



Elegant Hospice *Care*



CLIENT HANDBOOK





Elegant Hospice

Care

Your Team

HOSPICE MEDICAL DIRECTOR

HOSPICE NURSE
(REGISTERED NURSE, LICENSED VOCATIONAL NURSE)

HOSPICE MEDICAL SOCIAL WORKER

HOSPICE SPIRITUAL COUNSELOR

HOSPICE AIDE

HOSPICE VOLUNTEER

OTHER KEY MEMBERS OF THE ELEGANT HOSPICE TEAM

PHARMACIST

REGISTERED DIETITIAN

PHYSICAL THERAPIST

OCCUPATIONAL THERAPIST

SPEECH THERAPIST

Our goal is to work as closely as possible with you, your family or your representatives in order to provide the best services to you. Our trained staff is available to provide care and answer all the questions you may have regarding the care we are providing.

Whatever your need at any given time, please simply call our office number and an on-call nurse will assist you.

Perfect hospice care must reflect a team approach in order to deliver the best possible outcome for you and your family. In the following pages is a brief description of the roles of all our hospice team members.

Welcome

To Our Valued Patient and Family,

The diagnosis of a life limiting illness causes immeasurable emotional distress for patients and their loved ones. The pain and symptoms associated with such conditions can become unbearable, while decisions about care and treatment are often overwhelming and difficult to make. We provide hospice care and other related services to assist patients and families dealing with these special moments.

The choice of hospice care is stressful. You may have received medical advice already from a doctor or one of our team members. In addition, the information in this brochure will help you understand and choose the most appropriate healthcare in the case of a terminal illness.

Elegant Hospice Care not discriminate against any person on the basis of race, color, national origin, gender, sexual orientation disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment.

Sincerely yours,
Elegant Hospice Care



Understanding Hospice Care

Hospice Plan of Care

Elegant Hospice Care restores quality of life for patients by reducing the pain and symptoms associated with their life limiting illness. We get to know our patients and their loved ones on a personal level and work closely with a team of specialists to develop a palliative care plan that supports patient and family end-of-life goals. While we do not administer curative care, our staff will aggressively treat symptoms and pain to ensure comfort.

For more specific information, please contact your case manager 24 hours a day, seven days a week.

Medicare Hospice Benefits

Medicare hospice benefits are available when you meet all of these conditions:

- You're eligible for Medicare Part A (Hospital Insurance);
- Your doctor and the hospice medical director certify that you're terminally ill and have 6 months or less to live if your illness runs its normal course;
- You sign a statement choosing hospice care instead of other Medicare-covered benefits to treat your terminal illness (Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness); and
- You get care from a Medicare-approved hospice program.

The hospice benefit allows you and your family to stay together in the comfort of your home unless you need care in an inpatient facility. If the hospice team determines that you need inpatient care, the hospice team will make the arrangements for your stay.

IMPORTANT | Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness, like care for an injury.

Certification for the Hospice Benefit

Your regular doctor (not a nurse practitioner that you've chosen to serve as your attending medical professional) and the hospice medical director can certify that you're terminally ill and have 6 months or less to live.

What Medicare Covers

You can get a one-time only hospice consultation with a hospice medical director or hospice doctor to discuss your care options, pain, and management of your symptoms. You can get this one-time consultation if you decide not to get hospice care.

Important Hospice Facts

- Hospice helps people who are terminally ill live comfortably.
- Hospice isn't only for people with cancer.
- The focus is on comfort, not on curing an illness.
- A specially trained team of professionals and caregivers provide care for the "whole person, including his or her physical, emotional, social, and spiritual needs."
- Services may include physical care, counseling, drugs, equipment, and supplies for the terminal illness and related condition(s).
- Care is generally provided in the home.
- Family caregivers can get support.

You and Your Hospice Care

Length of Hospice Care

Hospice care is intended for people with 6 months or less to live if the disease runs its normal course. If you live longer than 6 months, you can still get hospice care, as long as the hospice medical director or other hospice doctor recertifies that you're terminally ill.

IMPORTANT | Hospice care is given in benefit periods. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods. At the start of each period, the hospice medical director or other hospice doctor must recertify that you're terminally ill, so you can continue to get hospice care. A benefit period starts the day you begin to get hospice care and it ends when your 90-day or 60-day period ends.

The great events of life, as we observe them, are still clearly recognizable as journeys.... Out of centuries of experience has come the repeated observation that death appears to be a process rather than an event, a form of passage for human life.

—SANDOL STODDARD, THE HOSPICE MOVEMENT: A BETTERWAY OF CARING FOR THE DYING

Stopping Hospice Care

If your health improves or your illness goes into remission, you no longer need hospice care. Also, you always have the right to stop hospice care at any time for any reason. If you stop your hospice care, you'll get the type of Medicare coverage you had before you chose a hospice program (like treatment to cure the terminal illness). If you're eligible, you can go back to hospice care at any time.

Advance Directives

Elegant Hospice personnel recognize that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse treatment. It is our policy to encourage individuals and their families to participate in decisions regarding end-of-life care. Please speak with your case manager regarding advance directives such as Do Not Resuscitate orders, Living Wills, and Medical Power of Attorney.

