or newly ordered medications. If you fill/refill medications and receive from a pharmacy after admission to the hospice program but prior to the authorization process, you will have to pay the cost out-of-pocket. FirstHealth Hospice will not be allowed to provide you with reimbursement. We ask that you contact FirstHealth Hospice at (910) 715-6000 to notify us of the need for any new and/or existing medications so we can expedite the prior authorization process.

### Related Medications/Formulary/Substitution

FirstHealth Hospice, through the Hospice Medicare Benefit, is responsible for providing & paying for any medications, in reasonable amounts, that are considered related to your principal hospice diagnosis and any related conditions. All of your current medications are required to be reviewed on admission. The hospice physician, with input from your attending physician and the hospice team makes this determination based on your hospice plan of care. Hospice utilizes a Formulary (list of acceptable medications). Your

current approved medications will be substituted with a comparable medication from the hospice formulary when indicated. If you request to take a comparable medication that is not on the hospice formulary and refuse to try a hospice formulary medication believed to be as effective, you will be responsible for the payment of the medication(s).

### Medication Related But Not Considered Medically Necessary

You may choose to begin or continue taking a medication that is determined to be related to the principal diagnosis and related conditions and is a part of your hospice plan of care but not considered medically necessary for the palliation of pain and/or symptom management by the hospice team members. Medicare prohibits FirstHealth Hospice and your Medicare Part D Plan from paying for this medication. In these cases, Medicare requires you, the beneficiary, to pay for the medication. You may pay out-of-pocket or use non-Medicare insurance to pay for the medication if you have this type of coverage. Your Medicare Part D Plan will not pay for these medications.

### Medications Unrelated to Hospice Diagnosis and Related Conditions

Any medications that are unrelated to the hospice diagnosis and related conditions are paid for the same way they were before your admission to the hospice program. This may be either Medicare Part D, private insurance or out-of-pocket by you.

### Right to Appeal

If you disagree with the determinations regarding medication coverage and feel that the Hospice Medicare Benefit should be paying for a medication that is not covered, you have the right to appeal this decision to Medicare. Information on how to make an appeal can be provided by your pharmacy, your Part D Plan or hospice.

## Summary

In review, the following processes occur regarding medications & payment (if applicable):

Admission to hospice program

Review of all medications

Medication determinations include:

- Related, reasonable & necessary, and are paid for by the Hospice Medicare Benefit
- Related, not medically necessary per the hospice plan of care and are not paid for by the following:

Hospice Medicare Benefit

Medicare Part D Plan

Private insurance (this must be determined)

You may opt to pay out-of-pocket

- Unrelated medications are paid for in the same manner as they were prior to the hospice admission

Hospice cannot reimburse you or your family for any medications that you receive and pay for out-of-pocket prior to the authorization process.



# FirstHealth Hospice

## Hospice Medicare Benefit Fact Sheet And Patient Instructions

**I. You, as a Medicare recipient, are eligible for the Hospice benefit. If you choose to elect this benefit, it will include the following services:**

**A. Routine Home Care:**

1. Scheduled and on-call nursing visits for problems.
2. Medical social work.
3. Spiritual care if desired.
4. Volunteer support if desired.
5. Other professional services as needed or ordered such as certified nursing assistants, physical therapy, counseling.
6. Medications prescribed for problems related to the illness for which you were referred to Hospice.
7. Medical supplies.
8. Equipment.

**B. Continuous Home Care:** short term coverage in a crisis, in which primarily nursing care is required to achieve palliation or management of acute medical symptoms.

**C. Inpatient Respite Care:** up to five (5) days, subject to bed availability. This must be scheduled by Hospice and approved by your attending physician. It does not include any medical treatment for the illness other than what you have been receiving at home.

**D. Short Term General Inpatient Care:** This is for management of clinical problems related to the illness for which you are receiving Hospice services and which cannot be managed in another setting.

### II. Election of Benefit and Eligibility

**A.** These benefits take the place of your standard Medicare Part A hospital insurance for the illness for which you are receiving Hospice services. The standard Medicare Part A benefits will be available to pay for treatment of illnesses other than the one for which you are receiving Hospice services and will continue to pay for your doctor's services.

**B.** You may cancel this election and Hospice services at anytime by notifying FirstHealth Hospice in writing and signing a revocation statement which will be

provided by Hospice. At that time, you will become eligible for your regular Medicare coverage.

### III. Special Conditions for Inpatient Care and Medications.

**A. General and Respite Inpatient Care**

1. Under the Hospice Medicare Benefit, you are eligible to receive inpatient care, when necessary, in the hospital under contract with Hospice. This care **MUST BE AUTHORIZED BY FIRSTHEALTH HOSPICE AS WELL AS ORDERED BY YOUR PHYSICIAN.** If hospitalization for management of symptoms is required, inpatient care will be arranged for at a hospital or skilled nursing facility contracted with FirstHealth Hospice.

2. You are free to choose hospitals other than the contract hospital. **HOWEVER, YOU WOULD THEN BE RESPONSIBLE FOR ALL HOSPITAL COSTS ASSOCIATED WITH THAT PERIOD OF HOSPITALIZATION.** Medicare would not cover that hospitalization, if it is related to the illness for which you are receiving Hospice services.



## B. Medications

1. Medications you may need for management of the terminal illness for which you are receiving Hospice services are covered as part of the Medicare benefit. Most of these medications will be obtained through a prescription from your physician. For any medications you may purchase over the counter, without a prescription, you will need to have approved by Hospice for them to be covered. The pharmacy will be notified of which drugs are approved for payment under the Medicare benefit.

2. Hospice has a contract with Optum PBM (pharmacy benefit manager) for dispensing and payment for medications. Please check with your hospice team to ensure your pharmacy is under contract with this service prior to pertaining medications to ensure payment.

3. In an emergency, medications may be obtained after hours. Please call Hospice and a nurse will assist you.

4. To obtain medications, please follow this procedure:

- Check with the Hospice nurse to determine if the medication is covered under the Medicare Benefit.
- Identify as “hospice patient” to the pharmacist when presenting a prescription or obtaining the medication.
- Have the pharmacist call Hospice if there are questions regarding the medication or coverage.

## IV. Procedure for obtaining care after office hours or weekends:

**A.** Call the Hospice number. The phone is answered by the Hospice answering service. If necessary, let the phone ring many times until your call is answered.

**B.** Tell the operator you need the Hospice on-call nurse. Give her your name, the patient’s name and telephone number. If the nurse has not returned your call in 10 minutes, call back.

**C.** Unless you have to call back, KEEP THE PHONE FREE UNTIL YOU HEAR FROM THE NURSE.

**IF YOU HAVE QUESTIONS  
ABOUT INFORMATION,  
PLEASE CALL THE NURSE OR  
SOCIAL WORKER  
AT HOSPICE.**

## PATIENT SATISFACTION

FirstHealth Hospice wants you to be 100 percent satisfied with the care you receive. Our goal is to exceed your expectations. After discharge from the hospice program, a satisfaction survey also known as the CAHPS survey will be sent to you for completion. Please complete the survey and return in the postage paid envelope. This helps us to identify ways to improve our services and recognize staff for their outstanding performance. We strive for outstanding performances on every measure and appreciate your participation in the Satisfaction Survey.

### QUESTIONS, CONCERNS & COMPLAINTS

We are committed to ensuring that your rights are protected. If you feel that our staff has failed to follow our policies or has in any way denied your rights, please let us know by calling our administrative staff at FirstHealth Hospice at:

**(910) 715-6000 or Toll Free (866) 861-7485**

Or by writing to:

Director of Hospice Services  
251 Campground Rd.  
West End, NC 27376

In the event you are not totally satisfied you may then contact:

FirstHealth of the Carolinas  
President, FirstHealth Physicians Group  
PO Box 3000  
Pinehurst, NC 28374

Additional unresolved concerns or recommendations  
could also be registered with:

Complaint Hotline  
N.C. Division of Health Service Regulation  
Complaint Intake Unit  
2711 Mail Service Center  
Raleigh, NC 27699  
(800) 624-3004 (within NC) or  
(919) 855-4500

Acute Care, Home Care and Certification  
N.C. DHR  
2712 Mail Service Center  
Raleigh, NC 27699  
(919) 855-4620

Accreditation Commission for Health Care, Inc.  
139 Weston Oaks Ct.  
Cary, NC 27513  
(855) 937-2242

# PATIENT RIGHTS & RESPONSIBILITIES STATEMENT

*As a patient of this agency, you have basic rights. These include:*

1. The right to receive a copy of Patient Rights and Responsibilities Statement in advance of care/service being provided.
2. The right to a complete explanation in advance of all care/services provided initially and on a continuous basis. This includes health teaching and education in a language or form you can be reasonably expected to understand.
3. The right to receive information about the services covered under the Medicare hospice benefit.
4. The right to receive care and services that are adequate, appropriate and in compliance with relevant federal and state laws, rules and regulations, and the right to receive appropriate care without discrimination in accordance with physician orders.
5. The right to be treated with dignity, consideration, respect, and full recognition of your individuality and right to privacy and security.
6. The right to be free from mistreatment, neglect, exploitation or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property.
7. The right to have your property treated with respect and consideration.
8. The right to be fully informed and to receive a written statement in advance of the scope of services, care and treatment that will be provided by us; how much it will cost; how payment will be handled; any charges for which you may be responsible for paying and any limitations of our services and care. This includes payment for care/service expected from third parties.
9. The right to participate in the development of a plan of care to meet your needs and periodically updating it as your condition changes, as well as being informed about any changes in services or the plan of care.
10. The right to be involved in resolving ethical issues or conflicts about care or service.
11. The right to be informed of anticipated outcomes of services or care and any barriers in meeting these outcomes.
12. The right to voice grievances or complaints regarding treatment or care that is (or fails to be) furnished and, lack of respect or property by anyone who is furnishing care/service on behalf of this hospice; or recommend changes in policy, staff, or services/care without restraint, interference, coercion, discrimination, or reprisal for the exercising of one's rights; and the right to have these issues investigated within 72 hours.
13. The right to confidentiality and privacy of all information in the patient record and of Protected Health Information which will not be disclosed without appropriate written consent, and to be advised of agency policies and procedures regarding the disclosure of clinical records.
14. The right of informed consent and to accept or refuse services, care or treatment after the consequences of refusing the services, care or treatment is fully presented.
15. The right to choose a healthcare provider including choosing an attending physician and to receive appropriate services and care without discrimination, in accordance with physician orders.
16. The right to be informed of on-call services which are available 24-hours, 7-days-a-week.
17. The right to stop the services at any time.
18. The right to have access to your medical records.

19. The right to receive information orally and in writing on advance directives prior to the initiation of services or care, and to be informed of patient rights under state law to formulate advance directives.

20. The right to know that if the patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient is exercised by the person appointed to act on the patient's behalf. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by law.

21. The right to receive care from professionally trained personnel, to know what their individual roles in assisting with your care will be, to know how often they will visit and to know who they are through proper identification.

22. The right to receive effective pain management and symptom control for conditions related to terminal illness(es).

23. The right to be advised of procedures for discharge.

24. The right to be informed of the process for acceptance and continuance of service and eligibility determination.

25. The right to receive a reasonable response to your requests of the agency.

26. The right to receive information of the alternative sources of care available, if services are terminated, and the right to be informed within a reasonable time of anticipated termination of service.

