

# **HOSPICE & HOMECARE**

## OF RENO COUNTY

A Member of the Hutchinson Regional Healthcare System

### **Hutchinson**

620-665-2473

2020 N Waldron, Ste. 100

Hutchinson, KS 67502

### **McPherson**

620-245-0116

1318 N Main

McPherson, KS 67460

### **Hospice House**

620-669-3773

1523 East 20th

Hutchinson, KS 67502

Toll-Free: 800-267-6891 • Fax: 620-669-5959

[HospiceRenoCounty.com](http://HospiceRenoCounty.com)

### **Trust us for:**

- Hospice
- Home Health
- Private Duty Services
- Remote Patient Monitoring
- Voice Care Systems
- Medication Management Systems

# **We CARE how YOU live!**

Updated 04/22



## Agency Office Hours:

Monday – Friday, 8:00AM to 4:30PM, excluding major holidays.

## Agency Service Area:

Provides all services throughout a 50-mile radius of Hutchinson, Kansas. Including but not limited to: Reno, Rice, McPherson, Marion, Harvey, Sedgwick, Kingman and Stafford Counties.

## Agency Locations and Contact Information:

Hutchinson	McPherson	Hospice House
620-665-2473	620-245-0116	620-669-3773
2020 N Waldron, Ste. 100	1318 N Main	1523 East 20th
Hutchinson, KS 67502	McPherson, KS 67460	Hutchinson, KS 67502

Toll-Free: 800-267-6891 • Fax: 620-669-5959

HospiceRenoCounty.com

## Call us FIRST!

Your primary nurse will direct their efforts on each scheduled visit to take care of your physical needs. He/She will work with your physician to best manage your care. We suggest that you call your primary nurse during office hours. When problems arise outside of business hours, we want you to be comfortable knowing that there is a registered nurse on call to address those issues.

### **24-Hour Availability – 7 Days a Week**

Our phones are answered 24-hours a day. There is a Registered Nurse on-call evenings, weekends and holidays. After business hours, a Hutchinson Regional Medical Center operator answers our phone lines. Ask to speak to the Hospice & HomeCare of Reno County nurse. The operator will attempt to connect you immediately or your call will be returned as soon as possible.

Even when our phone lines are down, you need to have access to us. We have two options for you to reach the receptionist and/or operator.

Please call Hutchinson Regional Medical Center directly, **620-665-2000**, or try the downtime cell phone, **620-513-6778**, and the operator will assist you.

# HomeCare Services

Hospice & HomeCare of Reno County has a dedicated staff with deep experience in occupational, physical and speech therapies. Our team focuses on improving quality of life and independence, helping individuals achieve their goals to safely function and remain in their homes. We provide caregiver education and support to help meet the needs of the individuals we serve. Our HomeCare services are designed to promote physical and emotional healing and rehabilitation. They range from response to acute needs following a hospitalization to assistance with managing a chronic illness.

## **Our HomeCare services include:**

**Occupational Therapy** addresses safety and independence with self-care or daily activities such as bathing, dressing, toileting, meal preparation and laundry. Our therapists also support individuals with instructions and training for low vision, fall prevention and use of durable medical equipment, home modifications and lymphedema therapy.

**Physical Therapy** focuses on fall prevention and helping patients return to their community activities by addressing safety and independence with mobility and transfers, including training for the use of devices such as a walker, cane or wheelchair. To improve function, our therapists plan and implement individualized home exercise programs to improve strength, balance and flexibility.

**Speech Therapy** addresses communication skills (including speaking, listening, reading and writing), problem solving and memory. Our therapy team also works to improve swallowing function. Training is provided along with activities and recommendations to promote safety and improvement in these areas.

**Nursing Services** are also available in HomeCare. Nursing may provide physical assessment, education on disease process and/or medications, medication setup, wound care and IV medications.

**Social Services** are available to help individuals access community assistance, complete advance directives and assist with financial needs.

**Home Health Aide Services** assist with self-care activities such as bathing and personal hygiene needs, as directed by a nurse or occupational therapist.

## **Working together, we'll give the exceptional care you desire.**

Medicare Home Health services are billed under consolidated billing. This billing includes the professional services that the agency provides and supplies that are provided.

- You must notify Hospice & HomeCare of Reno County about supplies that you use or need.
- The agency will provide the supplies necessary to meet your medical needs.
- The agency will consider any particular brands etc for supplies that you may have previously used, but reserves the right to provide an alternative product due to vendor contracts etc.
- If you obtain supplies without the agency's knowledge, you may be liable for the cost.

Hospice & HomeCare of Reno County's hospice and home health programs are accredited with The Joint Commission, recognizing compliance with the nation's highest, state-of-the-art standards for healthcare quality and safety. The Gold Seal of Approval was awarded on the basis of rigorous, unannounced, on-site surveys by a team of Joint Commission expert surveyors. The Joint Commission is the Nation's oldest and largest standards-setting and accrediting body in healthcare, evaluating more than 20,000 healthcare organizations in the U.S.





# Hospice Services

When a patient is diagnosed with a life-limiting illness, hospice care can offer enhanced comfort and a greater sense of well-being during the final months and days of life. We enable patients and their families to choose how they live their final moments together. Our focus during this phase is gentle care and maximum comfort with specialty trained staff members in end-of-life care. We're committed to provide services that address the healthcare needs of individuals and families in any setting-their home, nursing home, assisted living facility or our Hospice House. Hospice services are intermittent and do not include 24-hour caregiving.

## Our hospice patient and their family support services include:

- Pain & symptom management provided by Nursing services working in collaboration with physicians.
- Emotional and Psychosocial support provided by Licensed Social Worker
- Spiritual counseling provided by non-denominational Licensed Chaplains
- Home health aide services to assist with personal hygiene and activities of daily living
- Medications related to hospice diagnosis and for comfort measures
- Durable Medical Equipment, Incontinent supplies & Wound supplies related to Hospice diagnosis
- Restorative and alternative therapies
- Volunteer services
- Bereavement services for 15 months following the death of the patient

## Hospice Levels of Care include:

**Routine Care-** This traditional and supportive care is the most common level of hospice care. Routine Care is typically provided to an individuals who has elected to receive hospice care in the place that they call home such as a private residence, assisted living facility, or nursing facility.

**Inpatient Care-** Inpatient care is for acute pain and symptom management, which requires intensive skilled nursing care and intervention. Inpatient level of care must be provided in a Medicare-certified hospital or Hospice facility. Patients must require an intensive amount of care directed towards acute pain and symptom management that cannot be managed in any other setting.

**Respite Care-** Intended to provide relief for the caregiver. It is for patients who require care on a short-term basis. Respite care is a short-term stay at a contracted facility to provide relief to the family members or caregiver for the individual at home.

Respite care must be provided in a contracted facility and may not be provided for longer than five consecutive days at a time.

**Continuous Home Care-** This level of care is provided in a period of patient crisis, continuous nursing care can be provided to achieve palliation and management of acute symptoms. This is provided in the home setting with predominantly nursing care and assisted by hospice Home Health Aids.

### General Indicators of Disease Progression:

Rapid clinical decline with disease progression  
Steady Weight loss  
Recurrent Infections: Pneumonia, UTI, URI  
Decline in ability to perform self care  
Co-Morbidities of chronic diseases  
Progression in cognitive ability  
Worsening of symptoms  
Increase in ER visits or Physician office visits  
No desire for aggressive treatment

# Hospice House

Hospice House is a place to call home for end-of-life care since November 2002. Our home-like atmosphere provides a comfortable, alternative setting for patients and their families.

