

**HOSPICE &
HOMECARE**
OF RENO COUNTY

A Member of the Hutchinson Regional Healthcare System

Hospice

Your Care Team:

Registered Nurse: _____

Home Health Aide: _____

Social Worker: _____

Chaplain: _____

Volunteer: _____

Therapist: _____

Hospice House: Staffing available 24 hours a day

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

We CARE how YOU live!

Updated 12/21

Hospice care

Hospice is a program of care and support for people who are terminally ill (with a life expectancy of 6 months or less, if the illness runs its normal course) and their families. Here are some important facts about hospice:

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

Palliative care

Palliative care is the part of hospice care that focuses on helping people who are terminally ill and their families maintain their quality of life. If you're terminally ill, palliative care can address your physical, intellectual, emotional, social, and spiritual needs. Palliative care supports your independence, access to information, and ability to make choices about your health care.

Care for a condition other than your terminal illness

Your hospice benefit covers care for your terminal illness and related conditions. Once you start getting hospice care, your hospice benefit should cover everything you need related to your terminal illness, even if you remain in a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan.

After your hospice benefit starts, you can still get covered services for conditions not related to your terminal illness. Original Medicare will pay for covered services for any health problems that aren't part of your terminal illness and related conditions. However, you must pay the deductible and coinsurance amounts for all Medicare-covered services you get to treat health problems that aren't part of your terminal illness and related conditions.

How your hospice benefit works

If you qualify for hospice care, you and your family will work with your hospice provider to set up a plan of care that meets your needs. You and your family members are part of a team that may also include:

- Doctors
- Nurses or nurse practitioners
- Counselors
- Social workers
- Pharmacists
- Physical and occupational therapists
- Speech-language pathologists
- Hospice aides
- Homemakers
- Volunteers

In addition, a hospice nurse and doctor are on-call 24 hours a day, 7 days a week, to give you and your family support and care when you need it.

A hospice doctor is part of your medical team. You can also choose to include your regular doctor, a nurse practitioner, or a physician's assistant on your medical team as the attending medical professional.

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 your hospice provider decides you need inpatient hospice care, your hospice provider will make the arrangements for your stay.

Who's eligible for the hospice benefit

If you have Medicare Part A (Hospital Insurance) **AND** meet all of these conditions, you can get hospice care:

- Your hospice doctor and your regular doctor (if you have one) certify that you're terminally ill (you're expected to live 6 months or less).
- You accept palliative care (for comfort) instead of care to cure your illness.
- You sign a statement choosing hospice care instead of other Medicare-covered treatments for your terminal illness and related conditions.

Note: Only your hospice doctor and your regular doctor (if you have one) can certify that you're terminally ill and have 6 months or less to live.