27. The right to be informed of any financial benefits when referred to a hospice.

28. The right to be notified within 10 days if the agency's license has been revoked, suspended, cancelled, annulled, withdrawn, recalled or amended.

29. The right to recommend changes in policies and procedures, personnel or care/service.

30. The right to call for information, questions, or complaints about services provided including complaints concerning the implementation of advance

directives. Contacts that may be called are:

- **FirstHealth Hospice & Palliative Care**, 251A Campground Road, West End, NC 27376  
(910) 715-6000, or toll free (866) 861-7485

- available 24 hours daily. \*This contact can assist you with questions and information about services, as well as concerns for complaints about care or services provided by FirstHealth Hospice & Palliative Care.

- **Patient Advocate for FirstHealth of the Carolinas**, 155 Memorial Drive, P. O. Box 3000, Pinehurst, NC 28374, (910) 715-1530

- available available 8:00 a.m. to 5:00 p.m. Monday-Friday, with an answering machine after hours. \*This contact can assist you with the preparation and filing of complaints, participate in the investigation of complaints and advise the CEO concerning their resolution.

- **Division of Health Service Regulation**, Complaint Intake Unit, 2711 Mail Service Center, Raleigh, NC 27699, (919) 855-4500, or toll free (800) 624-3004

- available 9 a.m. to noon and 1 p.m. to 4 p.m. Monday-Friday, with an answering machine after hours. \*This contact receives complaints for all agencies licensed by the Division of Health Service Regulation.

- **Acute Home Care, Home Care and CLIA Branch**, Licensure and Certification Section, Division of Health Service Regulation, 2712 Mail Service Center, Raleigh, NC 27699, (919) 855-4620

- available 8 a.m. to 5 p.m. Monday-Friday ONLY. \*This contact is responsible for enforcing state statutes for home care agencies.

- **Department of Health & Human Services** at (800) 622-7030

- available 8 a.m. to 5 p.m. Monday-Friday ONLY. \*This contact can provide resource and referral information if you have an unresolved complaint.

- **Accreditation Commission for Health Care Inc. (ACHC)**, 139 Weston Oaks Ct. Cary, NC 27513. Toll Free – (855) 937-2242

- available 8 a.m. to 5 p.m., Monday – Friday, with an answering machine after hours. ACHC is the accrediting agency for FirstHealth Hospice & Palliative Care.



31. The right to exercise your rights as a patient of hospice.

32. The right to be fully informed of your responsibilities as a patient.

*As a patient of this agency, you possess basic responsibilities. These include:*



1. To remain under a physician's care while receiving services.
2. To notify the agency first when any medical problems arise.
3. To notify the agency of any changes in your address, health status, medications, physician or admission to a health care facility.
4. To inform the agency of your inability to keep a scheduled appointment.
5. To provide the agency with a complete and accurate health history and a current copy of your advance directives.

6. To participate in assessment and management of pain. This includes helping your nurse to assess your pain, discussing pain relief options with your nurse and working together to develop a pain management plan. Also, to ask for pain relief when pain first begins, telling your nurse if your pain is not relieved, and discussing any worries you may have about taking pain medication.
7. To provide the agency with accurate insurance and financial information when needed.
8. To sign required consents and releases for information.
9. To participate in the care provided by asking questions and expressing concerns regarding the course of treatment or your ability to comply with instructions.
10. To provide a safe home environment in which care can be provided.
11. To cooperate with the physician, the agency, and other care providers in your treatment.
12. To accept or refuse treatment.
13. To treat agency personnel with respect and consideration.
14. To abide by agency policies that restrict duties the agency may perform.
15. To advise agency administration of any dissatisfaction or problems with your care or if you feel your rights are not being respected.
16. To provide a minimum of 48 hours advance notice to the agency when patient intends to travel out of the local service area so appropriate arrangements for care can be made.

# CARE PLAN PARTICIPATION AGREEMENT

Frequency of care plan to be reviewed: **Every Fifteen (15) Days**

This is to Certify That: Hospice services are requested because the individual has a limited life expectancy. The plan for furnishing Hospice services to the individual has been established by the Hospice Interdisciplinary Team, including the patient and family, and is periodically reviewed by the physician. These services are furnished while the individual is under the care of a physician. In the event that the referring physician is not licensed to practice medicine in the state of North Carolina, it is understood that this Plan of Treatment will be co-signed by the Hospice Medical Director.

This Plan of Care has been explained to us by the Hospice staff. It is our understanding that we will be kept informed of changes made in this care plan and it is our expectation that our input will be considered important to both the development and continuation of this plan. We have been fully informed of the services we are to receive from FirstHealth Hospice and understand their scope and nature, as well as limitations. We also understand that care will not be diminished or discontinued because of inability to pay for services.

## Review Process

At the time of admission, and throughout your care with the Hospice program, your needs will be assessed for appropriateness of the services you are provided. If at any time you no longer require or become ineligible for continued Hospice services, we will involve you and your family in the discharge planning process. This will include helping to identify and develop options for your care.

A review program is necessary to ensure compliance with Hospice regulations and to ensure the continued provision of high quality patient/family care and support. If you should have any further questions regarding our review process, your social worker can assist you.

## Medicare and Your Rights

You have guaranteed rights and protections as a person with traditional fee-for-service Medicare coverage. Please become familiar with the following facts.

If you are receiving care from a comprehensive outpatient rehabilitation facility, home health agency, hospice, or skilled nursing facility, and you are told care is no longer needed and will no longer be covered by Medicare, you will receive an advance notice called Notice of Medicare Provider Non-Coverage at least forty-eight (48) hours before the services being provided are to end.

If you don't agree that Medicare should stop covering your care, the notice explains how you can request another opinion. To request another opinion, call:

**1-800-MEDICARE - (1-800-633-4227)**  
**TTY/TTD 1-877-486-2048**

Or call your state's Medicare Quality Improvement Organization which is:  
**KEPRO: 1-844-455-8708.**

When you ask for another opinion, your Medicare Quality Improvement Organization will review your case to determine if Medicare will continue to pay for your care.

## HOSPICE INTERDISCIPLINARY TEAM

**Primary Care Physician:** Provides orders, medications and oversight of the patient throughout the course of their treatment. Hospice staff will continue to communicate with the physician to provide up to date information. The level of involvement the physician will have is determined between the physician and patient.

**Hospice Physicians & Nurse Practitioners:** Offers additional expertise in symptom management with regards to the end-of-life process. They are available as a resource to hospice staff members and occasionally make home visits on an as needed basis. These providers oversee the plan of care and offer suggestions to assist patients with comfort.

**Nurse:** Assess patient's condition and provide teaching to the family, especially management of symptoms such as pain, nausea, vomiting and constipation. The nurse keeps the physician up to date as the disease changes or additional needs arise including the need for medication adjustments or durable medical equipment.

**Medical Social Worker:** Assists with emotional support, coordination of resources, problem-solving, education related to adjustment and loss, and family counseling. The medical social worker can assist with referrals for financial, legal and other types of agencies for assistance.

**Chaplain:** Offers spiritual support and counseling. The chaplain can act as a liaison between the patient and their Faith community. They provide assistance with memorial and funeral planning as needed.

**Hospice Aides:** Provide assistance with activities of daily living to include bathing, dressing, and other types of personal care. In the home or facility environment the frequency of services will vary based on need.

**Volunteer:** Volunteers act in various capacities and can assist patients by providing companionship and support. This also enables the family to have needed respite or patient sitting. Volunteers are able to utilize their time reading to patients, participating in life review, or sharing other hobbies that may be of interest to the patient.

**Bereavement Counselor:** Assists the family with processing emotions related to grief and loss. Individual, family and group counseling services are available. Services for children and teens is also provided.

**Dietician:** Provides recommendations for patients with difficulties tolerating food/drink.

**Pharmacist:** Reviews and provides recommendations for medications to improve drug therapy outcomes

Additional services may include Physical, Speech and Occupational Therapy for safety and quality of life.

# NOTICE OF PRIVACY PRACTICES

of

FirstHealth of the Carolinas, Inc. | FirstHealth Moore Regional Hospital  
FirstHealth Montgomery Memorial Hospital | FirstHealth Richmond Memorial Hospital  
Foundation of FirstHealth, Inc.

and other health care providers, physicians and allied health providers credentialed by FirstHealth of the Carolinas while performing their duties within our health system.

The terms of this notice apply to the organizations and groups of individuals listed above who provide services within our clinically integrated health care setting. Only records that related to services or care at facilities that are part of the FirstHealth of the Carolinas health system are covered under this notice.

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information.

FirstHealth has a legal duty to protect health information about you. *Please Review It Carefully.*

Effective Date: April 14, 2003

If you have any questions or concerns, please ask the registration staff for assistance.

## Summary of FirstHealth's Notice of Privacy Practices

FirstHealth has a legal duty to protect health information about you.

FirstHealth may use and disclose Protected Health Information (PHI) about you:

- to provide your health care treatment
- to obtain payment for services
- for health care operations (business operations related to your treatment)

FirstHealth may use and disclose your PHI in other circumstances without your authorization. (Some examples are federal law, state law, abuse/neglect cases, for tissue/organ donation.)

- FirstHealth may contact you to provide appointment reminders.
- FirstHealth may contact you with information about treatment, services, products or health care providers.
- FirstHealth may also contact you for fund raising activities.

You have rights about your PHI. You can:

- request limits on uses and release of your PHI
- request different ways to contact you
- see and receive copies of your PHI upon your request
- request changes to your PHI
- request a list of disclosures FirstHealth has made
- request a copy of this notice

You can object to certain uses and disclosures.

You may file a complaint about our privacy practices.

*FirstHealth May Use And Disclose Your PHI Without Your Authorization In The Following Circumstances:*

**1. FirstHealth may use and disclose your PHI to provide health care treatment to you.**

FirstHealth may use and disclose your PHI to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and the coordination and management of your health care with others. For example, we may use and disclose your PHI when you need a prescription, lab work, an X-ray, or other health care services. In addition, we may use and disclose your PHI when referring you to another health care provider.

**EXAMPLE 1:** A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Departments of the hospital may also need to share your PHI in order to coordinate different services you may need, such as prescriptions, lab work and X-rays. We may also disclose PHI

about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home health providers or others who may provide services that are part of your care.

**EXAMPLE 2:** Your doctor may share medical information about you with another health care provider. For example, if you are referred to another doctor, that doctor will need to know if you are allergic to any medications. Similarly, your doctor may share PHI about you with a pharmacy when calling in a prescription.

**NOTE:** Entities and individuals who provide care as part of our clinically integrated health care system may share PHI with each other as necessary to carry out treatment, payment and health care operations.

## 2. FirstHealth may use and disclose PHI about you to obtain payment for services.

Generally, FirstHealth may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your insurance company/companies health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. FirstHealth may also share portions of your medical information with the following:

- Billing departments or business offices
- Collection departments or agencies
- Insurance companies, health plans and their agents that provide your insurance coverage or payment for your health care
- Hospital departments that review the care you received to see if it and the costs associated with it were appropriate for your illness or injury
- Consumer reporting agencies (e.g., credit bureaus)

**EXAMPLE:** Let's say you have a broken leg. First Health may need to give your health plan(s) information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as X-rays or surgery). The information is given to our billing department and your health

plan so FirstHealth can be paid or you can be reimbursed. We may also send the same information to our hospital department, which reviews our care of your illness or injury.