Registered nurses are on duty 24 hours a day, seven days a week. Nurses, Social Workers, Chaplains, Home Health Aids and Volunteers assist in the management of each patient's unique needs. Patients at Hospice House are evaluated on a daily basis to determine the appropriate level of care; this is subject to change based upon the patient's skilled need.

Inpatient, Respite and Routine Level of Care are all provided at this one location. Respite and Inpatient Level of Care are reimbursed by Medicare, Medicaid and most Commercial Insurances. If a patient improves but is unable to return home, they may continue to stay at Hospice House receiving Routine care for a short stay. There is a room and board fee associated with the Routine Level of Care. A reduced-rate application is available to all patients and a reduction in the room and board fee may be possible, if financial support guidelines are met.

*Further Information about amenities provided in Hospice House Brochure*

## Health Technology

### Remote Patient Monitoring Systems

Our Remote Patient Monitoring systems are an in-home system that provides your physicians with the data they need to best treat your chronic or acute illness. Whether your physician would like to monitor your weight, blood pressure, oxygen saturation, blood sugar or pulse, we can get you connected with the correct devices. Along with the monitoring service, this unit can be provided with a free Personal Emergency Response button. Most insurances cover this service once they are determined medically necessary. We are able to set you up on a system that meets your individualized needs.

### Voice Care Personal Alert Systems

Emergency assistance is available 24 hours a day, 365 days a year with the Voice Care medical alert systems. In the event of an emergency, the wearer simply presses a button to send a signal to a specially trained Voice Care operator. Whether immediate emergency assistance is needed or just a little help from a family member or friend, the operator ensures the appropriate party is notified.

*Remote Patient Monitoring & Voice Care can be key to living safely and independently at home. Getting help quickly following an accident or emergency greatly increases the chance of full recovery.*

## Private Duty Services

When trying to remain in your home and independent, a little in-home assistance can make a world of difference! Let us help you tackle the hard stuff!

Housekeeping	Laundry	Meal Preparation
Grocery Shopping	Transportation	Companionship
Caregiver Relief	Bathing/Personal Care	Medication Setup

Homemaking Services, Home Health Aide Services & Nursing Services may be provided to patients who do not qualify for skilled services through payment by Medicare, Medicaid or Private Insurances.

Depending on the patient's in-home needs, an individualized plan of care is established.

# Striving for Excellence!

At Hospice & HomeCare of Reno County our mission is to enhance quality of life through integrated healthcare. Our continuum of care options allow us to serve patients and their families throughout all stages of their illness. We strive to provide exceptional care to each patient with every interaction. This is achieved by living our core values, Integrity, Compassion, Accountability Respect and Excellence. Our strong relationships with medical providers and ties to the local communities allow us to provide quality care throughout our entire services area. Hospice & HomeCare of Reno County is honored to provide services to each patient who seeks our care.

## CAHPS Survey

You will receive a survey from the DEYTA Survey Processing Center out of Louisville, Kentucky on the behalf of Hospice & HomeCare of Reno County. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) was developed and is required per regulation by the Center for Medicare and Medicaid Services (CMS).

Your survey eligibility and timing of receipt of the survey is determined by CMS. The Hospice CAHPS Survey will be mailed to the primary caregiver approximately 2 months following the completion of hospice patient care. The Home Health CAHPS Survey will be mailed within one to two months following the initiation of HomeCare services.

Your feedback is highly important to us and assists us in improving patient and family experiences and our delivery of care. Please take time to fill-out the Survey when you receive it. If there is something that needs to be addressed please do not wait until the survey to notify us so that we may improve services. Refer to the Complaint and Grievance section below for this process.

## Complaint & Grievance Instruction:

If you should have any complaints about the care you or your family member is receiving, we ask that you:

1. Please try speaking with the patient's nurse or another staff member to resolve the issue.
2. Speak with the Clinical Director/Manager, Sandra Owens, RN, (620) 665-2473.
3. Speak with the Chief Administrative Officer, Darla Wilson, RN, (620) 665-2473 or submit a complaint in writing to 2020 N Waldron, Suite 100, Hutchinson, KS 67502.
4. HomeCare Service ONLY: Call the Kansas Department of Health Hotline at (800) 842-0078, Monday through Friday, 8:00AM to 4:00PM except on major holidays.

Hospice & HomeCare of Reno County is accredited by The Joint Commission. If you have concerns about patient safety and/or quality of care, you may contact The Joint Commission at (800) 994-6610. If these concerns should arise, we would appreciate the opportunity to address the issues before you contact The Joint Commission.

**We take all complaints seriously. All attempts will be made for resolution of your complaint. Each complaint is researched and responded to timely and professionally. Expectations for follow-up will be established at the time the complaint was voiced.**

**Billing Concerns:** If you have any questions about insurance claims or billing concerns please contact, Anna Brown, Patient Financial Services Director, (620) 665-2473.

Hospice & HomeCare of Reno County's hospice and home health programs are accredited with The Joint Commission, recognizing compliance with the nation's highest, state-of-the-art standards for healthcare quality and safety. The Gold Seal of Approval was awarded on the basis of rigorous, unannounced, on-site surveys by a team of Joint Commission expert surveyors. The Joint Commission is the Nation's oldest and largest standards-setting and accrediting body in healthcare, evaluating more than 20,000 healthcare organizations in the U.S.



## Safety for you and our staff:

Safety is a concern for all of us. To provide for your safety, we ask our staff and volunteers to schedule their visits so you will be expecting them. All staff wear a name badge that includes a photo and name which identify them as Hospice & HomeCare of Reno County personnel.

For the safety of our staff, we ask your help as well. Please secure and stow any weapons in a locked area, confine animals which may become upset by outsiders and turn outside lights on (if available) when expecting visitors after dark.

Thank you for your cooperation. The Patient Bill of Rights and Responsibilities gives you a right to voice any complaints or concern regarding your care. If you have any concerns, contact your Case Manager, the Clinical Director/Manager, Hospice House Coordinator or the Chief Administrative Officer as directed in the complaint and grievance procedure.

## Infection Control Guidelines:

Hospice & HomeCare of Reno County follows guidelines established by the Center for Disease Control. These controls are known as Universal Precautions. Our staff uses these guidelines to protect you and your family. Patients and caregivers should practice standard universal precautions to minimize the spread of pathogenic organisms between patients and family.