Other Insurance Providers

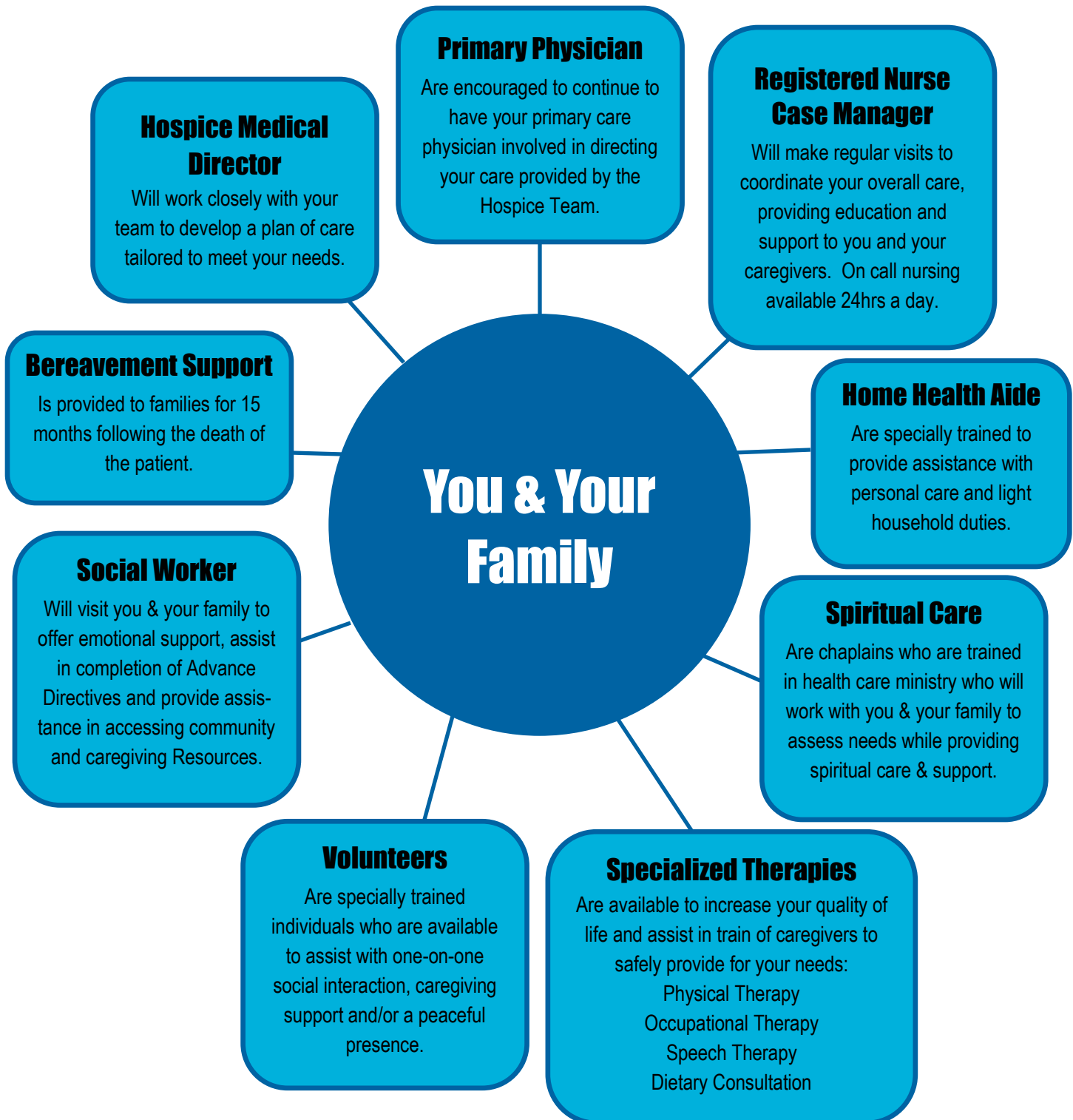
While most insurances follow the Medicare Benefit, each individual insurance will be contacted and an explanation of benefits will be obtained. Your Social Worker or Nurse Case Manager will provide you with the specified information about your covered benefits.

Please contact our office for any further questions or concerns in regards to your Insurance coverage.

A Reduced Rate Application is available for patients who lack insurance or are unable to pay for services offered/rendered.

Please notify Hospice & HomeCare of Reno County of all insurance changes while receiving services with our agency to ensure successful billing.

Your Care Team



Working together to honor the patient and family's wishes, while allowing the patient to live life as fully as possible.

Developing Your Plan of Care:

The Plan of Care is an essential part of your healthcare. It provides direction to your Hospice Team on the goals, treatments and interventions you choose to meet your physical, emotional and spiritual needs. This plan is initiated at admission and evolves over time.

Identifying your goals for your Hospice Experience is our first priority.
Communicating your needs and desires with your Hospice Care Team is the first step in meeting your goals.

Expectations of Care:

The Hospice Team will strive to provide Excellent Care with each interaction. The care will be provided on an intermittent basis in the determined home-like setting. It is imperative that the Hospice patient has a team of people willing to assist in providing for their care needs. The Team is here to provide the caregivers with guidance and support. Although the frequency of visits may change as the needs increase, a typical schedule of visits will look like the following:

Registered Nurse Case Manager: Will visit 1 to 2 times weekly, for approximately 30-60 minutes, completing an assessment, managing medications and symptoms and providing education about the disease process and care needs.