## 3. FirstHealth may use and disclose your PHI for health care operations.

FirstHealth may use and disclose PHI in performing business activities, which we call "health care operations." These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose PHI about you for "health care operations" include the following:

- Reviewing and improving the quality, efficiency and cost of care that FirstHealth provides to you and our other patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. FirstHealth may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, classes, or new procedures.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care FirstHealth and others provide. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Health-care Organizations.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, FirstHealth may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing, such as pediatric nursing.

- Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you and by accountants, lawyers, and others who assist us in complying with applicable laws.
- Planning for our organization's future operations and fund raising for the benefit of our organization.
- Conducting business management and general administrative activities related to our organization and services it provides, including providing information.
- Resolving grievances within our organization.
- Reviewing activities and using or disclosing PHI in the event FirstHealth sells our business, property or gives control of business or property to someone else.
- Complying with this Notice and with applicable laws.

#### **4. FirstHealth may use and disclose your PHI under other circumstances without your authorization.**

FirstHealth may use and/or disclose your PHI for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, FirstHealth may disclose your PHI if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure is related to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, FirstHealth may disclose your PHI to a state or federal health oversight agency that is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, FirstHealth may disclose your PHI in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, FirstHealth may disclose your PHI in order to comply with laws that require the

reporting of certain types of wounds or other physical injuries.

- When the use and/or disclosure relates to decedents. For example, FirstHealth may disclose your PHI to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure relates to cadaveric organ, eye or tissue donation purposes.
- When the use and/or disclosure relates to medical research. Under certain circumstances, FirstHealth may disclose your PHI for medical research.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, FirstHealth may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, FirstHealth may disclose your PHI if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, FirstHealth may disclose your PHI to a correctional institution having lawful custody of you.

#### **5. You can object to certain uses and disclosures. Unless you object, FirstHealth may use or disclose your PHI in the following circumstances:**

- FirstHealth may share your name, your room number, and your condition (for example, stable, critical, or improving) in our hospital directory with members of the clergy (or their designees) and with people who ask for you by name. We also may share your religious affiliation with clergy. If you object to such disclosures, you can opt out of the hospital directory at admitting or by contacting the Patient Privacy Officer.
- FirstHealth may share with a family member, relative, friend or other person identified by you PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.

- FirstHealth may share your PHI with a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you object, FirstHealth may still share your PHI, if necessary, for the emergency circumstances.

*If you would like to object to our use or disclosure of your PHI in the above circumstances, please call our Privacy Office.*

#### **6. FirstHealth may contact you to provide appointment reminders.**

FirstHealth may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

#### **7. FirstHealth may contact you with information about treatment, services, products or health care providers.**

FirstHealth may use and/or disclose PHI to manage or coordinate your health care. This may include telling you about treatments, services, products and/or other health care providers. We may also use and/or disclose PHI to give you gifts of a small value.

**EXAMPLE:** If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

#### **8. FirstHealth may contact you for fund-raising activities.**

FirstHealth may use and/or disclose your PHI, including disclosure to a foundation who may contact you to raise money for the hospital and its operations. We would only release contact information and the dates you received treatment or services at the hospital. If you do not want to be contacted in this way, you must notify in writing our Privacy Office.

#### **9. North Carolina (NC) Law.**

There are circumstances where NC law requires more protection of your health information than stated in this notice or required by federal law. In these situations, we will provide the additional protections that are required. For example, we comply with additional

confidentiality protections relating to communicable diseases such as HIV and AIDS. We also comply with state law confidentiality protections specific to treatment for mental health and substance abuse. Excluding exceptions permitted by law, such as disclosures to other facilities or professionals when necessary to coordinate your care or treatment or to a health care provider in an emergency, state law generally requires that we obtain your written authorization before we disclose treatment information related to mental health, developmental disabilities or substance abuse services.

State law also permits a hospice, home health, ambulatory surgery or outpatient cardiac rehabilitation patient to object in writing to having state licensing inspectors review their health information during a licensure survey; we will comply with such written objections.

If you apply for and receive substance abuse services from us, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as a substance abuser or a patient for substance abuse services. There are exceptions to this general requirement. For example, we may disclose information to our workforce as needed to coordinate your care, to agencies or individuals who help us carry out our responsibilities in serving you, and to health care providers in an emergency.

#### **\*\* Any Other Use Or Disclosure Of Your PHI Requires Your Written Authorization \*\***

Under any circumstances other than those listed above, FirstHealth will ask for your written authorization before we use or disclose your PHI. If you sign a written authorization allowing us to disclose your PHI in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose your PHI after we receive your cancellation, except for disclosures that were being processed before we received your cancellation.

## You Have Several Rights Regarding Your PHI

You have the right to request that FirstHealth restrict the use and disclosure of your PHI. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed.

These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by contacting the FirstHealth of the Carolinas Privacy Office in writing.

You have the right to request how and where FirstHealth contacts you about PHI. Your request must be in writing to the FirstHealth Privacy Office. For example, you may request that FirstHealth contact you at your work address or phone number or by email. We must accommodate reasonable requests, but may condition that accommodation on your providing us with information regarding how payment (if any) will be handled and your specification of an alternative address or other method of contact. You may request alternative methods of communication by contacting the FirstHealth of the Carolinas Privacy Office in writing.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the your PHI, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI about you by contacting the FirstHealth of the Carolinas Privacy Office in writing.

You have the right to request that FirstHealth makes amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) in those circumstances described in the previous underlined section. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received your PHI and who need the amendment. You may request an amendment of your PHI by contacting the FirstHealth of the Carolinas Privacy Office in writing.

If you ask our Privacy Office in writing, you have the right to receive a written list of our disclosures of your PHI. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are not required to include disclosures:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Requested by you, that you authorized, or that are made to individuals involved in your care
- Allowed by law when the use and/or disclosure relate to certain specialized government functions or relate to correctional institutions and in other law enforcement custodial situations, and
- As part of a limited set of information that does not contain certain information that would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the



disclosure. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting the FirstHealth of the Carolinas Privacy Office in writing.

**You have the right to a copy of this Notice.** You have the right to request a paper copy of this Notice at

any time by contacting the FirstHealth of the Carolinas Privacy Office in writing. FirstHealth will make a good faith effort to provide a copy of this Notice no later than the date you first receive service from us (except in an emergency treatment situation and then FirstHealth will provide the Notice to you as soon as possible).

### You May File A Complaint About Our Privacy Practices.

If you think your privacy rights have been violated by us, or have a complaint about our privacy practices, you can contact the person listed below:

**FirstHealth of the Carolinas**  
**Attn: Privacy Office**  
**P.O. Box 3000**  
**Pinehurst, NC 28374**  
**1 (866) 898-8891**

If you file a complaint, FirstHealth will not take any action against you or change our treatment of you in any way. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

# ADVANCE CARE DIRECTIVES

*In compliance with requirements concerning Advance Medical Directives in sections 4751 and 4206 of the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990) and Special North Carolina Medicaid Bulletin Number 161, the following policies and procedures have been adopted by our agency:*

1. All adults age 18 or older, at the time of their initial start of care, will be provided with written information conveying their right to make decisions concerning the acceptance or refusal of surgical or medical care, and their right to formulate Advance Care Directives, such as a Living Will and/or Health Care Power of Attorney.
2. All adult patients will be made aware of hospice policies and procedures concerning implementation of these rights.
3. Staff will document in the patient's medical record whether he/she has signed an Advance Care Directive.
4. Our agency will not discriminate against individuals, nor condition the provision of care, on whether the individual has executed Advance Care Directives.
5. Our agency will provide education to the home care staff and community regarding a patient's right to execute Advance Care Directives.
6. It shall be the responsibility of the patient and family to see that appropriate agents and all medical personnel treating the patient are apprised when Advance Care Directives are executed, changed, or revoked.
7. It shall be the responsibility of the patient and family to advise agency of any advance care directives and provide to the agency a copy of these documents. The patient and family understand that copies of these documents are necessary in order to comply with stated wishes if the patient is no longer competent to make decisions on his/her own.

## Medical Care Decisions and Advance Directives:

### *What You Should Know*

#### **Who decides about my medical care or treatment?**

If you are 18 or older and are able to make and communicate health care decisions, you have the right to make decisions about your medical and mental health treatment. You should talk to your physician or other health care or mental health provider about any treatment or procedure so that you understand what will be done and why. You have the right to say yes or no to treatments recommended by your physician or mental health provider. If you want to control decisions about your medical and mental health care even if you become unable to make decisions or to express them yourself, you should be sure to tell your physician or mental health provider and your family and friends what you want, but you also should have an advance directive.

#### **ADVANCE DIRECTIVE**

#### **What is an advance directive?**

An advance directive is a set of directions you give about the medical and mental health care you want if you ever lose the ability to make decisions for yourself. North Carolina has three ways for you to make a formal advance directive. These include: *living wills; health care powers of attorney; and advance instructions for mental health treatment.*

#### **Do I have to have an advance directive and what happens if I don't?**

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your physician or mental health care provider will consult with someone close to you about your care. Discussing your wishes for

medical and mental health treatment with your family and friends now is strongly encouraged, as this will help ensure that you get the level of treatment you want when you can no longer tell your physician or other health care or mental health providers what you want.

## LIVING WILL

### What is a living will?

In North Carolina, a living will is a legal document that tells others that you want to die a natural death if you:

- o become incurably sick with an irreversible condition that will result in your death within a short period of time;
- o are unconscious and your physician determines that it is highly unlikely you will regain consciousness; or
- o have advanced dementia or a similar condition which results in a substantial cognitive loss and it is highly unlikely the condition can be reversed.

In a *living will*, you can direct your physician not to use certain life-prolonging treatments such as a breathing machine (“respirator” or “ventilator”), or to stop giving you food and water through a tube (“artificial nutrition or hydration” through feeding tubes and IVs).

A *living will* goes into effect only when your physician and one other physician determine that you meet one of the conditions specified in the *living will*. Discussing your wishes with family, friends, and your physician now is strongly encouraged so that they can help make sure that you get the level of care you want at the end of your life.

## HEALTH CARE POWER OF ATTORNEY

### What is a health care power of attorney?

A *health care power of attorney* is a legal document in which you can name a person(s) as your health care agent(s) to make medical and mental health decisions for you if you become unable to decide for yourself. You can say what medical or mental health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with that person(s) before you put them in writing. Again, it is always helpful to discuss your wishes with your family, friends, and your physician or eligible psychologist. A *health care power of attorney* will go into effect when a physician states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a physician to make this determination, the law provides a process for a non-physician to do it.

## ADVANCE INSTRUCTION FOR MENTAL HEALTH TREATMENT

### What is an advance instruction for mental health treatment?

An *advance instruction for mental health treatment* is a legal document that tells physicians and mental health providers what mental health treatments you would want and what treatments you would not want, if you later become unable to decide for yourself. You also can name a person to make your mental health decisions at that time. Your *advance instruction for mental health treatment* can be a separate document or combined with a health care power of attorney or a general power of attorney. An *advance instruction for mental health* may be followed by a physician or mental health provider when your physician or an eligible psychologist determines in writing that you are no longer able to make or communicate mental health care decisions.