24-Hour Availability

Because a patient's journey is never predictable, hospice care members are always available, 24 hours a day, 7 days a week to address any concerns. With the understanding that no 2 days may be the same, Elegant Hospice provides other Medicare-covered services needed to manage your pain and other symptoms related to your terminal illness, as recommended by your hospice team.

THE TEAM APPROACH IN HOSPICE CARE

You and your family members are the most important part of the team. A hospice nurse is on-call 24 hours a day, 7 days a week to give you and your family support and care when you need it.

Your Team May Include:

- Doctors
- Nurses or Nurse Practitioners
- Counselors
- Social Workers
- Physical and Occupational Therapists
- Speech-language Pathologists
- Hospice Aides
- Homemakers
- Volunteers
- Ancillary Services as needed



About Us: Mission Statement

The mission of Elegant Hospice Care is to provide quality hospice care to patients with a limited life expectancy, as well as, support to their caregivers.

Elegant Hospice Care is a growing company dedicated to providing compassionate high quality hospice care. We will achieve this by recruiting professional, caring staff; encouraging our clients to become active participants in their care; and by creating an atmosphere of supportive leadership. We value strong, mutually beneficial relationships with our referral sources, employees, clients and their families and the community at large.

The quality of life for those we serve is enhanced through palliative and specialized supportive care designed to meet the physical, psychosocial and spiritual needs of the patients and caregivers.

Hospice care is provided by an interdisciplinary team utilizing an approach to the care delivered to patients either in their own home or extended care facility; working cooperatively with area health care providers and other community resources.

We strive to provide care to all who are eligible and need home hospice care irrespective of ability to pay.

Meet Our Team of Professionals

Medical Director Services

To achieve the highest standard of care, our physicians work closely with the hospice nursing staff and primary physicians to ensure that each patient's medical and emotional needs are met. The entire hospice care team works collaboratively to address every need a patient and his or her family may have.

Hospice Nursing & Case Management

Hospice nurses are Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs) that are highly trained to administer care to patients according to physician's directives. They are responsible for monitoring the patient's condition, relaying information back to the physician and recommending changes in care to better meet the patient's needs. Additionally, hospice nurses act as case managers and communicate with the rest of the hospice care team to refer supplementary services that may further help the patient and their family. Patients and families can look to their hospice nurse for support, education and as a direct line of contact to the rest of the hospice care team.

Hospice Aide

In addition to hospice nurses, our patients will also receive care from hospice aides. These team members act as a secondary set of eyes and ears, assisting with personal hygiene, activities of daily living, light household chores, and preparing simple meals.

Social Worker Support & Counseling

Social workers are assigned to each patient and their family to gain insight into treatment and care expectations. In addition, it is the duty of the social worker to learn about the patient and act as an advocate on their behalf. The social worker provides advice and counsels, and also is the go-to resource for connecting patients and families with helpful programs and services like 'meals on wheels'.

Homemakers

To further extend our commitment to personalized care, our patients also have access to a homemaker, who will help patients and families with household chores (that do not require climbing or lifting) like shopping, running errands, changing bed sheets and laundering clothes.

Spiritual Bereavement & Grief Counseling

Per the request of a patient, caregiver or family member(s), provides non-denominational spiritual assistance and

counseling. We appreciate all types of beliefs, and do not discriminate against faith, religion or lifestyle. Our spiritual counselors help patients and their loved ones process emotions, beliefs and questions regarding the end-of-life.

Dietitians

Some patients will experience loss of appetite, nausea and weight-loss as a result of their life limiting illness. Our dietitians will work closely with patients and their family members to improve diet, decrease nausea and maintain a physical condition that is conducive to comfort.

Volunteer Services

In addition to our certified staff of hospice care specialists, Elegant Hospice works with volunteers who provide additional support to help patients remain safely independent if they so choose. Volunteers also support caretakers by assisting with responsibilities so that the care taker can step away to recharge or run errands. In many cases, our volunteers become a trusted friend and companion to patients and families.