Effective hand washing is recognized as the most important method of preventing cross-contamination of patients and family. Hands should, therefore, be washed before and after caring for any patient and after any involvement with contaminated articles. Hands should be washed even if latex gloves were worn while providing care. *The process for washing hands and respiratory hygiene include:*

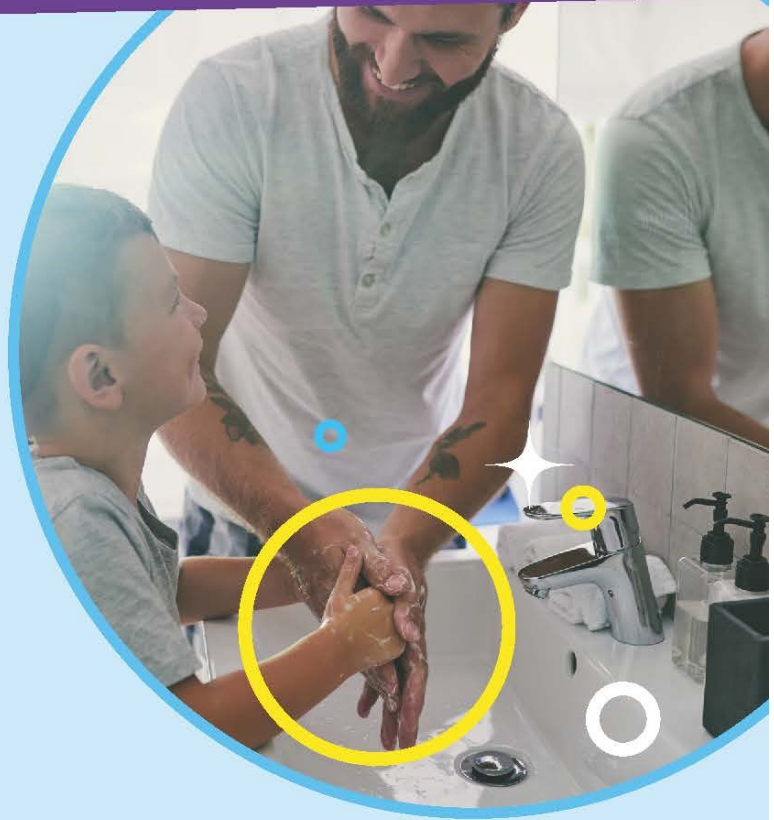
Hand Washing:	Respiratory Hygiene:
<ol style="list-style-type: none"><li>1. Wet hands</li><li>2. Apply soap and water</li><li>3. Wash for 20 seconds</li><li>4. Rinse</li><li>5. Dry</li><li>6. Turn off water with paper towel</li></ol> <p>*It is recommended that disposable latex gloves be worn when handling and disposing of: Blood, Feces (Stool), Urine, Sputum and any body fluid or secretions.</p>	<ul style="list-style-type: none"><li>• Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.</li><li>• If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.</li><li>• Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.</li></ul> <p>*You may be asked to put on a facemask to protect others.</p>



# Stop Germs! Wash Your Hands.

## When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



## How?



**Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



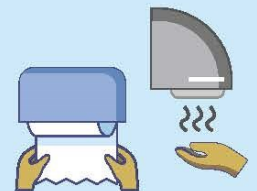
**Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



**Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



**Rinse** hands well under clean, running water.



**Dry** hands using a clean towel or air dry them.

**Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.**

LIFE IS BETTER WITH

**CLEAN  
HANDS**



[www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



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# Hand Sanitizer Use Out and About

Germs are everywhere! They can get onto hands and items we touch during daily activities and make us sick. Cleaning hands at key times with soap and water or hand sanitizer that contains at least 60% alcohol is one of the most important steps you can take to avoid getting sick and spreading germs to those around you.

There are important differences between washing hands with soap and water and using hand sanitizer. Soap and water work to remove all types of germs from hands, while sanitizer acts by killing certain germs on the skin. Although alcohol-based hand sanitizers can quickly reduce the number of germs in many situations, they should be used in the right situations. Soap and water are more effective than hand sanitizers at removing certain kinds of germs like [norovirus](#), [Cryptosporidium](#), and [Clostridioides difficile](#), as well as chemicals.

Hand sanitizers also may not remove harmful chemicals, such as pesticides and heavy metals like lead.

Handwashing reduces the amounts of all types of germs, pesticides, and metals on hands. Knowing when to clean your hands and which method to use will give you the best chance of preventing sickness.



## When should I use?

### Soap and Water

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** [changing diapers, or cleaning up a child who has used the bathroom](#)
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage
- If your hands are visibly dirty or greasy

### Alcohol-based Hand Sanitizer

- **Before** and **after** visiting a friend or loved one in a hospital or nursing home, unless the person is sick with *Clostridioides difficile* (if so, use soap and water to wash hands).
- If soap and water are not readily available, use an alcohol-based hand sanitizer that contains **at least 60% alcohol**, and wash with soap and water as soon as you can.

**DO NOT** use hand sanitizer if your hands are visibly dirty or greasy—for example, after gardening, playing outdoors, fishing, or camping. If a handwashing station is available, wash your hands with soap and water instead.

After blowing your nose, coughing, or sneezing, you should clean your hands by immediately washing your hands with soap or using alcohol-based hand sanitizer to avoid spreading germs.

# Cover Coughs and Sneezes

Stop the spread of germs  
that can make you and others sick!



Cover your  
mouth and nose  
with a **tissue**  
when you  
sneeze or cough.



If you don't  
have a tissue,  
use your  
**elbow.**



Wash hands  
often, **especially**  
after coughing  
or sneezing.





# What You Can do if You are at Higher Risk of Severe Illness from COVID-19

## Are You at Higher Risk for Severe Illness?



Based on what we know now, those at higher risk for severe illness from COVID-19 are:

- Older adults

People of any age with the following:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>)
- Severe Obesity (BMI ≥ 40 kg/m<sup>2</sup>)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

## Here's What You Can do to Help Protect Yourself



**Limit contact** with other people as much as possible.



**Wash your hands** often.



**Avoid close contact** (6 feet, which is about 2 arms lengths) with others outside your household.



**Clean and disinfect** frequently touched surfaces.



**Avoid all unnecessary travel.**

Call your healthcare professional if you are sick.

For more information on steps you can take to protect yourself, see CDC's [How to Protect Yourself](#).



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

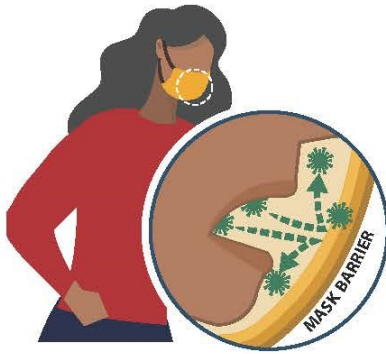
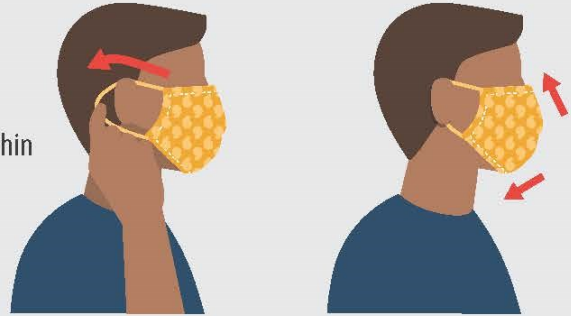


# How to Safely Wear and Take Off a Mask

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

## WEAR YOUR MASK CORRECTLY

- Wash your hands before putting on your mask
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



## USE A MASK TO HELP PROTECT OTHERS

- Wear a mask over your nose and mouth to help prevent getting and spreading COVID-19
- Wear a mask in public settings when around people who don't live in your household, especially when indoors and when it may be difficult for you to stay six feet apart from people who don't live with you
- Don't put the mask around your neck or up on your forehead
- Don't touch the mask, and, if you do, wash your hands or use hand sanitizer

## FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Avoid crowds and places with poor ventilation
- Wash your hands often



## TAKE OFF YOUR MASK CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place mask in the washing machine
- Wash your hands with soap and water



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**Personal masks are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.**

For instructions on making a mask, see:

**[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)**

## Additional Precautions:

- Use extra precautions when handling articles being used by a patient with any infectious or contagious illness.
- Contaminated articles such as wound dressings, IV tubing, or used disposable equipment should be placed in plastic bags and disposed of in the regular trash as usual.
- Patient body waste (feces, urine, blood, contents of suction canisters, etc.) can be emptied into septic or city sanitation system.
- Reusable equipment that has been loaned or rented to you can be cleaned with a cloth dampened with warm bleach water. When the equipment is no longer needed it is to be returned to the agency loaning/renting the equipment, where it will be cleaned thoroughly before being rented or loaned out again.
- Laundry can be washed in the home using detergent, bleach and hot water and dried as usual. Used linen should be rolled up and removed from the bed and carried to the laundry area. Avoid shaking or handling linen excessively prior to placing in the laundry area. Place towels and washcloths in the laundry area after use and do not re-use until laundered.