## OTHER QUESTIONS

### How do I make an advance directive?

You must follow several rules when you make a formal *living will, health care power of attorney or an advance instruction for mental health treatment*. These rules are to protect you and ensure that your wishes are clear to the physician or mental health provider who may be asked to carry them out. A living will, a health care power of attorney and an advance instruction for mental health treatment must be: (1) written; (2) signed by you while you are still able to make and communicate health care decisions; (3) witnessed by two qualified adults; and (4) notarized.

### Who is a qualified witness?

A qualified witness is a competent adult who sees you sign, is not a relative, and will not inherit anything from you upon your death. The witness cannot be your physician, a licensed employee of your physician or mental health providers, or any paid employee of a health care facility where you live or that is treating you.

### Are there forms I can use to make an advance directive?

**Yes.** Forms for *living wills, health care powers of attorney, and advance instructions for mental health treatment* may be obtained from the North Carolina Secretary of State website, at: [www.secretary.state.nc.us/ahcdr](http://www.secretary.state.nc.us/ahcdr). These forms meet all the rules for a formal advance directive. For more information, visit the website, or call 919-807-2167, or write to: Advance Health Care Directive Registry Department of the Secretary of State PO Box 29622, Raleigh, NC 27626-0622

### What happens if I change my mind?

- o You can cancel your living will anytime by communicating your intent to cancel it in any way. You should inform your physician and those closest to you about your decision. It is also a good idea to destroy copies of it.
- o You can cancel or change your health care power of attorney while you are able to make and communicate your decisions. You can do this by executing another one and telling your physician and each health care agent you named of your intent to

cancel the previous one and make a new one, or by communicating your intent to cancel it to the named health care agents and the attending physician or eligible psychologist.

- o You can cancel your advance instruction for mental health treatment while you are able to make and communicate your decisions by telling your physician or mental health provider that you want to cancel it.

### Who should I talk to about an advance directive?

You should talk to those closest to you about an advance directive and your feelings about the health care you would like to receive. Your physician or health care provider can answer medical questions. A lawyer can answer questions about the law. A trusted advisor or clergy member might be able to help with more personal questions.

### Where should I keep my advance directive?

Keep a copy in a safe place where your family members can get it. Give copies to your family, your physician or mental health providers, your health care agent(s), and any family members or close friends who might be asked about your care should you become unable to make decisions. Always remember to take a copy of your Advance Directive with you for hospital admissions, emergency room visits, clinic visits for cardiac procedures, etc. so it can be put into your chart. Also, consider registering your advance directives with the North Carolina Advance Health Care Directive Registry: [www.secretary.state.nc.us/ahcdr](http://www.secretary.state.nc.us/ahcdr).

### What if I have an advance directive from another state?

A *living will or health care power of attorney* created outside North Carolina is valid in North Carolina if it appears to have been executed in accordance with the applicable requirements of the place where it was created or of this State.

### Where can I get more information?

Contact your health care provider or attorney, or visit the North Carolina Department of the Secretary of State Advance Health Care Directive Registry website at: [www.secretary.state.nc.us/ahcdr](http://www.secretary.state.nc.us/ahcdr).

## Are there other forms available that will help ensure my health care decisions are known and followed?

Other forms that you may want to be aware of include: Authorization to Consent to Health Care for a Minor, Organ Donor Card, Portable Do Not Resuscitate (DNR) Orders, and Medical Orders for Scope of Treatment (MOST).

- o An *Authorization to Consent to Health Care for a Minor* is a legal document that allows parents with sole or joint legal custody of a minor (under 18) to authorize another adult to make certain health care decisions for their child or children in their absence. For more information, go to: [www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_32A/GS\\_32A-34.html](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_32A/GS_32A-34.html).

- o An *Organ Donor Card* is a document that allows you to donate your organs. You can become an organ donor by expressing your desire to donate in your will, by authorizing the NC Division of Motor Vehicles to put an organ donor symbol on your driver's license or identification card, by completing an organ donor card or other document, or by authorizing that a statement or symbol be included on the NC Organ Donor Registry. You also may authorize an agent to make an anatomical gift of organs under a health care power of attorney. To make sure your wishes are honored, you should discuss organ donation with your family, friends, and health care providers so they know and can carry out your wishes. You can get an organ donor card from the North Carolina Department of the Secretary of State Advance Health Care Directive Registry at: [www.secretary.state.nc.us/ahcdr](http://www.secretary.state.nc.us/ahcdr).

- o A *Portable Do Not Resuscitate (DNR) Order* is a medical order that can be followed by emergency medical responders or other health care providers that tells them not to attempt cardiopulmonary resuscitation (CPR) if your heart and breathing stop (cardiopulmonary arrest). Because it is portable, it can be followed in different settings (for example, in your home, in a nursing home, or in a hospital). Since a Portable DNR Order is a physician or medical order it must be signed by your physician (in NC, physician assistants and nurse practitioners

also may issue these orders). It is effective when it is completed and signed by your physician (or physician assistant or nurse practitioner). It can be cancelled by destroying or writing "void" on the original form. Portable DNR Orders must be obtained from your physician. For more information, be sure to talk to your physician or other health care provider.

- o A *Medical Order for Scope of Treatment*, called a MOST form, like a Portable DNR Order, is a medical order that can be followed in different settings such as in the home, nursing home, hospital, etc. A MOST form contains instructions for CPR and also addresses other end-of-life treatments that you may or may not want to receive. For example, a MOST can tell emergency medical responders and other health care providers what level of treatment you would like to receive, whether you would like to receive antibiotics, and artificial nutrition and hydration through tubes. While a MOST is a medical order that must be signed by your physician (or physician assistant or nurse practitioner), it also must be signed by you or, if you are not able to make or communicate your health care decisions, by someone who is legally recognized to speak for you. A MOST can be cancelled by destroying the original form or indicating on the form that it is void. A MOST form must be obtained from your physician. For more information, be sure to talk to your physician or other health care provider.

*This document was developed by the North Carolina Division of Medical Assistance in cooperation with The Department of Human Resources Advisory Panel on Advance Directives 1991. Revised 1999. Revised 2009*

# DISASTER PLANNING

With the potential for a natural disaster to strike, make sure that you and your family are prepared so that care is not interrupted. We make every attempt to prepare patients and families when suspected inclement weather is incoming, however, in the interest of staff safety there will be occasions when roads will not be accessible. Start by contacting the hospice office at (910) 715-6000 if an emergency arises during a disaster or toll free at (866) 861-7485. If you do not get an answer, please call Moore Regional Hospital at (910) 715-1000 or toll free at (877) 674-2334 and ask the operator to speak to a hospice nurse.

## • Have an emergency kit made up ahead of time which contains enough for at least 3 days:

- o Water (1 gallon per person per day)
- o Non-perishable food  
(and manual can opener)
- o Blankets
- o Hygiene items
- o Battery powered radio  
(listen to stations WIOZ 550AM and WEEB 990AM)
- o Flashlights
- o Extra batteries
- o Sanitation supplies
- o First Aid Kit
- o Medications
- o Medical Equipment (ex: Oxygen)

## Evacuation:

- Have a full tank of gas.
- Identify individuals who may be able to assist.
- Plan and practice the best escape routes from your home.
- Take your emergency kit with you.

## Hurricane

- Brace the outside doors and windows if high winds are predicted.
- Stay updated through radio and television.
- Have enough supplies on hand.
- Evacuate if needed.

## Tornado

- Keep curtains/blinds closed.
- Go to a basement or if there isn't one, move to an interior room or hallway away from windows.
- Get out of mobile homes and evacuate to a more substantial building.
- If shelter isn't possible, lie as flat as possible in a ditch.

## Winter Storm/Power Outage

- Have plenty of heating fuel if a winter storm is in the forecast. Do not let the amount of fuel get below 1/3 full.
- Watch TV stations WTVD (Durham) and WRAL (Raleigh) for news of closures.
- For power outages, turn the refrigerator/freezer setting to its coldest temperature and keep the door closed. It is best to eat food from the refrigerator within four (4) hours after the power outage begins and within two (2) days from the freezer.
- Check your medications and any medical supplies. Notify your nurse if you do not have enough to last at least three (3) days.

## ELECTRIC COMPANIES

### Lumbee River Electrical Membership Corporation

P.O. Box 830, Red Springs, NC 28377  
Phone: (910) 843-4131; Toll free (800) 683-5571  
Fax (910) 843-6422

### Pee Dee Electric

P.O. Box 129, Rockingham, NC 28380  
Phone: Toll free (800) 228-7322  
Fax: (910) 997-7511

### Randolph Electric Membership Corporation

P.O. Box 880, Robbins, NC 27325  
Phone: (910) 948-3401  
Fax: (910) 948-3577

### Duke Progress Energy

P.O. Box 1771, Raleigh, NC 27602  
Phone: Toll free (800) 452-2777  
Fax: (919) 508-5549

# INFECTION CONTROL AT HOME

*People receiving home care and caregivers can do a lot to help prevent the spread of germs by following these guidelines:*

Cleanliness and good hygiene help prevent infection. Contaminated materials such as bandages, dressings or surgical gloves can spread infection and harm the environment. If not disposed of properly, these items can injure trash handlers, family members and others who could come in contact with them. Certain illnesses and treatments (e.g. chemotherapy, dialysis, AIDS, diabetes, burns) can make people more susceptible to infection. Your nurse will instruct you on the use of protective clothing (gowns/gloves) if they are necessary.

**Tell your doctor and/or home care staff if you develop any of the following signs and symptoms of infection:**

- Pain, tenderness, redness or swelling of a body part
- Inflamed skin, rash, sores, ulcers
- Sore throat, cough
- Fever or chills
- Painful urination
- Confusion
- Increased tiredness, weakness
- Nausea, vomiting, diarrhea
- Green, yellow drainage



*You can help control infection by following these guidelines:*

## **Wash Your Hands**

***Washing your hands is the single most important step in controlling the spread of infection.***

Wash your hands before and after giving any care to the patient (even if wearing gloves), before handling or eating foods, and after using toilet, changing a diaper, handling soiled linens, touching pets, coughing, sneezing or blowing nose, or changing a wound dressing.

Hand washing needs to be done often and correctly. Remove jewelry. Use warm water and soap (liquid soap is best). Hold your hands down so water flows away from your arms. Scrub for at least 15-20 seconds making sure you clean under your nails and between your fingers. Dry your hands with a clean paper towel and use a new paper towel to turn off the faucet. Apply hand lotion after washing to help prevent and soothe dry skin.

## **Disposable Items, Equipment & Medication**

***Items which are not sharp***

Paper cups, tissues, dressings, soiled bandages, plastic equipment, urinary/suction catheters, disposable diapers, chux, plastic tubing, medical gloves, etc. can be stored in waterproof (plastic) bags. Fasten securely and dispose of bag in the trash. Store medical supplies in a clean/dry area.