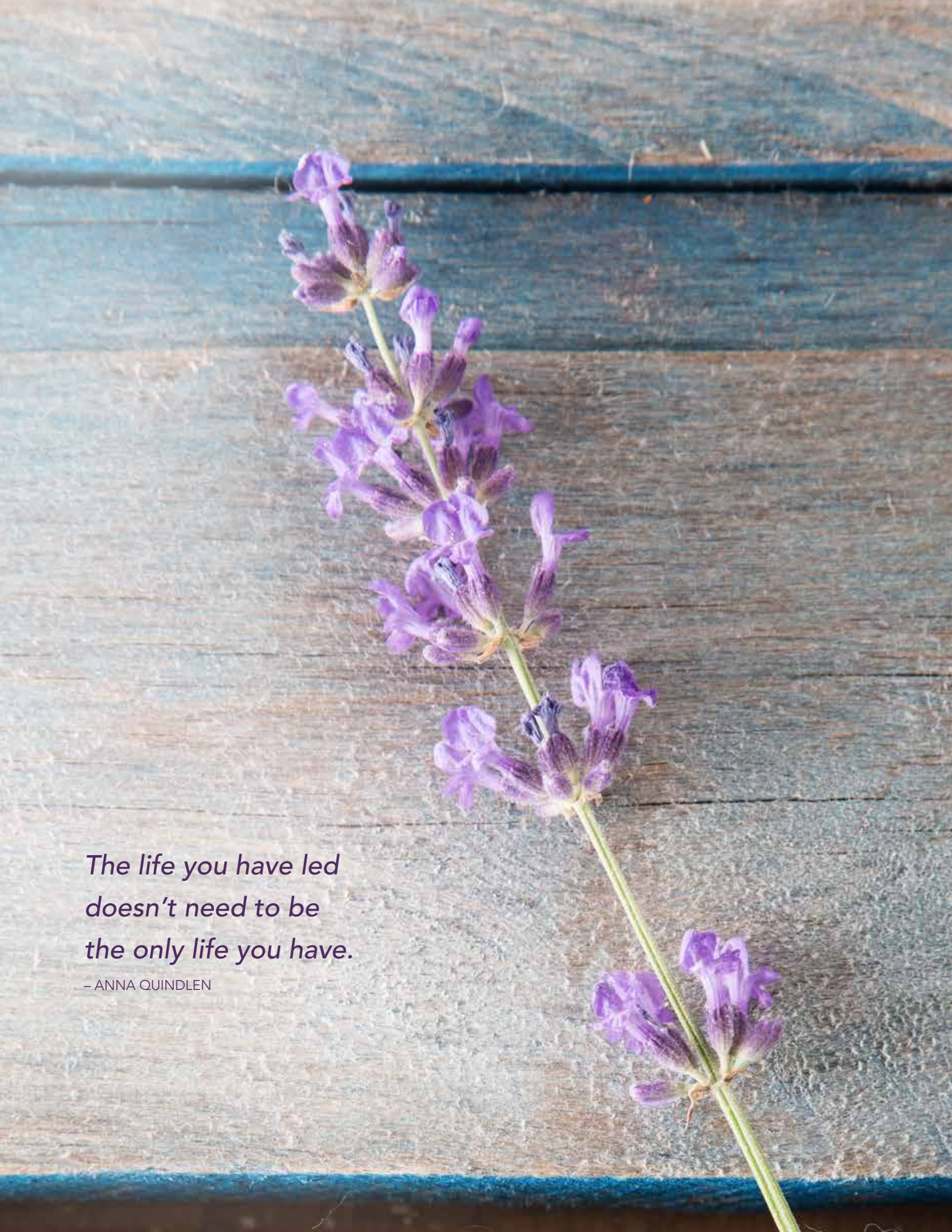
You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to live until you die.

— DR. CICELY SAUNDERS, FOUNDER OF THE FIRST HOSPICE



Medical Equipment, Supplies & Medication

Whether a patient receives home care or inpatient care, we provide the necessary medical equipment like wheelchairs, beds and walkers. We provide supplies i.e., catheters, undergarments, and personal protective equipment. Medications and drugs for symptom control or pain relief (may need to pay a small co-payment) are provided to preserve comfort and sustain the high standard of care that our team stands by.



*The life you have led
doesn't need to be
the only life you have.*

– ANNA QUINDLEN

Therapies We Provide

Physical Therapy

Patients are evaluated on their ability to safely move about. If problems exist like difficulty walking, getting in and out of bed, sitting and standing, etc., the physical therapist can assess the patient's level of pain and develop a physical therapy regimen to help strengthen the patients body function and alleviate pain.

Occupational Therapy

Patients are evaluated on their ability to perform daily activities like bathing, getting dressed, feeding oneself and performing acts of hygiene. To help patients remain as independent as they wish to be, an occupational therapist can teach patients how to alter activities to make them simpler or can recommend a device or service to help perform activities.

Speech Therapy

Preserving a patients ability to voice their wants and needs is extremely important to their care. If a patient is experiencing difficulty speaking, communicating or swallowing food, a speech therapist can work with him or her to develop alternative ways to communicate. Additionally, alterations can be made regarding food preparation to make it easier for the patient to eat.

Massage Therapy

Massage therapy is offered in concert with a patient's diagnosis and condition to provide relief from muscle tension, stiffness, muscle spasms and headaches with or without essential oils.

Patients feel relaxed and at peace through the gentle, healing touch of our certified massage therapists and may choose to receive their massage with or without essential oils that help calm the senses.

The Different Types of Hospice Services

Routine Home Care

Majority of patients choose to remain at home during their comfort care. Routine home care includes a team of hospice nurses, medical personal care assistants, social workers, non-medical homemakers and others, devoted to helping patients maintain independence as they receive quality treatment for their life limiting illness wherever they may reside.

Respite Care

Often, a family member will choose to act as a patient's primary caregiver. These individuals attend to the patient's care around the clock and can struggle with isolation, depression and exhaustion. Respite care services provide volunteers who become trusted friends to take over responsibilities and allow the caretaker time away to "recharge." Inpatient respite care is given in a Medicare-approved facility (like a hospice inpatient facility, hospital, or nursing home). Your hospice provider will arrange this for you. You can stay up to 5 days each time you get respite care. You can get respite care more than once, but it can only be provided on an occasional basis.

General Inpatient Care

When a patient's symptoms become too severe to manage at home, it is recommended that they be admitted into general inpatient care. Here, a patient benefits from the assessment of an on-site team of medical professionals who will deliver a more aggressive schedule of treatments to reduce pain and symptoms, allowing the patient to return home once his or her condition has been regulated.