*If you have linens and gowns loaned to you by our agency, the nurse or HHA will take them to the hospital for cleaning, when they are no longer needed in your home.*

## Hazardous Waste Disposal:

You can help prevent injury, illness and pollution by following some simple steps when you dispose of sharp objects and contaminated materials you use in administering health care in your home.

Place needles, syringes, lancets and other sharp objects in a hard, plastic or metal container with a screw on or tightly secured lid before putting it in a plastic bag secured at the top and placed in the regular trash. Do not put sharp objects in any container you plan to recycle or return to a store, and do not use glass or clear containers.

If you have received a plastic “biohazard” container from our agency or from your IV company, dispose of needles and other disposable sharp items in this container. When the container is  $\frac{3}{4}$  full, the nurse will close and lock the lid and transport the container for disposal.

Make sure that all containers with sharp, contaminated objects are kept out of the reach of children and pets and away from food sources.

Place soiled bandages, disposable sheets and medical gloves in a securely fastened plastic bag before you put them in a plastic lined trash container with your other trash. Secure the outer plastic bag before placing outside for trash pickup. Protect the container from the potential for animals to tear into the plastic bag.

# Managing Your Medicines:

Many people need help in managing their medicines. One of our goals in home care is to help you understand the purpose of your medicines and how to take them correctly.

## *Simple Steps For Medication Safety*

# 1

### Keep an Up-To-Date List of your Medications Including:

- Why you are taking the medication and how you take each medication including dose
- A List of ALL Medications that you CANNOT take due to Allergies or Reactions
- Keep your list with you at all times, Make a copy for Family or Caregivers

# 2

### Ask Your Doctor Questions

- What is the name of the medication?
- What is the medication for?
- How do I properly take it and for what length of time?
- Possible Side Effects? - Is it safe to take with other medications?
- Are there any food or beverages or activities that I should avoid while taking this medication?

# 3

### Play a part in managing your medications

- Follow the directions given by your doctor.
- Do not stop taking any medication or change the dose without talking to your doctor
- Do not skip doses or cut your doses to save money.
- Talk to your doctor or pharmacist for possible alternative medications that cost less

## **Let Your Nurse Know If:**

- You start or stop a medication
- You can't afford your medications
- You experience an adverse reaction or side effect from a medication
- You have any questions regarding your medications

## **How to Dispose of Unused Medicine**

- Take your prescription drug out of the original container
- Mix drugs with an undesirable substance (cat litter or used coffee grounds)
- Put mixture in disposable container with a lid (sealable bag or margarine tub)
- Conceal or remove any personal information, including Rx number on the empty medicine container (cover with perm. Marker, duct tape, or by scratching it off)
- The sealed container with the drug mixture, and the empty drug containers, can now be placed in the trash.
- Hutchinson Walgreens, 510 E 30th, has a medication disposal bin. Drop off bottles of medication and they will dispose of it properly.

# High Alert Medication Patient Education

Your doctor/APRN has identified that you are taking a medication that is considered “high alert” or could harm you if the medication was used in error. These medication(s) are written below in the boxes. The information provided does not include all facts, only the most common side effects to be aware of. If you would like more information about your medications, please contact your nurse case manager, attending doctor or APRN, or your pharmacist.

Medication	Use	Information/Data
<input type="checkbox"/>	<b>Blood thinners:</b> To thin your blood  Prevent clots from forming and keeps existing clots from getting worse so your body can dissolve them	<b>Possible Side Effects:</b> Bleeding (nose, gums, urine, anywhere) Black tarry stools Rash Heavy menstrual flow <b>Notify Your Doctor if with any signs of abnormal bleeding. (Orange/red urine, red/black stools, very easy bruising)</b>
<input type="checkbox"/>	<b>Oral Hypoglycemics:</b> To reduce the glucose (sugar) in your blood caused by Diabetes	<b>Possible Side Effects:</b> Hypoglycemia — Low Blood Sugar <ul style="list-style-type: none"> <li>Confusion, Vision Problems, Palpitations (rapid heartbeat), Shakiness, Sweating</li> </ul> Notify your Doctor if you begin to eat much less the dosage of this drug may need to decrease.
<input type="checkbox"/>	<b>Insulin:</b> Used to treat high blood glucose (sugar) levels caused by Type 1 (Insulin dependent) or Type 2 (non-insulin dependent) Diabetes <b>3 Basic Types of Insulin</b> <b>FAST ACTING</b> - Novalog, Humalog, Apidra <ul style="list-style-type: none"> <li>Begin to work in 5 minutes and last 3-4 hours</li> </ul> <b>INTERMEDIATE ACTING</b> Humalin N, Novolin N <ul style="list-style-type: none"> <li>Begin to work in 1 hour and last 8-12 hours</li> <li>Sometimes Regular and Novolog are mixed together to offer a quicker onset</li> </ul> <b>LONG ACTING</b> Lantus and Levemir <ul style="list-style-type: none"> <li>Begin to work in 1-2 hours and last 18-24 hours</li> </ul>	<b>Possible Side Effects:</b> Hypoglycemia — Low Blood Sugar <ul style="list-style-type: none"> <li>Confusion, Vision Problems, Palpitations (rapid heartbeat), Shakiness, Sweating</li> <li>Regular blood glucose monitoring is required</li> <li>Always use a different site each time you inject the insulin</li> </ul>

# High Alert Medication Patient Education

Medication	Use	Information/Data
<input type="checkbox"/>  <b>Concentrated Morphine Solutions</b>	<p><b>Concentrated Morphine Solutions</b></p> <p>Decreases the sense of pain or discomfort</p> <p>Works to lower blood pressure, heart rate and respirations.</p> <p>Decreasing “Air Hunger” or feeling “short of air”</p> <p>Common Concentration:</p> <p><b>Morphine 20mg/ml</b></p> <ul style="list-style-type: none"> <li>Only requires a SMALL amount of liquid to deliver an effective dose             <ul style="list-style-type: none"> <li>0.25ml—1ml</li> </ul> </li> </ul>	<p><b>Possible Side Effects:</b></p> <p>Constipation Slow/Shallow breathing Sleepiness Sweating Nausea/Vomiting Dizziness Low blood pressure Itching</p> <p><b>Notify your Doctor if you have or develop:</b></p> <p>Allergic reaction—hives, rash, swelling and difficulty in breathing. Severely slowed rate or depth of respirations Profound change in level of alertness not associated with the disease process <b>KEEP IN A SAFE PLACE—AWAY FROM CHILDREN</b></p>
<input type="checkbox"/>	<p><b>Intravenous or Subcutaneous Opioid Pain Control</b></p> <p>Decrease the sense of pain or discomfort</p> <p>Works to lower blood pressure, heart rate and respirations.</p> <p>Decreasing “Air Hunger” or feeling “short of air”</p> <p>Dosing will be adjusted to meet the pain needs of the patient.</p>	<p><b>Possible Side Effects:</b></p> <p>Constipation Itching Tingling Redness under the skin Nausea/Vomiting Dizziness Anxiety Insomnia</p> <p><b>Notify your Doctor if you have or develop:</b></p> <p>Allergic reaction—hives, rash, swelling and difficulty in breathing. Severely slowed rate or depth of respirations Severe confusion Severe weakness or fainting Seizures Profound change in level of alertness not associated with the disease process</p>