### **Non-Disposable Items & Equipment**

Items which are not thrown away—soiled laundry, dishes, thermometers, commodes, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc. should be handled as follows:

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

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

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

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

### **Sharp Objects**

Items which are sharp include needles, syringes, lancets, scissors, knives, staples, glass tubes or bottles, IV catheters, razor blades, disposable razors, etc. Place used “sharps” directly into a clean rigid container with a screw-on or tightly secured lid. Use a hard plastic or metal container. Before discarding a container, reinforce the lid with heavy-duty tape. Never overfill the containers or recap needles once used. Do not use glass or clear plastic containers and never put “sharps” in containers that will be recycled or returned to a store. Seal the container with tape and place in the trashcan or dispose of according to area regulations.

### **Spills in the Home**

Blood/body fluid spills are cleaned by putting on gloves and wiping up the fluid with paper towels. Use a cleaning solution of household bleach and water (1 cup of bleach to 20 cups of water) to wipe the area. Double bag used paper towels and dispose of in the trash.



## MEDICATION SAFETY TRAINING

- Be sure that your healthcare provider(s) knows all the medications you are taking.
- Do not take medication that has expired—check the label.
- Avoid running low on medication.
- Arrange for refills at least a week before the medication will run out with your assigned nurse.
- Follow the label directions for proper storage.
- Never stop taking medication without talking to your healthcare provider first. Find out what to do if you missed a dose.
- Keep medications stored in a designated location.
- Medications should be out of reach of children.
- If desired, pills may be placed in a medication dispensing container with compartments marked with the time of day to give medications. Make sure each compartment is clearly marked and you understand the directions to prevent taking the wrong pill at the wrong time.
- Misuse of medications (diversion, selling, or use by other than prescribed) by anyone including patient or family will not be tolerated and may result in a discharge from hospice.

### *Medication Management & Disposal of Unused Medications:*

FirstHealth Hospice encourages family to dispose of unused, expired or discontinued medications to prevent diversion (getting into the wrong hands).

- The family/primary caregiver will be educated on storage, ways to prevent diversion and methods of disposal.
- National Take-Back events: Take-back events are a good way to remove expired, unwanted, or unused medications from the home.
- Collection receptacles include:
  - Pinehurst Police Department: 24 hrs/day
  - Moore County Sheriff's Office: Monday-Friday, 8 a.m.-5 p.m.
  - Whispering Pines Police Department: Monday-Friday, 8 a.m.-5 p.m.
  - Aberdeen Police Department: Monday-Friday, 8 a.m.-5 p.m.
  - Montgomery County Residents are welcome to use the Moore County Sheriff's Department site.
  - Lee County Sheriff's Office: 24 hrs/day
  - Hoke County Sheriff's Office: Monday-Friday, 8 a.m.-5 p.m.
- In home disposal shall include dissolving medication in a container in water, and then mixed with kitty litter. This mixture should be put in a plastic bag or other container and discarded in the patient's/family's trash.
- Transdermal patches will be removed from the plastic backing and flushed down the toilet. If families or caregivers object to this practice, the patches are folded over on themselves, mixed into kitty litter and discarded in the trash. The family will be educated to keep trash out of reach of children and/or pets.
- FirstHealth Hospice Staff will not dispose or witness disposal of medications.

# FALL & MEDICAL EQUIPMENT SAFETY TRAINING

## Fall Prevention

- Always turn on lights before going into a room.
- Replace any burned-out light bulbs immediately.
- Make sure indoor and outdoor walkways are properly lighted, especially at night.
- Carpeting should be securely fastened down. Avoid throw rugs. Place non-skid backing on rugs and replace as needed.
- Keep walkways clear of miscellaneous or misplaced objects.
- Use established walkways.
- Be alert to pets and children who can move quickly and unexpectedly.
- If standing in the shower or sitting on the floor of the tub is difficult for you, use a bath bench.
- Use a hand held shower to make bathing easier.
- Wear footwear with soles and heels that provide good support and traction between your feet and the surface you walk on.
- Avoid wearing only socks, smooth-soled shoes, or slippers on stairs, wood or waxed floors.
- Pay attention to the surface you are walking on: be alert for ice, snow, wet or dry leaves and pine straw, and moss-covered stone paths or steps.
- When you get out of a car, be sure to test the surface for wetness or iciness before standing up and walking.
- Be careful on tile or marble floors.
- When visiting friends, be alert to possible hazards, as you are in an unfamiliar environment.
- Be alert as you enter and exit any areas that have curbs.
- Be alert when entering or exiting elevators.
- Let the phone ring – don't run to answer it.
- Never climb onto a chair to change a light bulb or reach high objects on shelves. Use a sturdy stool or stepladder or have someone else do it.
- Use caution in getting up too quickly after eating, lying down or resting.
- Talk to your nurse, doctor or pharmacist about the side effects of the drugs you are taking and how they may affect your balance or coordination.
- Limit alcohol intake.
- Use a cane, walking stick, or walker to help maintain balance as recommended by your doctor or physical therapist.
- Observe all Environmental, Bathroom and Hospital Bed Safety Precautions.



## Hospital Bed Safety

Hospital bedside rails are a safety device designed for the patient's protection to prevent rolling out of bed. A side rail may, however, unintentionally restrain a patient. Caregivers must be sensitive to the patient's personal needs and safety at all times when using side rails.



To improve safety, protection and comfort of the patient, the following guidelines are recommended:

Side rails have the potential to cause fall-related injuries as well as entrapment (getting head, arm or leg caught in rails). Do not pull up the side rails and walk away without doing the following things.

- Fill the “gap” between the mattress and the side rails with foam, or folded blankets or sheets to prevent injuries.
- Wrap the side rails with thin blankets or sheets, and tape in place to prevent injuries.
- Secure mattress to bed frame with anti-skid mats or Velcro to prevent mattress from being pushed to one side, to prevent creating a large “gap” between the mattress and rails on one side of the bed.
- Those patients with increased risk factors (i.e. agitation, confusion, and dementia) should be kept under close observation.
- Keep bed in low position.

**If you have any questions about or problems with bedside rails, tell your nurse or contact FirstHealth Hospice at (910) 715-6000 or Toll-free at (866) 861-7485.**

## Transfer Body Mechanics For The Caregiver

- Place a safety belt around the patient's waist.
- Set up to use the shortest distance between two points and going toward the patient's stronger side.
- Allow patient to assist as much as possible.
- Demonstrate and explain beforehand so the patient understands what is going to take place.
- Give instructions in short, easy phrases.
- When assisting a patient to stand:
  - o Be sure patient's feet touch the floor, scooting forward as needed.
  - o Encourage bending forward, rock before standing to gain momentum.
  - o Use a gait belt.
- To lift the patient:
  - o Bend at the knees, keep back straight and stomach muscles pulled in.
  - o Ask for help from a second person when patient is tired or if you are unsure.



Before you lift anything, think about it. Ask yourself if you can lift it alone or will you need mechanical help. Determine if it is too awkward for one person to handle and whether you might need help from another person. If the load is manageable, follow these steps for safe lifting.



**PLAY IT SAFE - LIFT IT PROPERLY**

A basic technique for safe lifting is keeping your back aligned while you lift, maintaining your center of balance and letting the strong muscles in your legs do the actual lifting. The following tips will teach you how to lift safely and save your back from strain and injury.

**BEND YOUR KNEES** – Bend your knees, not your waist. This will help you keep your center of balance and let the strong muscles in your legs do the lifting.

**“HUG” THE LOAD** – Hold the object you are lifting as close to your body as possible. Gradually straighten your legs to a standing position.

**AVOID TWISTING** – Twisting tends to overload your spine and may lead to serious injury. Make sure your feet, knees and torso are pointed in the same direction when you lift.

## IMPORTANT TIPS TO REMEMBER

In addition to the techniques above, remember to make sure that your footing is firm before you start to lift and that your path is clear to transport the load. Be sure to use the same safe techniques when you set your load down. It takes the same amount of time to do a safe lift as an unsafe lift.

### Body Mechanics and Posture

**Have A Plan** - Look At Every Lift As A Potential Hazard To Your Body.

**“Know The Load”** – Test The Weight And Know The Product, i.e.: Liquid vs. Solid.

**“Happy Feet”** – Remember To Move Your Feet. Always Pivot And Walk With The Load.

**“Abs Of Steel”** – Tighten Your Stomach Muscles. Keep Your Back In A Vertical Line.

**Use Whole Body Movements** – The Muscles Of The Legs Are Designed For Lifting.

**Have A Good Base Of Support.**

**Keep The Load Close.**

**If You Have A Choice, Push Instead Of Pull.**

**Breathe** – Exhale As You Work.

**Alter Your Working Postures. Maintain Good Posture During All Activities** – When seated, support your lumbar spine.

### Basic Back Saving Tips

- Lift with your legs, not your back.
  - Remember – legs lift, backs break.
- Support your lower back when you are seated.
- Rest one foot on a footstool when you are standing.
- Sleep on your side or your back, not your stomach.
- Your shoulders, feet and hips should face forward at all times when you are lifting or carrying.
- Keep walkways, stairs, and halls clear. Be on the lookout for tripping or slipping hazards.
- Push, don't pull. You have twice as much power and less chance of injury.
- Develop a regular exercise program to keep your back flexible and strong.



## Cane

### What It Does

A cane helps you keep balance while walking.

### Things To Know

The cane must be adjusted (or cut) to the proper length if it is to be used effectively.

The cane is normally placed in the hand opposite your affected leg or in the hand opposite the side you lean on.



### The most common pattern of walking with a cane is:

1. Move the cane forward first.
2. Move your affected leg forward to a position in line with the cane.
3. Step forward with the unaffected leg last while leaning on the cane. Move unaffected leg past leg in as near a normal sequence as possible.

Later, you may be taught to move the cane and the affected leg forward together, followed by the unaffected leg.

### Special Precautions

Do not use a cane until your doctor says you can put full weight on the affected leg.

If you have poor balance, do not walk alone with a cane until you get permission from your healthcare professional.

## Walker

A walker is often used for injuries involving the leg or hip. It may also be used for nerve or muscle problems that affect balance. A walker gives more stability than crutches.

### A walker fits if:

- Your wrists are even with the handgrips when your arms hang at your sides.
- Your arms are slightly bent at the elbows when your hands are on the grips.

### Precautions

- If your walker is un-wheeled, it should have nonskid rubber tips to prevent slipping. Change tips that look worn.
- If you're using a folding walker, be sure you know how to lock it open. Check that it's locked open before use.
- Keep all four legs of the walker at the same length.
- Keep your back upright. Don't hunch over the walker



**TO CHECK FIT:** Stand in the center of the walker. Make sure that the walker is locked open and that all four legs are on a level floor.

## Using a Walker

To use your walker, you will need to learn a new way to walk (gait). Your healthcare provider will tell you whether you should keep your weight off your leg (a non-weight-bearing gait) or whether you can put some weight on it (a weight-bearing gait).

### Your Physician wants your gait to be:

- Non-weight-bearing gait: Use this gait if you are told not to put any weight at all on your affected leg.
- Toe-touch or touch-down gait: Lightly touch your affected foot to the floor, and let your walker bear most of the weight. Imagine that you're stepping on a ripe tomato: Step lightly, so it won't be squashed.
- Partial weight-bearing gait: Put some weight on your affected foot as you walk. Your doctor advises \_\_\_\_\_ % only.
- Full weight-bearing gait: Put most of your weight on your affected foot. Place only a little weight on your walker.