Continuous Care

If a patient develops physical or emotional symptoms that aren't easily managed with routine care, continuous care may be an option. Continuous care provides more intense care in the patient's home environment. A nurse and/or a home health aide will remain in the patient's home environment for a minimum of 8 hours, and up to 24 hours, per day to administer medications, treatments, and support until the symptoms are under control. Some examples of symptoms requiring continuous care would be unrelieved pain, severe nausea and vomiting, severe shortness of breath, anxiety or panic attacks, or a breakdown in the primary caregiver support system. Continuous care is considered a short-term level of care and is reevaluated every 24 hours.

Because of You, These Things Matter To Us

Pain Management

Hospice's other name is pain management. Your case manager and the rest of our main team goal are to assess our client's pain at admission and to achieve the highest alleviation for pain and promotion of comfort for the client during our care.

Utilizing a dynamic, high-quality and holistic approach to combat pain, our staff is specially trained not only to understand that pain perception is as different as people are, but also to create a pain alleviation regimen that is effective for each client's unique circumstances. Corpus Christi Hospice goes beyond the traditional pain management approach, and includes innovative and sensitive therapies such as aroma therapy, music therapy or pet therapy.

False Beliefs About Pain

Mistaken ideas about pain can interfere with pain management. Among the false beliefs you or your loved one might hold are the following:

- Ignore pain and it will go away.
- Pain is a punishment for past wrongs.
- Pain is a way to atone for sins.
- Pain is all in the mind.
- Acknowledging pain indicates you are weak.
- Treating pain with medicine may mean the medicine will not work as well later when the pain is more severe.

Bowel Regimen Nausea or Vomiting

Sometimes, offensive tastes or smells are so powerful that patients become nauseated. Anxiety, a new drug, and constipation could play a part in nausea as well.

Nausea and vomiting make eating and drinking nearly impossible. Fortunately, there are several medicines that can help a queasy stomach. If nausea or vomiting occur, it's important to tell your hospice nurse.

Nausea accompanied by vomiting can be a serious problem. Your loved one may lose important medicines as well as vital fluids. Consult your hospice nurse should nausea or vomiting occur.

Constipation

Constipation is a common problem for people with advanced illnesses. Pain medicines are often the main cause; however, pain, lack of activity, a low-fiber diet, poor fluid intake, and general weakness can contribute to constipation as well. Generally, your loved one should have at least one bowel movement every three days, even if not eating, and the stool should not be so hard it is difficult to pass.

Because constipation can cause stomachaches, cramps, and general discomfort, your hospice physician may prescribe a laxative, stool softener, and/or suppository. Contact your hospice nurse if constipation occurs.

Diarrhea

Diarrhea is loose or watery stools passed three or more times a day. Causes include drug reactions, infection, anxiety, food sensitivity, and injury to the intestinal tract. Unless diarrhea continues for several days, or your loved one is getting weak from dehydration, it's often best to let it run its course.

When someone dies, it is important that those close to him participate in the process; it will help them in their grief, and it will help them face their own death more easily.

— ELISABETH KÜBLER-ROSS



Equipment Safety

We strive to provide patients under our care with the safest equipment while receiving care with us. We abide by the Medical Device Reporting Act (MDR). Please contact your case manager in case you need assistance with equipment or in any malfunction.

Disasters and Emergencies in the Home

Keeping our patient safe in their home or setting of choice is our main priority. Upon admission, your case manager will assess your environmental safety which includes the safety of your home or setting of choice, and will assist you in the development of a safety plan in the event of an emergency in your home or a disaster, be it natural or man-made.

Medication Management, Biohazards and Disposal in the Home

■ Medication Management

Hospice is responsible for providing and managing your medications that relate to the terminal diagnosis. This includes: ordering, dispensing, and disposal of drugs. Potential abuse of drugs in the home is closely monitored. Please follow the instructions of your case manager for specific guidelines for your medication safety. Guidelines included are: medication storage, disposal, and dispensing.

■ Biohazard Materials

Blood and body fluids will be disposed of according to regulations which include the utilization of specific techniques to ensure biohazard safety, i.e. double bagging and placing fluids in appropriate receptacles.

Signs and Symptoms of Approaching Death

When confronted with approaching death, many of us wonder when exactly will death occur. Many of us ask the question, "How much time is left?" This can often be a difficult question to answer. The dying do not always cooperate with the predictions of the doctors, nurses or others who tell family members or patients how much time is left.

Hospice staff have frequently observed that even the predictions by physicians about the length of time from the original diagnosis to death is often inaccurate. Many families report that "the doctor told us he [the patient] only had so much time left, and he's lived much longer than that." ... or a similar story. Statistical averages do not tell us exactly how long a particular patient has to live; they can only serve as a general guideline or point of reference.

Although statistical averages do not help much in an individual case, there are specific signs of approaching death which may be observed, and which do indicate that death is approaching nearer. Each individual patient is different. Not all individuals will show all of these signs, nor are all of the signs of approaching death always present in every case.

Depending on the type of terminal illness and the metabolic condition of the patient, different signs and symptoms arise. An experienced physician or hospice nurse can often explain these signs and symptoms to you. If you have questions about changes in your loved one's condition, ask your hospice nurse for an explanation, that is one of the reasons she is serving you.