# Your Emergency Preparedness Plans:

Agency staff will work together with each patient to develop and educate an individualized disaster preparedness plan. It is critical for the patient to have a well-developed plan that includes family and/or caregivers as well. The Patient Emergency Preparedness Plan is designed to address patients with varying care needs. The Staff Emergency Preparedness Plan specifically addresses consideration for emergency planning that are unique to home care personnel. **Consider using our agency provided Medical Alert to house critical medical information and patient specific contacts.**

## Consider making a list of:

- Medication you take
- Medical Information & Diagnoses
- Allergies & Sensitivities
- Emergency contact information for:
  - First Responders
  - Doctor's offices
  - Pharmacy
  - DME Provider
  - Utility Companies
  - Family/Friends that can assist

## Consider having on hand:

- Copies of health Insurance Cards
- Copies of Advance Directives
- 7-day supply of medication on-hand
- Cell phone and charger or standard phone
- Flashlight & extra batteries
- Emergency food
- Assorted sizes of re-closeable plastic bags for storing, food, waste, etc.
- Small battery-operated radio & extra batteries
- First aid kit

☐ **Non-Evacuation:** Patient is a resident at a facility. Facility emergency plan/protocol will be followed.

☐ **Green: Low Risk** - Due to the stability of your health condition(s) and your caregiver availability, we have determined you could safely manage with the assistance of your support system. In the event of an emergency, you will likely be notified by the office of schedule changes.

☐ **Yellow: Moderate Risk** - Due to the potential for your condition(s) to change quickly and/or your need for skilled services that cannot be safely provided by your caregiver, you have been determined to be at a Moderate Risk. In the event of an emergency our office will reach out to assess your current status and determine if visits can be made safely on the scheduled day or be postponed without harm.

☐ **Red: High Risk** - Your level of care has been determined to be at top priority and deterioration would likely occur if services were interrupted. In the event of a disaster or emergency, the agency will provide every possible effort to see you. You might receive visits at a different timeframe than normal or by different staff members due to the emergency, however you will continue to receive the necessary care.

**Please notify Hospice & HomeCare of Reno County where you are located if you have to evacuate from your home, 800-267-6891.**



## Using Oxygen Safely

There are important safety factors to keep in mind when using oxygen. Oxygen is a safe gas and is non-flammable; however, it supports combustion. Materials burn more readily in an oxygen-enriched environment. Also follow the instructions from your oxygen supply company regarding safe usage. Never change the flow rate on your oxygen from what your doctor prescribed.



### Keep Away from Heat and Flame

- Don't smoke and don't allow others to smoke near you. Post "No Smoking" and "No Open Flames" signs in and outside your home to remind people not to smoke.
- Keep sources of heat and flame at least five feet away from where your oxygen unit is being used or stored.
- Don't use oxygen while cooking with gas.
- Don't use any electrical appliances such as hair dryers, curling irons, heating pads and electric razors while wearing oxygen.
- If you wear oxygen while sleeping, consider using 100 percent cotton bedding which is less likely to cause static electricity.
- Always have a fire extinguisher nearby.

### Don't Use Aerosols, Vapor Rubs or Oils

- Don't use aerosol sprays such as air fresheners or hairspray near the oxygen unit. Aerosols are very flammable.
- Avoid flammable creams and lotions such as vapor rubs, petroleum jelly or oil-based hand lotion. Use water-based products instead.
- Never oil the oxygen unit, and don't use it with oily or greasy hands.
- Don't use alcohol-based hand sanitizers, unless you thoroughly rub them into your skin and let your hands dry completely before handling oxygen equipment.

# Using Oxygen Safely


## Store Oxygen Safely

- Keep your liquid oxygen unit upright at all times, never on its side.
- Don't store your oxygen in an enclosed space, like a closet or trunk.
- Be careful not to trip over the tubing. Never cut your tubing or use more than a 50-foot long piece.
- Never use an extension cord to plug in your concentrator or plug anything else into the same outlet.
- Turn off your oxygen when you're not using it. Don't set the cannula or mask on the bed or a chair if the oxygen is turned on.
- Keep oxygen concentrators several inches away from walls or curtains and never place anything over your concentrator.

## Be Prepared

- Have a functioning fire extinguisher and smoke alarms close by at all times.
- Losing access to oxygen can be very dangerous if you need oxygen continually. Make sure to have backup equipment (normally a large oxygen tank) and tell your power company that you have life-sustaining equipment in your home.
- Consider buying a backup generator in the event of power outages.
- Monitor the gauges on your oxygen equipment and give your oxygen supplier plenty of time to deliver refills.



 <p><b>HOSPICE &amp; HOMECARE</b> OF RENO COUNTY</p> <p><small>A Member of the Hutchinson Regional Healthcare Family</small></p>	Manual	Administrative
	Title	Patient Rights and Responsibilities
	Policy Number	A146
	First Approved Date	06/2006
	Last Revision Date	12/2020
	Last Review Date	12/2020
	Approved Date	12/2020
		Page 1 of 4

**I. PURPOSE:**


- A. To provide information to patients/legal representative/surrogate decision maker regarding the patient's rights and responsibilities while care, treatment, and/or services are provided, for all agency programs, in accordance with applicable laws, regulations, and standards and obtain written acknowledgement of rights.
- B. To provide guidelines for the agency staff, including contracted staff that promotes respect for the patient's cultural, psychosocial, spiritual and personal values, beliefs, and preferences during their interactions with patients/families.
- C. To promote positive patient outcomes by recognizing and respecting each patient's rights during the provision of care, treatment, and/or services.

**II. POLICY:**

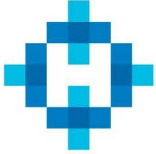
- A. The agency informs patients of their rights and responsibilities prior to the initiation of care, treatment, and/or services, and on an ongoing basis as needed. In addition, the agency protects and promotes the exercise of these rights. Patient's rights will be directed by Federal and State guidelines.

**III. PROCEDURE:**

- A. Patients are provided with verbal and written notice of the patient's rights and responsibilities in a language and a manner that the patient and/or patient representative understands at no cost, prior to or during the initial evaluation visit, before care, treatment, or services are provided.
  - 1. For Homecare services, Verbal notice of patient's rights and responsibilities should be provided no later than the completion of the second visit from a skilled professional.
  - 2. For Homecare services, written notice of Patient's Rights and Responsibilities and agency HomeCare Transfer/Discharge Policy will be provided to a patient representative within 4 business days of the initial evaluation visit as requested by patient via mail or agency website.
- B. If the patient is incapacitated, the patient's representative, Durable Power of Attorney of Healthcare Decisions or legal Guardian may exercise the patient's rights in accordance with and to the extent allowed by Kansas laws.
  - 1. The agency will obtain documentation of legal Guardianship and/or Durable Power of Attorney of Healthcare Decisions and patient selected Representative/Surrogate Decision Maker.
- C. Documentation of notification and receipt of the patient's rights and responsibilities will be obtained thru receipt of the patient and/or authorized representative signature on the Consent to Treat form.
- D. The notice of the patient's rights and responsibilities includes, but is not limited to, the patient's right:
  - 1. To be informed of and receive information about the agency's policies on advance directives in accordance with Kansas law and federal regulations.