# PATIENT RIGHTS & RESPONSIBILITIES FOR PAIN MANAGEMENT

We care about the way that you feel and want you to be as comfortable as possible during your time in our care. Pain is a normal response of the body to injury or illness, but thanks to modern medicine, we can control your pain. While we may not be able to eliminate all of your pain, our goal is to lower it to a level that is tolerable for you. You have the following rights and responsibilities when it comes to pain management:

## Patient Rights

As a patient of FirstHealth Hospice, you can expect:

- To receive information about pain and measures to relieve pain.
- To have caregivers that are concerned about your pain and are responsive to your reports of pain.
- To be believed when you express your pain.
- To receive state-of-the-art pain management for symptom control.
- To be able to voice any questions or concerns you have about pain management.

## Patient Responsibilities

As a patient of FirstHealth Hospice, we expect you:

- To communicate about your pain to your caregivers.
- To ask for pain relief when your pain first begins and whenever you have pain that you feel you cannot tolerate.
- To discuss pain relief options with your caregivers.
- To participate in developing a pain management plan with your caregivers.

## *Your Guide to Pain Management*

### What is pain?

From the time that you first fell down and scraped your knee as a child, you began to understand what pain is – an unpleasant experience that your body feels, and wants to avoid feeling again. Pain is a very personal experience. It is affected by your physical condition, your attitudes and your emotions. People may tell you that they know how you feel or what your pain is like, but everyone's pain is truly different. Only you know what your pain feels like and how to describe it.

All people experience pain at some point during their lives. Pain is a normal response of the body to injury or illness, but it is a signal that we have to pay attention to. The good news is that thanks to modern medicine, we have the ability to make pain tolerable.

### There are two types of pain:

- Acute pain refers to pain that is experienced during an isolated period of time and goes away. A good example of acute pain is the pain that a woman feels when she is having a baby. Many people will also have acute pain while they are healing after having surgery.
- Chronic pain is pain that people experience long-term, and is constant or expected. For example, people who have injured their backs often have chronic back pain. Many people with cancer often experience chronic pain as well.



## What is the pain management process?

Pain management is a process that involves providing relief for your pain and preventing pain. A good program of pain management can help you feel better and heal faster. It can help you return to your normal daily activities, such as eating, sleeping, working, interacting with others and relaxing. Pain management can improve your mood and energy level.

The best way to manage pain is to treat the cause. Almost all types of pain can be controlled with pain medicines. For pain that is constant or expected, it is best to take pain medicines at certain times every day (on a schedule or by the clock) to prevent the pain. This will help to avoid extreme changes in your pain or “peaks and valleys” in your pain. There are other methods besides medicine that can help you manage your pain. They include, but are not limited to:

- Relaxation techniques
- Alternative therapies
- Breathing exercises
- Meditation or prayer
- Music
- Heat and ice



## What is the goal of the pain management process?

The goal of pain management is simple – to lower your pain to a level that you can handle. You have a right to receive good pain management and should expect to have your pain lowered to a point that is comfortable for you.

## How do I talk to my caregivers about my pain?

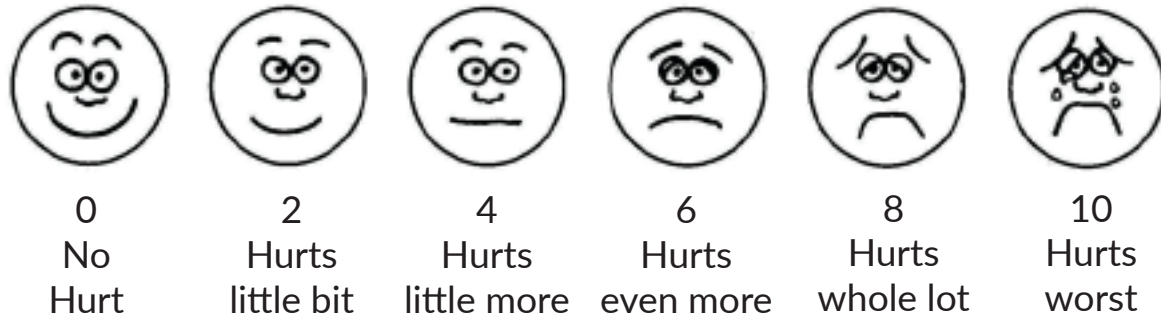
The best way to talk to your caregivers about your pain is by describing the following things:

- **WHERE** it hurts
- **WHEN** the pain started, and how long it lasts
- **WHAT** makes the pain feel better
- **HOW** it feels: Think about what your pain feels like, and use words that best describe it to explain it to your caregivers. Here are some words that describe many different types of pain: dull, strong, sharp, throbbing, stabbing, gripping, squeezing, aching, etc.
- **HOW** much it hurts: If you could rate your pain on a scale of 0 to 10, with a 0 being no pain at all, and a 10 being the worst pain that you can imagine, where would your pain fall on that scale?

**0      1      2      3      4      5      6      7      8      9      10**

No pain    Mild pain    Moderate pain    Severe pain    Worst possible pain

You can also communicate to your caregivers about your pain by using the following scale of faces. If it is difficult for you to describe your pain using numbers, point to the face that best represents your pain from the faces below.



DL Wong, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Schwartz P:  
Wong's Essentials of Pediatric Nursing, ed 6, St. Louis, 2001, Mosby, p. 1301,  
Copyright Mosby.  
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### **What can I expect from my pain management medication?**

Some people may be nervous or worried about taking pain medication. One of the most common fears is that people who take medication for pain will become addicted or “hooked” on it. Do not worry about addiction, because it is very unlikely that you would become addicted to pain medication. Some people may develop a physical dependence on pain medicine, but this is not the same thing as addiction. Talk to your doctor and your caregivers about any other special concerns that you may have about taking pain medicine.

We want you to be comfortable during your time in our care, and while we may not be able to get rid of all your pain, we can at least bring it down to a level that you can handle. Learn how to communicate your pain to your caregivers and keep them informed about your pain.

*Remember, you have a right to and should expect your pain to be managed!*

## GENERAL GUIDELINES FOR THE USE OF NARCOTICS/BENZODIAZEPINES

*Most all narcotics are used for treating a wide variety of symptoms of one or more of the following:*

- Mild Pain
- Moderate Pain
- Severe Pain
- Panic Attacks
- Anxiety
- Cough Suppressant
- Shortness of Breath
- Sleep

### PRECAUTIONS

DO NOT use if you are allergic to this medication or its relatives.

### BEFORE USING THIS MEDICATION

Tell your healthcare provider if you are pregnant or breastfeeding or if you are taking, will be taking or stop taking any prescription or nonprescription medication; or if you have any other medical conditions.

### SIDE EFFECTS

Every medication can cause side effects, but many people have no, or minor side effects. Tell your nurse if any of the following occur:

- Stomach upset
- Constipation
- Diarrhea
- Change in appetite
- Nausea
- Vomiting
- Rash
- Difficulty breathing
- Dizziness
- Excitability
- Vision problems

### GUIDELINES FOR USE

- Use exactly as prescribed.
- Take with food if upset stomach occurs.
- Medications used for pain are more effective in preventing pain than in treating pain after it occurs.
- If using controlled or sustained release: DO NOT crush or chew this medication.
- Suppositories: If you do not know the correct way to insert a suppository, ask your nurse.

*Any other questions or concerns should be directed to your nurse.*

## Patient Controlled Substance Agreement Form

### AGREEMENT FOR CONTROLLED SUBSTANCE PRESCRIPTIONS

The use of controlled substances (narcotics) may result in dependence and is only one part of the treatment of your diagnosis.

The goals of this medicine are:

- to improve my comfort level in the home.
- to help control my condition as much as possible without causing dangerous side effects.

I have been told that:

- If I drink alcohol or use street drugs, I may not be able to think clearly and I could become sleepy and risk personal injury.
- Certain people may become dependent on these medications, but nurses and physicians monitor you for this.
- If I or anyone in my family has a history of drug or alcohol problems, there is a higher chance of addiction.
- If I need to stop this medicine, I must do it slowly or I may get very sick.

#### **I agree to the following:**

- I am responsible for my medicines. I will not share, sell, or trade my medicine. I will not take anyone else's medicine.
- I will not increase my medicine until I speak with my doctor or nurse.
- My medicine may not be replaced if it is lost, stolen, or used up sooner than prescribed.
- I will keep all appointments set up by my hospice care team.
- I will produce the pill bottles with any remaining pills of this medicine at each nursing visit.
- I agree to give a blood or urine sample, if asked, to test for drug use.

#### Refills

- I will call my nurse if I have not received my refill within 48 hours of having run out.
- I must keep track of my medications.

#### Pharmacy

- I will only use one pharmacy to get my controlled substance medications. My doctor may talk with the pharmacist about my medicines.

#### Prescriptions from Other Doctors

**If I see another doctor who gives me a controlled substance medicine (for example, a dentist, a doctor from the Emergency Room or another hospital, etc.) I must notify the hospice care team.**

#### Termination of Agreement

- If I break any of the rules, I could be discharged.
- If I break any of the rules, or if my doctor decides that this medicine is hurting me more than helping me, this medicine may be stopped by my doctor in a safe way.
- I have talked about this agreement with my hospice team, and I understand the above rules.

#### Provider Responsibilities

As your hospice provider, we agree to perform regular checks to see how well the medicine is working.

This document has been discussed with the hospice team. The signature of review and understanding will be on the agency consent and a part of the legal medical record.

## SIGNS & SYMPTOMS OF THE FINAL STAGES OF LIFE

The process of dying is an individual one, as each patient will follow a unique path. That being said, there are signs and symptoms that indicate that the body is shutting down and death is nearing. This information is intended to be a guide.

Not all individuals will experience these signs.

**Coolness:** The arms and legs of the patient's body become cool to the touch and you may notice the underside of the body becomes much darker in color. These symptoms are a result of blood circulation slowing down. Keep a warm blanket on the patient to prevent him/her from becoming overly cold.

**Sleeping:** Your family member will gradually spend more time sleeping and at times, may be difficult to arouse. This is a result of a change in the body's metabolism. Plan to spend more time with the patient during those times when he/she is most alert.

**Confusion:** Your family member may become increasingly confused about time, place and the identity of people around him/her. This is also a result of changed metabolism. Remind your family member what day it is, what time it is and who is in the room talking to them.

**Incontinence:** Loss of control of urine and bowel movements is often not a problem until death is imminent. You may wish to place a "blue pad" or Chux under the patient for more comfort and cleanliness or the doctor may order a catheter.

**Congestion:** Oral secretions may become more profuse and collect in the back of the throat. You may have heard this referred to as the "death rattle". This symptom is the result of a decrease in the body's intake of fluids and inability to cough up normal saliva. Elevating the patient's head with pillows or obtaining a hospital bed will make breathing easier. Swabbing the mouth and lips with lemon-glycerine swabs also gives comfort.

**Hearing:** Clarity of hearing and vision may decrease. You may want to keep lights on in the room when vision decreases. NEVER assume that the patient

cannot hear you, as hearing is the last of the five senses to be lost.

**Eating/Drinking:** Your family member will have a decreased need for food and drink because the body will naturally conserve energy which is expended on these tasks.

**Restlessness:** You may notice your loved one becoming restless, pulling at the bed linen and having visions of people or things which do not exist. These symptoms are a result of a decrease in oxygen circulation to the brain and a change in the body's metabolism. Talk calmly and assuredly with the confused patient so as not to startle or frighten them further.