There are two phases which arise prior to the actual time of death: the "preactive phase of dying," and the "active phase of dying." On average, the preactive phase of dying may last approximately two weeks, while for others, the active phase of dying could last three days.

We say "on average" because there are often exceptions to the rule. Some patients have exhibited signs of the preactive phase of dying for a month or longer, while some patients exhibit signs of the active phase of dying for two weeks. Many hospice staff have been fooled into thinking that death was about to occur, when the patient had unusually low blood pressure or longer periods of pausing in the breathing rhythm. However, some patients with these symptoms can suddenly recover and live a week, a month or even longer. Low blood pressure alone or long periods of pausing in the breathing (apnea) are not reliable indicators of imminent death in all cases. God alone knows for sure when death will occur.

"Being There" Until the End

Although all patients do not show all of these signs, many of these signs will be seen in some patients. The reason for the tradition of "keeping a vigil" when someone is dying is that we really don't know exactly when death will occur until it is obviously happening. If you wish to "be there" with your loved one when death occurs, keeping a vigil at the bedside is part of the process.

Always remember that your loved one can often hear you, even up till the very end, even though he or she cannot respond by speaking. Your loving presence at the bedside can be a great expression of your love for your loved one and help him to feel calmer and more at peace at the time of death.

If you have questions about any of the changing signs or symptoms appearing in your loved one, ask your Covenant Grace Hospice nurse to explain them to you.

SIGNS OF THE DYING

Preactive Phase

- Increased restlessness, confusion, agitation
- Inability to stay content in one position and insisting on changing positions frequently (exhausting family and caregivers)
- Withdrawal from active participation in social activities
- Increased periods of sleep, lethargy, decreased intake of food and liquids
- Beginning to show periods of pausing in the breathing (apnea) whether awake or sleeping
- Patient reports seeing persons who had already died
- Patient states that he or she is dying
- Patient requests family visit to settle "unfinished business" and tie up "loose ends"
- Inability to heal or recover from wounds or infections
- Increased swelling (edema) of either the extremities or the entire body

SIGNS OF THE OF DYING

Active Phase

- Inability to arouse patient at all (coma), or only arouse patient with great effort but patient quickly returns to severely unresponsive state (semi-coma)
- Severe agitation in patient, hallucinations, acting "crazy" and not in patient's normal manner or personality
- Much longer periods of pausing in the breathing (apnea)
- Dramatic changes in the breathing pattern including apnea, but also including very rapid breathing or cyclic changes in the patterns of breathing (such as slow progressing to very fast and then slow again, or shallow progressing to very deep breathing while also changing rate of breathing to very fast and then slow)
- Other very abnormal breathing patterns
- Severely increased respiratory congestion or fluid buildup in lungs
- Inability to swallow any fluids at all (not taking any food by mouth voluntarily as well)
- Patient states that he or she is going to die
- Patient breathing through wide open mouth continuously and no longer can speak even if awake
- Urinary or bowel incontinence in a patient who was not incontinent before
- Marked decrease in urine output and darkening color of urine or very abnormal colors (such as red or brown)
- Blood pressure dropping dramatically from patient's normal blood pressure range (more than a 20 or 30 point drop)
- Systolic blood pressure below 70, diastolic blood pressure below 50
- Patient's extremities (such as hands, arms, feet and legs) feel very cold to touch
- Patient complains that his or her legs/feet are numb and cannot be felt at all
- Cyanosis, or a bluish or purple coloring to the patients arms and legs, especially the feet and hands)
- Patient's body is held in rigid unchanging position

A person with short, curly hair is sitting on a wooden deck, looking out over a large body of water towards a range of mountains under a cloudy sky. The scene is captured in a monochromatic purple color scheme.

My Friend, I Care

Don't tell me that you understand
Don't tell me that you know.
Don't tell me that I will survive,
How I will surely grow.

Don't tell me this is just a test,
That I am truly blessed,
That I am chosen for this task,
Apart from all the rest.

Don't come at me with answers
That can only come from me,
Don't tell me how my grief will pass
That I will soon be free.

Don't stand in pious judgment
Of the bounds I must untie,
Don't tell me how to suffer,
And don't tell me how to cry.

My life is filled with selfishness,
My pain is all I see,
But I need you, I need your love,
Unconditionally.

Accept me in my ups and downs,
I need someone to share,
Just hold and let me cry,
And say "My friend, I care."

— BARBARA KARNES

Fighting Abuse, Neglect, Exploitation and Reportable Conduct

An employee or contracted staff employee of Elegant Hospice will report any suspicion of or actual abuse, neglect, exploitation or reportable conduct identified. The agency will initiate an investigation of any known or alleged acts of abuse, neglect, exploitation, or reportable conduct immediately upon receipt of the allegation.

Reporting Conduct

Elegant Hospice will use the Provider Investigation form and document the following information:


- Date of incident,
- Name of alleged victim,
- Name of alleged perpetrator,
- Name(s) of any witnesses,
- The allegation,
- Any injury or adverse affect,
- Any assessments made,
- Any treatment required,
- The investigation summary, and
- Any action taken.