Home Health Aide: Will visit 1 to 2 times weekly, for 30-60 minutes, assisting with personal care needs such as bathing, light housekeeping and companionship.

Social Worker: Will visit 1 to 2 times per month, for approximately 60-90 minutes, to assess patient and family coping, offer emotional support, assist with Advance Care Planning and community resources.

Chaplain: Will visit 1 to 2 times per month, for approximately 60-90 minutes, to assess for spiritual distress for the patient or family and provide end-of-life processing and supportive care.

Nursing assistance is available 24-hours a day, visits can be made after-hours if needed. We encourage you to be proactive at the first sign of a problem. Due to our service area and other patient needs, our response time could be up to an hour. The nurse will provide recommendations while heading your way. Please feel free to call at anytime if you have questions or concerns.

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 and management of your pain and symptoms. You can get this one-time consultation even if you decide not to get hospice care.

Once your hospice benefit starts, Original Medicare will cover everything you need related to your terminal illness, but the care you get must be from a Medicare-approved hospice provider.

Hospice care is usually given in your home, but it also may be covered in a hospice inpatient facility. Depending on your terminal illness and related conditions, the plan of care your hospice team creates can include any or all of these services:

- Doctor services
- Nursing care
- Medical equipment (like wheelchairs or walkers)
- Medical supplies (like bandages and catheters)
- Prescription drugs
- Hospice aide and homemaker services
- Physical and occupational therapy
- Speech-language pathology services
- Social worker services
- Dietary counseling
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)
- Short-term respite care
- Any other Medicare-covered services needed to manage your terminal illness and related conditions, as recommended by your hospice team

What your hospice benefit won't cover

When you start hospice care, you've decided that you no longer want care to cure your terminal illness and related conditions, and/or your doctor has determined that efforts to cure your illness aren't working. Medicare won't cover any of these once your hospice benefit starts:

- Treatment intended to cure your terminal illness and/or related conditions. Talk with your doctor if you're thinking about getting treatment to cure your illness. You always have the right to stop hospice care at any time.
- Prescription drugs that aren't for your terminal illness or related conditions.
- Care from any provider that wasn't set up by the hospice medical team. You must get hospice care from the hospice provider you chose. All care that you get for your terminal illness and related conditions must be given by or arranged by the hospice team. You can't get the same type of hospice care from a different hospice, unless you change your hospice provider. However, you can still see your regular doctor, nurse practitioner, or physician's assistant, if you've chosen him or her to be the attending medical professional.
- Room and board. Medicare doesn't cover room and board. However, if the hospice team determines that you need short-term inpatient or respite care services that they arrange, Medicare will cover your stay in the facility. You may have to pay a small co-payment for the respite stay.
- Care you get as a hospital outpatient (like in an emergency room), care you get as a hospital inpatient, or ambulance transportation, unless it's either arranged by your hospice team or is unrelated to your terminal illness and related conditions.

Note: Contact your hospice team before you get any of these services, or you might have to pay the entire cost.



Hospice House Level of Care

We want to thank you for the opportunity to provide end-of-life care for you and your caregivers. We are truly honored that we were chosen to be a part of your lives at this time of your journey. Our goal is to assist you in having the most fulfilling days possible. Each patient has their own wants and desires while receiving hospice services and we hope to assist you with yours. Please communicate often with your care team on what we can do to enhance your life and the care we provide.

As the only not-for-profit Hospice Agency in Reno, Rice, McPherson and most of the surrounding counties, we are blessed to be able to offer the use of the Hospice House for our patients and families. The Hospice House is a 12-bed facility that people choose to use for end-of-life care. There we are able to provide many levels of care:

Respite Care: Medicare, Medicaid and some private insurances allow for patients to receive a Respite stay for caregiver fatigue or breakdown. Medicare and Medicaid will pay for 5 consecutive days at one time. Please discuss with your care team if at any time you might be interested in a Respite stay.

Inpatient Hospice Care: This level of care is reimbursed by Medicare, Medicaid and most private insurances. Prior authorization might be required by private insurances. For a patient to qualify for Inpatient they must be presenting symptoms that cannot be managed in a different setting. This is typically utilized for pain and symptom management. There is no defined number of days that this level of care can be provided however it is limited to medical necessity for the acute management of symptoms.