**Decreased Urine:** If your loved one has a bladder catheter in place, you will notice that the amount of urine will decrease as death becomes closer and the urine color will darken.

**Breathing:** You may notice a change in breathing patterns in the patient. Breathing may become irregular with 10-30 second periods of no breathing. This pattern is not distressful to the patient and may occur intermittently.



### 1-3 MONTHS

- Spending less time with family/friends
- Decrease in appetite
- Increase in sleeping
- Communicating less

### 1-2 WEEKS

- Increased confusion
- Talking to individuals who are deceased or who are not in the room
- Using language such as “I want to go home”.
- Breathing slows or is uneven
- Body temperature is difficult to regulate
- Decrease in appetite or not eating
- Heartbeat slows down and speeds up
- Blood pressure goes down
- Changes in skin color

### DAYS TO HOURS

- Sleeping the majority of the time
- Restlessness
- Surge of energy
- Difficulty swallowing
- Changes in skin color
- Decrease in urine output
- Weak heartbeat
- Increased congestion
- Pauses between breaths
- Decreased blood pressure
- Eyelids remain partially open

### MINUTES

- Longer pauses between breaths
- Mouth remains open
- No response

*As death with your loved one nears, spend this time together. This can be a critical time to recount happy memories or find closure with life events that have yet to be resolved. It may be important to give your loved one permission to let go without them feeling guilty for leaving others behind. When the time comes and you are prepared, saying “good-bye” can often be the final gift you can offer.*



## EMERGENCY KIT

*Follow the Hospice nurse's direction even if different than below.  
Call the Hospice nurse before giving the first dose and with any questions  
(910) 715-6000 or (866) 861-7485*

*Dosage and medication may be altered by the physician for individual patient needs.*

MEDICATION	STRENGTH & DOSE	MOST COMMON SIDE EFFECTS	ROUTE	FREQUENCY (how often)	INDICATION (purpose for medication)
<b>Ativan (Lorazepam)</b>	0.5 mg One Tablet	Drowsiness/ Sedation, Dizziness	By mouth or under tongue May crush or dissolve	Every 1 hour as needed	Anxiety or Nausea
<b>Robinul</b>	1 mg One Tablet	Bodyaches Constipation Nasal/Ear Congestion	By mouth or under tongue May crush or dissolve	Three times a day as needed	Congestion/ Increased oral secretions (Rattling)
<b>Morphine Sulfate</b>	7.5 - 15 mg One Tablet (May be dispensed as a liquid.)	Confusion Dizziness/ Lightheaded Nausea Constipation	By mouth or under tongue May crush or dissolve	Every 30 minutes until pain or shortness of breath is controlled or a total of 4 tablets given then 15 mg (1 tablet) every hour as needed	Pain or Shortness of Breath

In order to effectively treat the symptoms related to my illness, a hospice provided an emergency kit or prescribed narcotics may be ordered throughout the course of care. I will be responsible for these and all other medicines prescribed to me. I will not share, sell or trade my medicine. I will not take anyone else's medicine. I will not increase my medicine until I speak with my doctor or nurse. My medicine may not be replaced if it is lost, stolen or used up sooner than prescribed. I will produce the pill bottles with any remaining pills on each nursing visit. I must keep track of my medications. No early or emergency refills may be made. I understand that the opioid overdose antidote naloxone (Narcan) is now available without a prescription. I may obtain naloxone (Narcan) from a participating pharmacy without a prescription.

# FIRSTHEALTH HOSPICE HOUSE

*At the FirstHealth Hospice House patients and families will have an Interdisciplinary Team available to them. This team can include nurses, certified nursing assistants, social workers, chaplains, volunteers, bereavement counselors and pet assisted therapy. Each patient and family has an individual plan of care and team that is designed to meet their specific needs.*

## Levels of Care

Three levels of care are provided at the FirstHealth Hospice House. They are as follows:

### General Inpatient Care (GIP)

Is appropriate for patients with symptom management needs who cannot be managed at home or in another facility. Symptoms such as uncontrolled pain, shortness of breath, agitation, seizures, and nausea vomiting are examples of such symptoms that might require GIP level of care. While receiving this level of care a physician or nurse practitioner will make regular visits to adjust medications and make recommendations to improve comfort. GIP level of care is covered 100 percent by Medicare, Medicaid and most private insurance providers. Nursing services are provided around clock while at a GIP level of care. When this level of care is no longer needed, the patient can be transferred home or to another facility. Some patients transfer to the hospice house prior to transitioning home when there is a new device and additional teaching and coordination of care is required.



### Respite Care

For patients with Medicare or Medicaid, respite is available to reduce the possibility caregiver burnout. Respite care is often scheduled ahead of time to optimize the benefit. Patients return home at the end of the five days.

### Routine Care

This level of care pertains to patients who no longer meet GIP criteria due to stability and a suitable discharge plan has not yet been located. This level of care is not reimbursable. When a patient no longer meets GIP criteria, they either need to be discharged to home/facility or a room and board charge of \$300 per day will be billed.

### Determining Length of Stay

The level of care for each patient is assessed on a daily basis by the interdisciplinary team. The social worker will assist the patient and family with formulating a discharge plan starting at the time of admission and throughout their stay at the FirstHealth Hospice House. FirstHealth is a not-for-profit agency and if concerns regarding financial limitations arise, the social worker can also assist with addressing this.



## Hospice House Rules

- The FirstHealth Hospice House is an acute care facility. All patients will be assessed on a daily basis to ensure that they meet inpatient criteria.
- Discharge planning begins at the time of admission. An alternate caregiving plan will need to be created for every patient.
- All visitors should park to the right side of the building.
- Visiting hours are 8 a.m. – 8 p.m
- Two (2) visitors may stay in the patient room overnight at the hospice house if they are at the house by 8 p.m. The names of these individuals will need to be given to the staff.
- May have up to six (6) visitors in a room at one time, but this may be restricted at the discretion of administration in order to ensure patient, visitor and staff safety. Please check with your hospice nurse or SW for current restrictions. Children younger than 12 years old must have prior approval
- Visitors may only sleep in the patient's room, not in other parts of the facility.
- Please do not enter other patient rooms whether or not they are currently occupied.
- All visitors under the age of 18 will need to be supervised by an adult at all times.
- This is a smoke free campus. As a result, family members are not allowed to smoke on the premises. If the patient is a smoker please notify staff so that we can accommodate the patient. Tobacco products cannot be kept in the patient's room. Please give products and lighters to the nurse to store at the nurse's station for you.
- The refrigerator in the family room is available for use. Please notify staff if you plan to store food in it so that we can label it for you.
- Please utilize either the kitchen/dining room area or the patient's room to eat meals. Other areas of the Hospice House should not have food taken into them.
- Please be aware of the noise level and respectful that other patients are needing to rest.
- Please leave all areas as you found them after the use of any areas in the Hospice House.
- Cats and dogs only are permitted to visit.
  - o Notify the nurse of the date and time of the intended visit.
  - o Provide a note from the veterinarian stating the pet's immunizations are current and the pet is free of fleas and ticks.
  - o The pet must be kept in a carrier or on a leash until it is in the patient's room with the door closed. Dogs on a leash must be kept on the leash throughout the visit.
  - o Visitors escorting the pet will be responsible for clean-up of any animal waste.
  - o The pet may not be allowed to visit in other patient rooms or house public areas.
  - o Visitation time should not exceed two (2) hours.





### **ALTERNATE CAREGIVER PLAN**

In the event that for any reason, I do not have a primary caregiver, I realize that FHHPC cannot assume this responsibility. At that time, I understand that I may live alone until the FHHPC team feels that it is no longer appropriate, desirable or safe. I have received written information on options for care and am aware that the FHHPC team may assist with making arrangements for additional care at my request. I understand that an inpatient Hospice House admission is necessitated to treat an acute need and that once that acute need is controlled, the patient must be discharged from the Hospice House. In order to achieve this, I understand and agree to work with the FHHPC team to develop a plan for discharge.

### **PATIENT/FAMILY RIGHTS AND RESPONSIBILITIES STATEMENT**

I have read the list of rights and responsibilities (or have had them read to me), and I understand the list and have had the opportunity to have my questions answered to my satisfaction.

I also understand that continuation of services is dependent on fulfillment of these responsibilities.

### **MEDICATION ADMINISTRATION**

I authorize my PCG or his/her designee to administer all of my medications if/when I am no longer capable. If I am a patient at the inpatient Hospice House, I understand that the Hospice House staff will be responsible for administering my medications

By signing this consent, I attest that I have reviewed the controlled substance (narcotic) agreement form within my admission booklet with a FirstHealth Hospice & Palliative Care staff member and have had the chance to ask any questions regarding my treatment

### **PATIENT/FAMILY RIGHTS AND RESPONSIBILITIES STATEMENT FOR PAIN MANAGEMENT**

I have read the list of rights and responsibilities statement for pain management (or have had them read to me), and I understand the list and have had the opportunity to have my questions answered to my satisfaction.

### **RECEIPT OF NARCOTIC INFORMATION**

I have been provided with a written, general information sheet explaining the risks and side effects of taking narcotics. Hospice will provide individualized teaching materials directly related to specific drugs ordered for me.

### **CONSENT FOR PHOTOGRAPHS**

If needed, I give permission for photographs to be taken to manage my care. The hospice nurse will inform me prior to taking a photograph, and the image will become part of my medical record. I have the right to refuse to have photographs taken, without it affecting my care or service provided.

### **ADDITIONAL PRINTED INFORMATION RECEIVED**

I have been provided with a folder that contains written, general information sheet explaining the topics below. Hospice will provide individualized teaching materials directly related to specific topics at my request:

- Notice of Privacy Practices of FHHPC (Part of the FirstHealth of the Carolinas Health system)
- FHHPC Staff Roster (includes the after-hours phone number to contact the nurse on call 24/7)
- Patient's Rights and Responsibilities Statement
- Clinical Laboratory Improvement Amendments (How to report a compliant about a laboratory's operations)
- Patient's Rights and Responsibilities for Pain Management
- Advance Care Directives information
- Disaster Preparedness
- General Guidelines for the use of Narcotics
- Procedure for Contacting a Hospice Nurse
- Services Provided by Hospice
- Financial Information
- Procedure for Obtaining Emergency Care
- Review Process
- Hospice Medicare/Medicaid Benefit
- Ambulance Services
- Inpatient Care and the Provision of Medications under the Hospice Benefit
- Universal Precautions
- Storage of Medications
- Disposal of Sharps
- Medical Orders for Scope of Treatment (MOST)
- Information Guide for Do Not Resuscitate Orders (DNRS)
- FHHPC Billing Policy
- Our (FHHPC) Policy on Accepting Gifts
- Medical Care Decisions and Advance Directives
- Your Guide to Pain Management
- Advance Care Documents
- Signs and Symptoms of the Final Stage of Life
- Home Care Service Options
- Hospital Bed Safety
- Fall Prevention
- Management & Disposal of Unused Medications
- Medicare and Your Rights
- Hospice & Palliative Care Services-Navigating Through Difficult Times brochure
- Got (unused) Drugs brochure
- About Home Care Safety booklet
- Palliative Care-For comfort and caring
- When the Time Comes –A Caregiver's Guide
- FHHPC magnet (contains 24 hours phone numbers when hospice is needed)
- Admission and Medication management for Medicare Part D Enrollees
- Revocation Statement of Hospice Benefits (Staff will explain use of document)
- A folder that contains the contact information of FHHPC Director's contact information

### **HOSPICE LEVELS OF CARE AND SERVICES**

Hospice provides four levels of care: *Routine Home Care*, *General Inpatient Care\**, *Continuous (crisis) Care* and *Respite Care*. I understand that the hospice team makes the determination when a level of care change is needed. If I am transferred to a contracted hospital or extended care facility, I understand the Hospice team will continue to assist me and my family as needed.