ELEGANT HOSPICE WILL GIVE A VERBAL REPORT OF ALLEGATION TO:

Department of Family and Protective Services
800-252-5400
Department of Aging and Disability Services
800-458-9858
Community Health Accreditation Program
800-656-9656

The hours of operation of the State hotline number is 5 a.m. to 5 p.m., Monday through Friday. If a call is placed after hours, you can leave a voicemail, and a state representative will return your call during their office hours.

Elegant Hospice Administrator or designee will send a written report of the investigation to the state office of the Department of Aging and Disability Services, no later than the tenth day after the verbal report to the Department of Aging and Disability Services (DADS).



If Elegant Hospice Care has cause to believe that an employee, contract employee, or volunteer is responsible or involved in the allegation, the employee will be subject to disciplinary action or termination of employment. The contract employee will be subject to termination of the contract with the agency.

Elegant Hospice Care will investigate complaints made by a client, family member, or caregiver regarding:

- The treatment or care that was provided by the agency staff,
- The treatment or care that the agency staff failed to provide, or
- The lack of respect for the client's property.

The agency will initiate an investigation within 10 days after the agency receives the complaint, and document all the components of the investigation. The agency will complete the investigation within 30 days after receiving the complaint. State Law enforcement will be contacted by the Administrator if warranted by the investigation. Elegant Hospice will not retaliate against a person filing a complaint.

We Offer a Drug-Free Workplace

In accordance with the Drug-free Workplace Act of 1988, which requires employers that sell, directly or indirectly, to the federal government to take specific steps designed to provide a drug-free workplace, it is the policy of Elegant Hospice to maintain a drug free workplace and take all reasonable measures to ensure that drug use or drug-related activities by employees do not jeopardize the safety of our operations or adversely affect our patients, employee, the company or the communities in which we do business.

It is the policy of Elegant Hospice that reporting to work under the influence of alcohol or non-prescribed controlled substances and/or being involved in the unlawful manufacture, delivery, receipt, possession, distribution, dispensation, consumption, use or sale of illegal drugs or non-prescribed is prohibited and will result in disciplinary action against the employee involved, up to and including termination for a first violation.

Elegant Hospice does not routinely test for drugs or alcohol. However, we may request at any time that an employee submits to a drug or alcohol test if the employee is suspected of being under the influence of such.



To ensure that all persons hired by Elegant Hospice understands and agrees to comply with rules and regulations governing the disclosure of patient information.

POLICY

The Elegant Hospice will protect the confidentiality of patients, families or caregivers.

Your Privacy

PROCEDURE

The Confidentiality Policy is reviewed by all personnel during the orientation process and employees will agree to this policy via signature.

Each patient will be given a copy of Elegant Hospice Care notice of privacy practices.

Lists or forms about patients, families or caregivers is compiled for information and referral purposes only. These are used solely for internal purposes and must be protected.

A fax cover sheet must always be used when transmitting Protected Health Information (PHI) via fax.

Only personnel involved in the care/service or supervision of care/service on specific patients will have access to patient information.

Patients are not discussed by personnel outside of the office setting.

Comments and conversations relating to patients made by physicians, nurses or other personnel are in confidential settings. It is the standard, acceptable and necessary practice to share information with other members of the team. The decision to share information is aided by the intent of the discussion.

Laptop computers or travel charts removed from the office require confidentiality protection. Do not leave these items unattended or viewable by others.

Lists of patients and patient information must be sequestered and protected from the view of those not involved in care.

To assure that the patient's right to privacy is protected by specifying the protocol regarding confidentiality of the medical record and release of information, as necessary.

POLICY

Elegant Hospice Care personnel will maintain, as confidential, all medical records and information related to patients. We do not release information without written authorization from a patient or a patient's representative.

Confidentiality

PROCEDURE

Only personnel involved in the care or supervision of care on specific patients will have access to patients' medical records.

Clinical or non-clinical personnel will not discuss patients outside the context of professional conversation regarding the patients' condition and care.

An agreement and Consent for Services form, including an authorization to release information, will be signed by the patient upon admission. Elegant Hospice Care does not release medical records to any third party without this authorization.

Any release of information for purposes other than claims processing or as required by law or regulation must have a separate medical record release. Elegant Hospice Care may release information to another health organization when the patient is under Hospice's care. Appropriate information will be forwarded upon proper authorization.

The appropriate hospice personnel will review all requests for patient information to decide whether this information is accessible. They will refer requests for information that they may not release to the Administrator.

Copies of medical records or excerpts of record, may only be removed by subpoena, or where statutory law requires it, or on written authorization. Elegant Hospice Care will treat this confidential information as such and it will be mailed in an envelope designated "confidential."

Elegant Hospice Care allows patients visual access to the medical record at the office during regular office hours.



All medical records are kept in a locked cabinet/room when not in use. Elegant Hospice Care does not allow unauthorized individual access to these medical records. The only record permitted for removal from the office is the travel chart. The travel chart is under the protection and confidentiality of the professional using the chart and must be protected and secured from the view of others.

The following patient information is secured after business hours:

- Medical records
- Travel chart
- Patient intake information
- Minutes of patient care meetings
- Performance improvement data
- Clinical notes before filing in a medical record
- Signed physician orders

Information contained in Performance Improvement Reports will not contain individual patient or personnel information.

Any breach in confidentiality by Elegant Hospice Care personnel is ground for disciplinary action.