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	Approved Date	12/2020
		Page 2 of 4

2. To exercise rights as a patient without being subjected to coercion, discrimination, reprisal, or unreasonable interruption of care for exercising these rights.
3. To be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property.
4. To receive effective communication and receive information in a manner tailored to the patient's age, language, and ability to understand.
  - a. This applies to the patient representative also for those receiving homecare services.
5. To voice complaints or grievances regarding care, treatment, or services that are, or fail to be, provided, or lack of respect for property shown by anyone who is furnishing care, treatment, or services on behalf of agency.
6. To ethical concern resolution through the Healthcare Ethics Committee of Central Kansas.
7. To be treated in a dignified and respectful manner.
8. To receive respect in regards to patient's own cultural and personal values, beliefs, and preferences.
9. To accommodation for the receipt of religious and other spiritual services
10. To be informed of the patients right to auxiliary aids and/or language services and how to access these services.
11. To personal privacy.
12. To care that is given without discrimination as to race, color, creed, sex, sexual orientation or national origin.
13. To receive effective pain management and symptom control.
14. To confidentiality of protected health information and the related privacy and security protections mandated by federal law and outlined in the agency Notice of Privacy Practices.
15. To review all health records pertaining to patient unless it is medically contraindicated in the clinical record by the physician.
16. To allow the patient to access, request amendment to, and obtain information on disclosures of his/her health information in accordance with law and regulation.
17. To be fully informed of agency policies and charges for services, including eligibility for, and the extent of payment from third party reimbursement sources, prior to receiving care. Each patient shall be informed of the extent to which payment may be required.
18. To request information about the patient's diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that the patient and the patient's representative can readily understand so that they can give their informed consent.

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	First Approved Date	06/2006
	Last Revision Date	12/2020
	Last Review Date	12/2020
	Approved Date	12/2020
		Page 3 of 4

19. To choose medical care providers, attending physician and have the agency communicate/collaborate with those providers.
  20. Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate with respect to:
    - a. Completion of all assessments;
    - b. The care to be furnished, based on the comprehensive assessment;
    - c. Establishing and revising the plan of care;
    - d. The disciplines that will furnish the care;
    - e. The frequency of visits
    - f. Expected outcomes of care, including patient-identified goals and anticipated risks and benefits;
    - g. Any factors that could impact treatment effectiveness; and
    - h. Any changes in the care to be furnished.
  21. To receive all services outlined in the plan of care
  22. To receive information about the services/supplies/treatments/DME/medications covered, not covered or limitations under the designated payor source
  23. To be admitted for service only if the agency had the ability to provide safe and reasonable care at the level of intensity needed.
  24. To be referred elsewhere, if denied for any reason
  25. To reasonable continuity of care
- E. In addition, the notice of the homecare programs patient's rights and responsibilities includes, but is not limited to, the patient's right;
1. To receive a written notice of their OASIS patient privacy rights.
    - a. Does not apply to non-certified Medicare homecare program patients.
  2. To be advised in writing of the availability of the toll-free home health agency hotline for Kansas to receive complaints or questions about the agency.
  3. To receive proper written notice in advance of changes in services, non-covered care, reduction of or termination of on-going care.
  4. To be advised of changes in payment information verbally and in writing as soon as possible, but no later than 30 calendar days from the date the home health agency becomes aware of a change.
- F. In addition, the notice of the hospice program patient's rights and responsibilities includes, but is not limited to, the patient's right:



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		Page 4 of 4

1. To be provided religious and other spiritual services
    - a. The patient's family is also advised on the availability of spiritual counseling services.
  2. To elect or revoke hospice services in accordance with Medicare hospice regulations.
- G. The notice of the patient's rights and responsibilities includes, but is not limited to, the patient's responsibilities:
1. To answer questions about his or her medical history or present symptoms as completely and accurately as possible
  2. To participate in his or her plan of care and inform agency staff
    - a. By sharing expectations,
    - b. By asking Questions,
    - c. By following instructions, and
    - d. By Accepting consequences with lack of follow thru on plan of care.
  3. To comply with agency policies and procedures that affect his or her care
  4. To notify his or her physician or agency staff if changes in health noticed
  5. To notify agency staff of any changes in care made by his or her physician
  6. To treat agency personnel with respect and courtesy
  7. To remain under the care of a physician
  8. To notify agency staff if he or she needs to cancel a scheduled visit for any reason
  9. To provide a safe environment for the delivery of care as determined by agency staff
  10. To meet financial commitment with organization

#### **IV. ADDENDUMS**

- A. Notice of Privacy Practices
- B. Admit Information Booklet
- C. Consent to Treat Forms: Hospice, HomeCare and Private Duty
- D. Service Agreement Forms: Private Duty and Health Technology
- E. Home health Agency Outcome and Assessment Information Set (OASIS) Statement of Patient Privacy Rights notice
- F. Hutchinson Regional Medical Center Interpreter Services Policy QQ112
- G. Homecare Treatment Plan Form

# Your Information. Your Rights. Our Responsibilities.

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

This Joint Notice of Privacy Practices is provided by the Hutchinson Regional Healthcare System Organized Healthcare Arrangement comprised of Hutchinson Regional Medical Center, Inc.; Hutchinson Health Care Services, Inc. d/b/a Health-E-Quip; Horizons Mental Health Center, Inc.; Hospice of Reno County, Inc. d/b/a Hospice and Home Care of Reno County; Hutchinson Regional Physicians Network (collectively "us") and any healthcare providers who provide patient care services at our facilities. The Notice applies to the facilities we operate. An individual provider who renders services at our facilities and other locations may have additional privacy policies or notices regarding services provided at the other locations and information maintained by that provider outside our control. Hutchinson Regional Healthcare System allows access to Healthcare Providers for continued treatment and healthcare operations performed by those facilities.

**Please contact our Privacy Officer at 620-665-2496 to ask questions or exercise your rights.**

## Your Rights

### You have the right to:

- Get access to the information we maintain about you
- Request correction of information we maintain about you
- Request confidential communication
- Ask us to limit the information we share
- Get an accounting of certain disclosures of your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

SEE RED SECTION BELOW FOR MORE INFORMATION ON THESE RIGHTS AND HOW TO EXERCISE THEM

## Your Choices

### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

SEE GREEN SECTION ON REVERSE FOR MORE INFORMATION ON THESE CHOICES AND HOW TO EXERCISE THEM

## Our Uses & Disclosures

### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

SEE BLUESECTION ON REVERSE FOR MORE INFORMATION ON THESE USES AND DISCLOSURES

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Request access to your information in our records

- You can ask to see or get a copy of your medical or billing record. There may be a fee associated with your request.
- There are limited situations in which we may deny your request. We must respond to your request within 30 days

#### Ask us to correct your information

- You can ask us to correct information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Ask us to limit what we use or share

- You can ask us not to use or share your information in ways that we are otherwise permitted to under the law. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information

#### Get a list of when your information has been shared

- You can ask for a list (accounting) of the times we've shared your information, including to whom it was shared and why. We'll provide one accounting a year for free but may charge a fee if you ask for another one within 12 months.
- The list will not include every use or disclosure of your information. It will not include disclosures for treatment, payment, and health care operations; disclosures to you or on your request; and certain other disclosures.