Routine Care: At times, patients choose to stay at Hospice House for longer periods of time or different reasons, i.e. lack of in-home caregiving, making long-term placement arrangements. When patients are at this level of care, and residing at Hospice House, Medicare and Medicaid do NOT pay for the Room and Board charges. *The patient is responsible for a \$250 daily Room & Board charge.* Long-term Care Insurance policies might assist in payment for this daily rate. A financial assessment application can be completed in order to determine eligibility for reduced rates.

Level of Care reviews are completed on an ongoing basis. You will receive communication from the Hospice House Coordinator and/or your assigned Social Worker when determining the most appropriate level of care. This is an ongoing review and the Level of Care can change on a daily basis. Please speak with a member of your care team if you have any questions. We are available to you 24 hours a day, 7 days a week by call, 620-665-2473.

How long you can get hospice care

Hospice care is for people with a life expectancy of 6 months or less (if the illness 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.

Hospice care is given in benefit periods. You can get hospice care for two 90-day benefit periods followed by an unlimited number of 60-day benefit periods. A benefit period starts the day you begin to get hospice care, and it ends when your 90-day or 60-day benefit period ends. At the start of the first 90-day benefit period, your hospice doctor and your regular doctor (if you have one) must certify that you're terminally ill (with a life expectancy of 6 months or less).

Important: At the start of each benefit period after the first 90-day benefit period, the hospice medical director or other hospice doctor must recertify that you're terminally ill, so you can continue to get hospice care. Once your hospice benefit starts, you don't need to "re-choose" hospice care for each new benefit period.

Note: You have the right to change your hospice provider once during each benefit period.

Stopping hospice care

If your health improves or your illness goes into remission, you may no longer need hospice care. You always have the right to stop hospice care at any time. If you choose to stop hospice care, you'll be asked to sign a form that includes the date your care will end.

You shouldn't be asked to sign any forms about stopping your hospice care at the time you start hospice. Stopping hospice care is a choice only you can make, and you shouldn't sign or date any forms until the actual date that you want your hospice care to stop.

If you were in a Medicare Advantage Plan (like an HMO or PPO) when you started hospice, you can stay in that plan while getting hospice care, by continuing to pay your plan's premiums. If you stop your hospice care, you're still a member of your plan and can continue to get Medicare coverage from your plan after you stop hospice care.

Dismissal Criteria

At times it is necessary for patients to be discharged from Hospice services. These discharges are typically planned due to no longer meeting the eligibility requirements for hospice. When Medicare is the primary pay source, the agency will notify you of a planned discharge at least two days prior to the discontinuation of Hospice services. This notification allows you time to appeal the agency's decision for discharge. Appeal information is provided to you on the following page.

You or your legal representative have the right to discontinue Hospice services at your discretion:

- If you no longer desire hospice services
- If you desire aggressive treatment for your terminal illness which is inconsistent with the hospice philosophy and/or your plan of care
- If you choose to receive treatment from an inpatient facility which the agency does not have and/or cannot obtain a written agreement with
- If you move outside the agency's service area

Please notify your Hospice team or our office if you choose to be discharged from Hospice services. Completion of a Revocation form is necessary for further insurance coverage.

There are circumstances that do not fall within the requirements set by Medicare for notification. If the agency determines that you, your family member(s) and/or caregivers' behavior is disruptive, abusive, or uncooperative to the extent that the delivery of care is ineffective or the agency determines there to be a safety concern for staff, a discharge for cause can be considered. You and your physician will be made aware immediately.

Should you be dismissed from Hospice services due to no longer meeting the insurance eligibility requirements, you could be eligible for services in the future.

If you experience changes in your overall health status in the future, don't hesitate to inquire about eligibility at that time.

Your Right To Appeal Discharge:

You have the right to an immediate, independent medical review (appeal), while your services continue, of the decision to end Medicare coverage of these services.

If you choose to appeal, the independent reviewer will ask for your opinion and you should be available to answer questions or supply information. The reviewer will also look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.

If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.