Your Rights as a Patient of Hospice

The rights of the patient are exercised by the patient as follows:

- To have his or her property and person treated with respect.
- To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice and to not be subjected to discrimination or reprisal for exercising his or her rights.
- To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.
- To be involved in developing his or her hospice plan of care.
- To refuse care or treatment.
- To choose his or her attending physician.
- To have confidential clinical records. Access to, or release of patient information and clinical records, is permitted in accordance with 45 CFR part 160 and part 164.
- To be free from mistreatments, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- To receive information about the services covered under the hospice benefit.
- To receive information about the scope of services that the hospice will provide and specific limitations on those services.
- To be advised that the Hospice Organization complies with Subpart 1 of 42 CFR 489 and receive a copy of the organization's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law and how such rights are implemented by the organization.

- To receive written information describing the organization's grievance procedure which includes the contact information, contact phone number, hours of operation, and mechanism(s) for communicating problems.
- To receive an investigation by the organization of complaints made by the patient or the patient's family or guardian regarding treatment or care and that the organization will document the existence of the complaint and the resolution of the complaint.
- To receive information addressing any beneficial relationship between the organization and referring entities.
- To be advised of the toll-free hospice agency hot-line for the State of Texas and the purpose of the hotline to receive complaints or questions about the organization including the right to lodge complaints concerning the implementation of advance directives requirements. The State of Texas Home Health Hotline Number is 800-458-9858. The number is operated 8 a.m. to 5 p.m. daily to receive complaints or questions about local Hospice Agencies.
- To be informed of the toll-free abuse hot-line 800-252-5400, used to report abuse, neglect or exploitation.
- To be informed of the CHAP Hotline, 800-656-9656 which is in operation from 9:00 a.m. to 5:00 p.m., Monday through Friday.

The patient has a right to expect that hospice will:

- Protect and promote the patient's right to exercise the rights.
- Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries

of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator.

- Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified.
- Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the State survey agency or local law enforcement agency.

The rights of the patient are executed by the patient or designee as follows:

- If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law 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 state law.

Rights of the Elderly

Human Resources Code Chapter 102 RIGHTS OF THE ELDERLY

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Sec. 102.001. Definitions.

In this chapter:

- (1) "Convalescent and nursing home" means an institution licensed by the Texas Department of Human Resources under Chapter 242, Health and Safety Code.
- (2) "Home health services" means the provision of health service for pay or other consideration in a patient's residence regulated under Chapter 142, Health and Safety Code.
- (3) "Alternative care" means services provided within an elderly individual's own home, neighborhood, or community, including:
 - (a) Day care;
 - (b) Foster care;
 - (c) Alternative living plans, including personal care services; and
 - (d) Supportive living services, including attendant care, residential repair, or emergency response services.
- (4) "Person providing services" means an individual, corporation, association, partnership, or other private or public entity providing convalescent and nursing home services, home health services, or alternative care services.
- (5) "Elderly individual" means an individual 60 years of age or older.

Added by Acts 1983, 68th Leg., p. 5159, ch. 936, Sec. 1, eff. Sept. 1, 1983. Amended by Acts 1985, 69th Leg., ch. 264, Sec. 25, eff. Aug. 26, 1985. Amended by Acts 1991, 72nd Leg., ch. 14, Sec. 284 (20), (30), eff. Sept. 1, 1991; Acts 1995, 74th Leg., ch. 76, Sec. 8.101, eff. Sept. 1, 1995;

Acts 1997, 75th Leg., eff. Sept. 1, 1997.
Sec. 102.002. Prohibition.

- (a) A person providing services to the elderly may not deny an elderly individual a right guaranteed by this chapter.
- (b) Each agency that licenses, registers, or certifies a person providing services shall require the person to implement and enforce this chapter. A violation of this chapter is grounds for suspension or revocation of the license, registration, or certification or a person providing services.

Added by Act 1983, 68th Leg., p. 5159, ch. 936, Sec. 1, eff. Sept. 1, 1983. Amended by Acts 1985, 69th Leg., ch. 264, Sec. 26, eff. Aug. 26, 1985; Acts 1997, 75th Leg., eff. Sept. 1, 1997.

Sec. 102.003. Rights Of The Elderly.

- (a) An elderly individual has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The elderly individual has the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.
- (b) An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the elderly individual:
 - (1) Has the right to make the individuals own choices regarding the individuals personal affairs, care, benefits, and services;
 - (2) Has the right be free from abuse, neglect, and exploitation; and
 - (3) If protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of the individuals affairs.
- (c) An elderly individual has the right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints that are administered for the purpose of discipline, or convenience and not required to treat the individual's medical symptoms. A person providing services may use physical or chemical restraints only if the use is authorized in writing by a physician, or the use is necessary in an emergency to protect the elderly individual or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restraints may be used. Except in an emergency restraints may only be administered by qualified medical personnel.
- (a) A mentally retarded elderly individual with a court-appointed guardian of the person may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of the guardian.
- (b) An elderly individual may not be prohibited from communication in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care or services.
- (c) An elderly individual may complain about the individual's care or treatment. The complaint may be made anonymously or communicated by a person designated by the elderly individual. The person providing the service shall promptly respond to resolve the complaint. The person providing services may not discriminate or take other punitive action against an elderly individual who makes a complaint.
- (d) An elderly individual is entitled to privacy while attending to personal needs and a private place for receiving visitors or associating with other individuals unless providing privacy would infringe on the rights of other individuals. This right applies to medical treatment; written communications, telephone

conversations, meeting with family, and access to all resident councils. An elderly person may send and receive unopened mail, and the person providing services shall ensure that the individual's mail is sent and delivered promptly. If an elderly individual is married and the spouse is receiving similar services, the couple may share a room.