- When *General Inpatient Care* is necessary and provided by FHHPC Hospice House inpatient unit, hospice is mandated by Federal and State Regulations to ensure that all patients/primary caregiver understand, prior to admission, the following criteria:
  - FirstHealth Hospice House is a short term care facility
  - Discharge planning begins at the time of admission to the FirstHealth Hospice House
  - FirstHealth Hospice House staff will assist in transfers to a more appropriate setting should the patient stabilize.
  - Alternative settings include: private residence, nursing home, assisted living or other appropriate settings.

**I understand that should I remain at the Hospice House inpatient unit after no longer meeting the Medicare/Medicaid guidelines for general inpatient care, I will be transitioned to a routine level of care. At the routine level of care I will receive a bill for \$300.00 per day for room and board. Billing is based upon location at midnight. Every effort for a safe discharge with appropriate support in place will be made to complete timely discharge before billing ensues.**

**AUTHORIZATION FOR RELEASE OR PATIENT RECORDS:**

If I am transferred to a hospital or extended care facility or if such a transfer is under consideration, I authorize FHHPC to release to the medical facility or other appropriate agency such medical and related information which may be necessary.

- I authorize release of all pertinent medical records to FHHPC.
- I authorize release of pertinent information for referrals to community agencies, as appropriate.
- MEDICARE:** I certify that the information given me in applying for payment under Title XVII of the Social Security Act is correct. I authorize the release of all records required to act on this request. I request that payment of authorized benefits be made on my behalf.
- MEDICAID:** I authorize release of all medical records from FHHPC to N.C. Peer Review Foundation to facilitate collection of payment for services rendered under Title XIX of the Social Security Act.
- TRICARE:** I authorize release of all records from FHHPC to TriCare. I request that payment of authorized benefits be made on my behalf.
- INSURANCE:** I authorize release of all records from FHHPC to: \_\_\_\_\_ Insurance Company to facilitate collection of payment for services. I authorize the above company to pay directly to FHHPC all payments due for services rendered.
- I do not object to an agent of N.C. Department for Human Resources or any accrediting body reviewing my medical record and visiting my home to ensure that state and federal requirements are met.

**PAYMENT INFORMATION /AUTHORIZATION FROM MEDICARE, MEDICAID AND OTHER PAYERS**

I request that payment of authorized benefits from my health insurance be made on my behalf to FHHPC.

I understand that payment for hospice services is my responsibility. Private health insurance, if applicable, may not cover all hospice services, or I may not have health insurance.

I have been informed that FHHPC participates in the Hospice Medicare/Medicaid Benefit as well as other hospice programs as dictated by some other insurance carriers. FHHPC adheres to CMS regulations and guidelines for all patients, regardless of payor.

**ELECTION of BENEFITS -HOSPICE MEDICARE/MEDICAID/TRICARE BENEFIT INFORMATION**

(Herein after called the Hospice Medicare Benefit or HMB)

I elect to receive hospice services under the following benefit:

- \_\_\_ Hospice Medicare      \_\_\_ Hospice TriCare      \_\_\_ Hospice Medicaid
- \_\_\_ **Pending Medicaid**-I have applied and wish to access the hospice benefit on **(date)** \_\_\_\_\_
- \_\_\_ Hospice benefits as provided by Private Insurance      \_\_\_ Other: \_\_\_\_\_

1. When I elect the HMB, I acknowledge that certain Medicare services are waived. I waive all rights to Medicare/Medicaid/TriCare/Private Insurance/Other stated benefits for payments to providers for the following services related to my terminal illness:
  - a. Hospice care provided by a hospice other than FHHPC (unless provided under arrangements made by FHHPC).
  - b. Any Medicare services that are related to the treatment of the terminal condition for which hospice care was elected or
  - c. a related condition or that are equivalent to hospice care except for services-
    - 1) Provided by FHHPC
    - 2) Provided by another hospice under arrangements made by FHHPC; and
    - 3) Provided by the individual's attending physician if that physician is not an employee of FHHPC or receiving compensation from the hospice for those services.
2. I may be responsible for five per cent of the reasonable cost up to a maximum of \$5.00 for each outpatient individual prescription for my terminal illness and can be charged up to five per cent of individual respite care.
3. I am responsible for the cost of care for my terminal illness if I seek care beyond what is considered medically necessary by the hospice interdisciplinary team and documented on my plan of care.
4. I can change from one hospice to another, if I wish to do so. To change programs, I will confirm that I may be admitted to another hospice, and then I will inform FHHPC of my wishes so arrangements for transfer can be made. I will specify a date to discontinue care from FHHPC, the name of the hospice from which I wish to receive care, and the date care will start. In changing to another hospice program, I will not lose any benefit days. I may change hospices only once during each benefit period.
5. The Medicare hospice program consists of two 90-day periods, and unlimited 60-day periods if no revocations or discharges occur. I will use the benefit periods in the above order. Hospice care for each period must be approved by the Hospice Medical Director.
6. I may discontinue hospice care at any time by completing a revocation statement. If I revoke during a benefit period, I lose the remaining days in that benefit period. (Example: If I revoke hospice care on the tenth day of the first 90-day benefit period, I give up the remaining 80 days of coverage.) To revoke this election, I understand I must file a revocation statement with FHHPC. I may, however, re-elect at any time when I am eligible.
7. Hospice Services will be provided to me at home by the FHHPC Interdisciplinary Team in accordance with my plan of care and may include the following:
  - a. Intermittent visits by the team members providing nursing, counseling, social, pastoral, and personal care services.
  - b. Intermittent visits and/or consultation by auxiliary team members providing dietary, physical, occupational, and speech therapies.
  - c. Caregiver instruction relating to home care and symptom management.
  - d. Counseling and emotional support for my caregivers.
  - e. Hospice-trained volunteers to augment the professional services.

- f. Durable medical equipment and supplies approved for my Hospice care.
- g. Crisis care services, for short periods during a medical crisis.
- h. On-call service by FHHPC nurses to answer questions and respond in times of crisis, 24-hours a day.
- i. Prescriptions and biologicals as needed for pain and symptom control provided by pharmacies under contract with FHHPC. If I prefer to obtain this service from a different pharmacy, I understand that I would be responsible for all costs associated with those prescriptions and that FHHPC would not be financially responsible.
- j. Inpatient Care is provided only for control of pain and symptoms that cannot be managed at home and in accordance with the following:
  - 1) I understand I must receive prior approval from FHHPC before any hospitalization. If I fail to receive prior approval from FHHPC, I will be responsible for all costs associated with the inpatient care.
  - 2) I understand I may receive inpatient services when my physician, the Hospice physician, and the Interdisciplinary Team believe I need inpatient care for pain and symptom management.

I understand that while I am a patient of FHHPC, inpatient care that is covered by the Hospice Benefit may be provided only in the FirstHealth Inpatient Hospice House or a hospital under contract with FHHPC. If I prefer hospitalization in a different facility, I understand that I would be responsible for all costs associated with that period of inpatient care and that FHHPC would not be financially responsible for any part of that inpatient care.

- 8. Hospice services to me will continue as long as my physician and the Interdisciplinary Team consider these services appropriate and necessary and as long as my condition warrants.
- 9. All care is physician directed through my independent attending physician and the Medical Director for FHHPC.
- 10. My Hospice “attending physician” has been chosen and is indicated in this document.
- 11. Hospice services to me will continue as long as my physician and the Interdisciplinary Team consider these services appropriate and necessary and as long as my condition warrants.
- 12. All care is physician directed through my independent attending physician and the Medical Director for FHHPC.

**Services Not Covered** (Anything not related to the terminal illness):

- 1. Outpatient testing and other procedures such as, x-rays, labs and diagnostic studies
- 2. Medications that are not related to the primary hospice diagnosis
- 3. Blood transfusions
- 4. Sitter services
- 5. Experimental treatments
- 6. IV chemotherapy or curative radiation
- 7. Continuous IV fluids for hydration
- 8. Nutritional supplements such as Ensure, Boost, etc.
- 9. Investigational studies
- 10. Any service related to the terminal diagnosis that is not pre-approved in writing by the hospice staff
- 11. Mail ordered medications or supplies/equipment, existing DME such as hospital bed, oxygen, wheelchairs, glucometers, etc.
- 12. Anything the hospice team including my attending physician and the hospice physicians believe is not medically necessary for the palliation of your terminal illness.
- 13. Any visits or therapies that were scheduled prior to the hospice admission.

**PATIENT NOTIFICATION OF HOSPICE NON-COVERED ITEMS, SERVICES, AND DRUGS**

**Hospice Coverage and Right to Request “Patient Notification of Hospice Non-Covered Items, Services, and Drugs”**

I acknowledge that I have been provided information on the hospice's coverage responsibility and that certain Medicare services are waived by this election. I have been provided information indicating that services unrelated to the terminal illness and related conditions are exceptional and unusual and hospice should be providing virtually all care needed by me.

I acknowledge that I have been provided with information about my financial responsibility for certain hospice services (drug copayment and inpatient respite care).

I understand that I have the right to request at any time, in writing, the “**Patient Notification of Hospice Non-Covered Items, Services, and Drugs**” addendum that lists the items, services, and drugs that the hospice has determined to be unrelated to my terminal illness and related conditions that would not be covered by the hospice.

I acknowledge that I have been provided information regarding the provision of Immediate Advocacy through the Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO) if I disagree with any of the hospice’s determinations and I have been provided with the contact information for the BFCC-QIO that services my area. Visit this website to find the BFCC-QIO for your area. <https://qioprogram.org/contact-zones> or call 1-800-MEDICARE (1-800-6334227). TTY users can call 1-877-486-2048.

I elect to receive the “**Patient Notification of Hospice Non-Covered Items, Services, and Drugs**”

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_ (Hospice: Please provide the beneficiary with the addendum. Must be signed and dated accompanying the election statement.)

I decline to receive the “**Patient Notification of Hospice Non-Covered Items, Services, and Drugs**”

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

Acknowledging and understanding the above, I elect the Hospice Medicare Benefit with services from FHHPC.

Effective date for Hospice Medicare Benefit to **begin** \_\_\_\_\_  
(Date / Time) Policy Number \_\_\_\_\_

Effective date for Hospice Medicaid Benefit to **begin** \_\_\_\_\_  
(Date / Time) Policy Number \_\_\_\_\_

\_\_\_\_\_  
Patient Signature Patient Name (Print) Date Reason Patient unable to sign

\_\_\_\_\_  
Primary Caregiver Signature Primary Caregiver Name (Print) Relationship Date

\_\_\_\_\_  
Witness Signature Witness Name (Print) Date



**First**Health

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HOSPICE &  
PALLIATIVE CARE