If you choose to appeal, and the independent reviewer agrees that services should no longer be covered after the effective date indicated above, Medicare will not pay for these services after that date.

If you stop services no later than the effective date indicated above, you will avoid financial liability.

How to ask for an immediate appeal:

You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.

Your request for an immediate appeal should be made as soon as possible, but *no later than noon of the day before the effective date indicated above*.

The QIO will notify you of its decision as soon as possible, generally by no later than two days after the effective date of this notice. To appeal your discharge or ask questions:

<p>Livanta (888) 755-5580 TTY: (888) 985-9295 Fax: (855) 694-2929</p>
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Other Appeal Rights:

If you miss the deadline for filing an immediate appeal, you may still be able to file an appeal with a QIO, but the QIO will take more time to make its decision.

Contact (800)-MEDICARE (1-800-633-4227), or TTY: (877) 486-2048 for more information about the appeals process.

Time of Death:

Your Hospice Team will provide your caregiver and family with education about end-of-life signs and symptoms while your disease progresses. You also are provided the booklet “When Death is Near” which provides insight to the caregiver on signs your Hospice staff are watching for. Please don’t hesitate to ask questions. Although hospice is unable to predict the exact time of death we can provide information on different timelines and normal disease processes.

Patients who reside in a home

When you believe your loved one has died or is approaching death:

Call Hospice, DO NOT CALL 911

Hutchinson: 620-665-2473, McPherson: 620-245-0116, Toll-Free: 800-267-6891

Continue to stay with your loved one, the presence of family and friends can be comforting. The nurse will come to assist by providing additional medications and support, making phone calls to the physician, care team, funeral home, church pastor or anyone else that you wish to have called.

Patients who reside in a facility or care home

When you noticed that your loved one has passed away, call the nurse or facility staff that is available. They will take care of calling us.

Continue to stay with your loved one, the presence of family and friends can be comforting. The nurse will come to assist by providing additional medications and support, making phone calls to the physician, care team, funeral home, church pastor or anyone else that you wish to have called.

Patients who reside at the Hospice House

Notify the Hospice House Staff if they aren’t present. They will telephone the physician to advise of death. The physician does not make a visit. The body will be bathed, tubing will be removed and clothing will be changed. Family can assist with as much of the body preparation as desired.

Staff can assist in notification of family, friends, church or chaplain, simply request assistance if desired. People are welcome to view the body and say their goodbyes. Notify the staff when you are ready for the Funeral Home to be called. Family can choose to stay until their arrival however it isn’t required.

Caregiving Support:

Being the caregiver can be emotionally and physically exhausting at times. Our hope as a Hospice agency is to provide the family and caregivers the support they need to be successful in caregiving. The Hospice Team will assist in educating the caregiver(s) on the disease process, medications, treatments, care needs and options available. It is always important to build a network of support. Creating a list of people available and willing to provide support, caregiver relief and assist in the care needs of the patient can elevate caregiver fatigue. Sometimes it is difficult to ask for help. When people reach out to offer assistance, make sure to have an idea of ways they can be helpful. Here are a few ideas:

- Friends to be present with patient so caregiver can run errands, rest or just get out of the house for a short time.
- Provide a small meal or snacks of patient's favorite foods.
- Helpful hand around the house with cleaning, laundry or dishes.
- Assistance with errands such as picking up medication or running to the grocery store.

Successful caregivers have to make sure to take care of themselves throughout this process. The following page includes some caregiving tips. Please reach out to your Hospice Team for additional support.

Helpful Hints for the Caregiver:

ROUTINES: Having a daily routine is helpful to patients and caregivers. Collecting all bath items before the bath is time saving and provides a sense of stability to the patient.

BELLS: A bell for the patient to call you can be helpful to both you and the patient. The patient can have ready access to you, and you can rest knowing the patient can call you when you are needed.

MEALS: The blender is useful when chewing and swallowing are difficult for the patient. Remember, even if the patient eats poorly, you (the caregiver) need to keep up your strength by eating, sleeping, and exercising regularly and in a healthy manner. You may consider having friends bring in meals or using Meals on Wheels.