- (e) An elderly individual may participate in activities of social, religious, or community groups unless the participation interferes with the rights other persons.
- (f) An elderly individual may manage the individual's personal financial affairs. The elderly individual may choose the manner in which the individual's money is managed, including a money management program, a representative payee program, a financial power of attorney, a trust, or a similar method, and the individual may choose the least restrictive of these methods. A person designated to manage an elderly individual's money shall do so in accordance with each applicable program policy, law or rule. On request of the elderly individual or the individual's representative, the person designated to manage the elderly individual's money shall make available the related financial records and provide an accounting of the money. An elderly individual's designation of another person to manage the individual's money does not affect the individual's ability to exercise another right described by this chapter. If an elderly individual is unable to designate another person to manage the individual's affairs and a court designates a guardian, the guardian shall manage the individual's money in accordance with the Probate Code and other applicable laws.
- (g) An elderly individual is entitled to access to the individual's personal and clinical records. These records are confidential and may not be released without the elderly individual's consent, except the records may be released:

- (1) To another person providing services at the time the elderly individual is transferred; or
- (2) If the release is required by another law.
- (b) A person providing services shall fully inform an elderly individual, in language that the individual can understand, of the individual's total medical condition and shall notify the individual whenever there is a significant change in the person's medical condition.
- (c) An elderly individual may choose and retain a personal physician and is entitled to be fully informed in advance about treatment or care that may affect the individual's well-being.
- (d) An elderly individual may participate in an individual plan of care that describes the individual's medical, nursing and psychosocial needs and how the needs will be met.
- (e) An elderly individual may refuse medical treatment after the elderly individual:
 - (1) is advised by the person providing the services of the possible consequences of refusing treatment ; and
 - (2) acknowledges that the individual clearly understands the consequences of refusing treatment.
- (f) An elderly individual may retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other individuals.
- (g) An elderly individual may refuse to perform services for the person providing services.
- (h) Not later than the 30th day after the date the elderly individual is admitted for service, a person providing services shall inform the individual:
 - (1) Whether the individual is entitled to benefits under Medicare or Medicaid; and
 - (2) Which items and services are covered by these benefits, including items or services for which the elderly individual may not be charged .
- (i) A person providing services may not transfer or discharge an elderly individual unless:

- (1) The transfer is for the elderly individual's welfare, and the individual's needs cannot be met by the person providing services;
 - (2) The elderly individual's health is improved sufficiently so that services are no longer needed;
 - (3) The elderly individual's health and safety or the health and safety of another individual would be endangered if the transfer or discharge was not made;
 - (4) The person providing the services ceases to operate or to participate in the program that reimburses the person providing services for the elderly individual's treatment or care; or
 - (5) The elderly individual fails, after reasonable and appropriate notices, to pay for services.
- (a) Except in an emergency, a person providing services may not transfer or discharge an elderly individual from a residential facility until the 30th day after the person providing services provides written notice to the elderly individual, the individual's legal representative, or a member of the individual's family stating:
- (1) That the person providing services intends to transfer or discharge the individual;
 - (2) The reason for the transfer or discharge listed in Subsection (r);
 - (3) The effective date of the transfer or discharge;
 - (4) If the individual is to be transferred, the location to which the individual will be transferred; and
 - (5) The individual's right to appeal the action and the person to whom the appeal should be directed.
- (b) An elderly individual may:
- (1) Make a living will by executing a directive under the Natural Death Act (Chapter 672, Health and Safety Code);
 - (2) Execute a durable power of attorney for health care under Chapter 135. (Civil Practice and Remedies Code); or
 - (3) Designate a guardian in advance of need to make decisions regarding the individual's

health care should the individual become incapacitated.

Added by Acts 1983, 68th Leg., pg. 5159, ch. 936, Sec. 1, eff. Sept 1, 1983 Amended by Acts 1997, 75th Leg., eff. Sept. 1, 1997
Sec. 102.004 List of Rights

- (a) A persona providing services shall provide each elderly individual with a written list of the individual's rights and responsibilities, including each provision of Section 102.003, before providing services or as soon after providing services as possible, and shall post the list in a conspicuous location.
- (b) A person providing services must inform an elderly individual of changes in revisions in the list.

Added by Acts 1983, 68th Leg., pg. 5159, ch. 936, Sec. 1, eff. Sept 1, 1983 Amended by Acts 1997, 75th Leg., eff. Sept. 1, 1997

Sec. 102.005. Rights Cumulative.

The rights described in this chapter are cumulative of other rights or remedies to which an elderly individual may be entitled under law.
Added by Act 1997, 75th Leg., eff. Sept 1, 1997



*Happiness consists more in small conveniences
or pleasures that occur every day, than in great
pieces of good fortune that happen but seldom.*

— BENJAMIN FRANKLIN



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