#### Get a copy of this notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting 620-665-2496
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.



## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission**

- Marketing purposes
- Most sharing of psychotherapy notes
- Sale of your information

**In the case of fundraising**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Treat You**

- We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization**

- We can use and share your health information to run our hospital, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Preventing or reducing a serious threat to anyone's health or safety
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence

**Do research**

- We can use or share your information for health research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Organized Health Care Arrangement**

- We may share your information with the other entities in our organized healthcare arrangement, as described on page 1, for treatment, payment, and healthcare operations related to the arrangement.

**Health Information Organization** We participate in electronic health information technology or HIT. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures. You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you may restrict access to ALL of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice has to permit or restrict access to all of your information. If you have questions regarding HIT or HIOs please visit <http://www.KanHIT.org> for additional information. If you receive healthcare services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state healthcare provider regarding those rules.

**Our Responsibilities** We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html). **This Notice is Effective July 29, 2020**

**Changes to the Terms of this Notice** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Kansas Department For Aging and Disability Services**  
**New England Building • 503 S. Kansas Ave., Topeka, KS 66603-3404 • 785-296-4986**  
**<http://www.kdads.ks.gov/commissions/aging>**

Commission on Aging: The Commission on Aging administers a variety of community-based programs for the aging population through contracts and grants of state and federal funds. The programs administered include Older Americans Act, congregate and home-delivered meals, caregiver programs, in-home services, Senior Care Act services and Client Assessment, Referral and Evaluation (CARE) program, as well as quality assurance programs for the Older Americans Act and Senior Care Act. In addition, it is responsible for the Aging and Disability Resource Center, or ADRC. ADRC is the single entry point for older adults and persons with disabilities to connect with local experts who can help them choose a long-term care option.

The Commission oversees and implements grants that assist individuals who are aging or have a disability under Senior Health Insurance Counseling for Kansas (SHICK), Senior Medicare Patrol (SMP), Lifespan Respite and Community Transition Opportunities. The SHICK program assists individuals with questions related to Medicare. The SMP program educates the community about reporting Medicare/Medicaid and health-care fraud and abuse, and how to identify and report scams.

The Commission's Community Transitions Opportunities program works with nursing facilities to identify residents who wish return to living in a community setting.

**Aging and Disability Resource Centers (ADRC) • 1-855-200-ADRC (2372)**

The Aging and Disability Resource Center is a trusted source of information where people of all ages, abilities and income levels - and their caregivers - can go to obtain assistance in planning for their future long-term service and support needs. The ADRC is designed to empower older adults and persons with disabilities to make informed choices about their services and supports. Staff at the ADRC provide objective information and assistance to help people access private or publicly funded service programs.

**Area Agencies on Aging**

The best place for elders and their families to begin their search for assistance is at an Area Agency on Aging (AAA). There are eleven Area Agencies on Aging in Kansas that can provide information regarding in-home services, financial assistance and community resources that help Kansas elders remain at home longer. Often the first person you will talk to is an Information and Assistance staff person. This person will be able to discuss your situation and help identify any available resources, whether in their agency or in the community

**PSA 02 – Central Plains**

*Counties: Harvey, Sedgwick*  
2622 W. Central, Suite 500  
Wichita, KS 67203-3725  
1-855-200-2372

**PSA 06 – Southwest Kansas**

*Counties: Barton, Stafford, Pratt*  
236 San Jose Drive  
Dodge City, KS 67801-1036  
620-225-8230

**PSA 08 – North Central Flint Hills**

*Counties: Marion, Saline, Ellsworth*  
401 Houston St.  
Manhattan, KS 66502  
785-776-9294/1-800-432-2703

**PSA 10 – South Central**

*Counties: McPherson, Rice, Reno, Kingman*  
304 S. Summit  
Arkansas City, KS 67005  
620-442-0268

## Kansas Centers for Independent Living:

The purpose of independent living is to maximize the leadership, empowerment, independence and productivity of individuals with disabilities, and to augment their integration and full inclusion into the mainstream of society. This mission is carried out through a statewide network of 10 Centers for Independent Living (CILs). CILs are not residential facilities. Instead they offer the following core services: information and referral, individual and systems advocacy, peer support, independent living skills training and services to support deinstitutionalization.

### **Prairie Independent Living Resource Center**

*Counties: Harvey, McPherson, Reno*  
17 South Main  
Hutchinson, KS 67501  
Phone: 620-663-3989  
Toll-free: 888-715-6818  
TTY/TDD: 620-663-9920  
Fax: 620-663-4711

### **Independent Living Resource Center**

*Counties: Harvey, Wichita*  
3033 West 2nd Street North  
Wichita, KS 67202  
Phone: 316-942-6300  
TTY/TDD: 316-942-6300  
Fax: 316-942-2078

### **Resource Center for Independent Living**

*Counties: Marion*  
625 Merchant, Room 238  
Emporia, KS 66801  
Phone: 620-342-1648  
Toll-free: 888-261-4024  
Fax: 620-342-1821

### **Independent Connection**

*Counties: Ellsworth, Saline*  
1710 West Schiling Rd.  
Salina, KS 67402  
Phone: 785-827-9383  
Toll-free: 800-526-9731  
TTY/TDD: 785-827-7051  
Fax: 785-823-2015

### **LINK, Inc.**

*Counties: Barton, Rice*  
2401 East 13th St.  
Hays, KS 67601  
Phone: 785-625-6942  
Toll-free: 800-569-5926  
TTY/TDD: 785-625-6942  
Fax: 785-625-2334

### **Prairie Independent Living Resource Center**

*Counties: Kingman, Pratt, Stafford*  
103 West 2nd Street  
Pratt, KS 67124  
Phone: 620-672-9600  
Toll-free: 888-715-6818  
Fax: 620-672-9601

## **Kansas Department for Children and Family Services (DCF) Customer Service Assistance • 1-888-369-4777**

Adult Protective Services (APS) responds to reports of abuse, neglect or exploitation of adults. Intervention is available to adults age 18 and older who are unable to protect themselves. This includes individuals who have physical, emotional or mental impairments. These impairments may limit their ability to manage their homes or their personal or financial affairs. Intervention actions are taken to safeguard the safety, wellbeing and general welfare of adults in need of protection.

### **Report Child or Adult Abuse or Neglect • 1-800-922-5330**

#### **Hutchinson**

600 Andrew Avenue, South Hutchinson KS 67505  
Phone: (620) 663-5731 TDD: 1-800-766-3777  
Fax: (620) 663-7868

#### **Newton**

411 Washington, Newton KS 67114  
Phone: (316) 283-3015 TDD: 1-800-766-3777  
Fax: (316) 283-6835

#### **Salina**

901 Westchester Dr., Suite A, Salina, KS 67401  
Phone: (785) 826-8000 TDD: 1-800-766-3777  
Fax: (785) 825-2519

#### **Wichita Regional Service Center**

2601 South Oliver, Wichita, KS 67210  
Phone: (316) 337-7000 TDD: 1-800-766-3777  
Fax: (316) 337-6441

#### **McPherson**

218 East Kansas, McPherson KS 67460  
Phone: (620) 241-3802 TDD: 1-800-766-3777  
Fax: (620) 241-0710

#### **Pratt**

400 South Main, Suite B, Pratt KS 67124  
Phone: (620) 672-5955 TDD: 1-800-766-3777  
Fax: (620) 672-9391

#### **Great Bend**

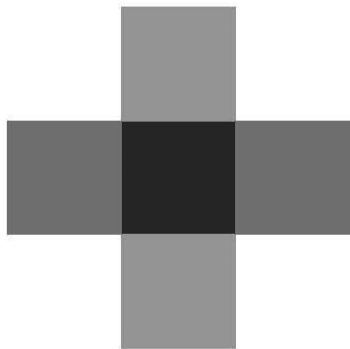
1305 Patton Road, Great Bend KS 67530  
Phone: (620) 792-5324 TDD: 1-800-766-3777  
Fax: (620) 792-5373

#### **West Regional Service Center**

2709 Amherst Ave., Manhattan, KS 66502  
Phone: (785) 776-4011 TTY/TDD: 1-800-766-3777  
Fax: (785) 776-7722



# Advance Directives for Health Care



Your **health care and end-of-life decisions** may be the most important decisions you have to make. You can decide about the kind of care you want while you are able to make your own decisions.

**Advance Directives** are all about making choices for yourself and communicating with your family and friends about end-of-life care.

## Durable Power of Attorney for Health Care Decisions

K.S.A. 58-625 Through 632

- It allows you to name an individual who can legally make health care decisions for you during a time of disability or incapacity. The designated agent is often referred to as your DPOA.
- The powers granted usually include: decisions about health care, choice of physicians, and long-term care.
- The terms of the form may include: refusing or withdrawing consent for the use of life-sustaining procedures, disposition of remains, or consent for organ donation and autopsy.
- The person signing the form must be a legal adult and competent when the document is signed.
- The individual who is appointed as your DPOA should be able to uphold your wishes for health care decisions in spite of their own preferences. It is important for the individual completing this form to share personal wishes and desires about health decisions with the named agent.
- The health care agent (DPOA) may not cancel a person's Living Will.

## Declaration - Living Will

K.S.A. 65-28, 101 ET.SEQ

- This form allows you to state in advance that your dying process should not be artificially prolonged in case of a terminal illness.
- The Living Will applies only when the person has been diagnosed and certified terminally ill by two physicians.
- The Living Will gives your designated DPOA and physicians directions for your end-of-life wishes.

## Health Care Directive

- It allows you to state in advance specific treatment options you would or would not want to receive.
- This form can help your DPOA understand your treatment preferences.
- The form may be filed in your medical record.

## Do Not Resuscitate Order Request Form

K.S.A. 65-4941.ET.SEQ

- It allows you to elect to **not** have Cardio-Pulmonary Resuscitation (CPR) used when you are in a terminal state in your disease process. *In the state of Kansas, it is required to have a physician's signature.*
- This decision may be made only by you or your designated DPOA.
- This form states "if my heart stops beating or if I stop breathing, no medical procedures to restart breathing or heart functioning will be instituted. No resuscitation will be attempted." This form **does not** stop treatment measures, it only stops resuscitation efforts.



**HUTCHINSON**  
REGIONAL HEALTHCARE SYSTEM



# DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

## GENERAL STATEMENT OF AUTHORITY GRANTED:

I, \_\_\_\_\_, (DOB) \_\_\_\_\_, designate and appoint:  
Name of Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Alternate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
to be my agent for health care decisions and pursuant to the language stated below on my behalf to:

- (1) Consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition; and to make decisions about organ donation, autopsy and disposition of the body;
- (2) Make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institutions; to employ or discharge health care personnel to include physicians, psychiatrists, psychologist, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for my physical, mental and emotional well being; and
- (3) Request, receive and review any information, verbal or written, regarding my personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information.

*In exercising the grant of authority set forth above, my agent for healthcare decisions shall: be guided by my Healthcare Directive(s); or be guided by any previous discussions if no directives are established.*

## LIMITATIONS OF AUTHORITY:

- (1) The powers of the agent herein shall be limited to the extent set out in writing in this durable power of attorney of health care decisions, and shall not include the power to revoke or invalidate any previously existing declaration made in accordance with the natural death act.
- (2) The agent shall be prohibited from authorizing consent for the following items: \_\_\_\_\_
- (3) This durable power of attorney for health care decision shall be subject to the additional following limitations: \_\_\_\_\_

**EFFECTIVE TIME:** This power of attorney for health care decisions *shall become effective when I am unable to make decisions or unable to communicate my wishes regarding healthcare.* This power of attorney for health care decisions shall not be affected by my subsequent disability or incapacity.

**REVOCATION:** Any durable power of attorney for health care decisions I have previously made is hereby revoked. This durable power of attorney shall be revoked by an instrument in writing executed, witnessed or acknowledged in the same manner as required herein or set out another manner of revocation, if desired.

**EXECUTION:** Executed this day \_\_\_\_\_ at \_\_\_\_\_, Kansas  
(date) (county)

**PRINCIPAL:** \_\_\_\_\_  
(signature)

**WITNESSES:** This document must be: (1) witnessed by two individuals of lawful age who are not the agent, not related to the principal by blood, marriage or adoption, not entitled to any portion of principal's estate and not financially responsible for principal's health care; or (2) acknowledged by a notary public.

Witness: \_\_\_\_\_ Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Address: \_\_\_\_\_

(OR) Notary SEAL:

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ By \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Appt Expires \_\_\_\_\_



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## DECLARATION - LIVING WILL

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I, \_\_\_\_\_, (DOB) \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_, \_\_\_\_\_, Kansas  
(city) (county)

**WITNESSES:** The declarant has been personally known to me and I believe the declarant to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will or declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Witness: \_\_\_\_\_ Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Address: \_\_\_\_\_

(OR) Notary SEAL:

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ By \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Appt. Expires \_\_\_\_\_



**HUTCHINSON**  
REGIONAL HEALTHCARE SYSTEM



# DO NOT RESUSCITATE ORDER REQUEST FORM

## DECISION TO LIMIT THE SCOPE OF EMERGENCY MEDICAL CARE

I, (patient) \_\_\_\_\_, (DOB) \_\_\_\_\_, request limited emergency care for me as described below.

**If my heart stops beating or if I stop breathing, no medical procedures to restart breathing or heart functioning will be instituted.**

**No resuscitation will be attempted.**

- I understand that the procedure I am refusing, known as cardiopulmonary resuscitation (CPR), includes chest compressions, assisted ventilations, intubation, defibrillation, administration of cardiopulmonary medications and other related medical procedures.
- I do not intend for this decision to prevent me from obtaining emergency or other medical care, especially comfort measures and pain medication, directed by a physician prior to my death.
- I understand that I may revoke this directive at any time.
- I give permission for this information to be given to emergency care providers, doctors, nurses or other health care personnel.
- This DNR form shall remain in effect while I am admitted at a medical care facility or care home as well as during transport to or from a home or facility.
- I do hereby agree to the Do Not Resuscitated (DNR) and request an entry of a DNR Order. I intend for this to be my direction to my physician(s), other healthcare providers, my family and all others.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Should Durable Power of Attorney of Health Care Decisions be in effect, the DPOA is agreeing and consenting to the wishes of a DNR with much consideration of the patient's best interest in mind:*

DPOA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attending Physician Order:** I affirm this directive is the expressed wish of the patient, is medically appropriate and is documented in the patients permanent medical record. **In the event of a acute cardiac or respiratory arrest, no cardiopulmonary resuscitation shall be attempted. This is a DNR ORDER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Revocation Provision:** I hereby withdraw the above declaration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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