BE KIND TO YOURSELF: Get enough rest and exercise. Eat a balanced diet. Make time for your favorite activities. Keep your sense of humor. Have someone to share your feelings and frustrations with. Avoid trying to do too much.

SHARING FEELINGS: Be ready to listen when others are ready to talk. The patient needs to set a timetable of when to talk. You may find yourself the target of anger or frustrations, but remember, you are not the cause of the hostility. Avoid expressing false cheer, saying "everything will be alright". Remember touching, hugging, and caressing are ways to express acceptance and caring. Try to reach out gently and repeatedly to provide reassurance.

Sharing Your Life Story

Telling your life story (life review) is one of the most valuable gifts you can give your loved ones. What may be a surprise to you is how valuable the telling of it will be to you. As our life comes to an end, we need to know that someone in this world has seen us and that our life had meaning and value. We need to put experiences into perspective, resolve past conflicts, forgive ourselves and others, feel a sense of completion, and celebrate our life successes.



This information is designed for families to assist their loved one to recall and record their life journey. Find a quiet, comfortable place and give yourself plenty of time for reflection. Make certain that you tell other family members what you are doing to gather their information and support.

Life review can be written, a video, or audio. Having the stories told by the loved one adds value to the story. Create a narrative on each item. Select a photo album large enough for documents and large pictures. If your loved one cannot participate, request information from other family members, especially his/her siblings. Music can help to trigger memories. Music from their era (big bands, rock and roll, jazz, etc.) can hold a million keys to the past.

Rules For Life Review:

- Listen without criticism or judgment

- Encourage your loved one to tell his/her versions and tell old stories

- Be patient with repetition

- Encourage loved ones to cover various stages of life (from early life to present)

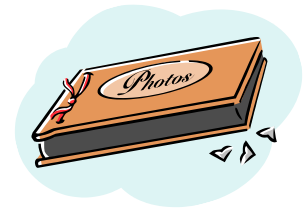
- If conversation dwells on sad/depressing topics, gently change the subject

- If he/she cannot remember, go to another topic and perhaps come back to previous topic another time

- Use dates if possible

- Ask "where were you when...." (i.e. Pearl Harbor, JFK was shot, the first spacecraft went up, dust bowl days)

- Ask, "Who was with you" on life events



Getting Started:

Make categories of life stages:

- Original family-what do you know about family coming to U.S.?

- Where did your family live when you were born?

- What do you remember about your early life?

- How old were you when you had your first TV, indoor plumbing, and electricity?

- Original family (parents, grandparents, etc.)

- What do you remember about your grandparents?

- What was your father's/mother's occupation?

- Where did your parents grow up?

- Were you closer to your mother or father?

- Did anyone live with your family when you were young?

- Work history (first job through retirement)

- Courting and marriage (first date, prom, proposal, marriage(s), etc.)

- Spouse(s); Children, children's weddings; Grandchildren; Siblings (brothers/sisters)

- Close friends (where you met, things in common)

- Recreation, hobbies; Travel, vacations

- Religion/faith/congregation

- Military Service

- School (grade, jr. high, high school, college)

Volunteer Services

In 1981 this agency was started by community volunteers. This group of individuals saw the need for hospice services to be provided to Reno County residents. To this day, our agency continues to function by the support of our volunteers. These volunteers have a passion to support patients and caregivers at end-of-life. Listed below are just a few way you and your caregivers can benefit greatly from our Volunteer Services:



*"Do ordinary things with
extraordinary love"
-Mother Teresa*

As a hospice organization, our volunteers are treated just like staff members. Each volunteer goes through initial background checks, reference checks and training so you can feel confident in the people who come into your home. Please let your Hospice Team know how our Volunteer Services can assist you!

Safe Use & Disposal of Controlled Substances:

Safe use of all medications and any controlled substances is high priority for Hospice & HomeCare of Reno County. Our agency policy is for each medication to be prescribed by a licensed physician or a mid-level in accordance with State and Federal laws. It is important that each medication that you are using is reported to your nurse. Each medication will be included in your medication profile and administered as directed in your individualized plan of care.

Hospice & HomeCare of Reno County completes the disposal of medications and controlled substances in accordance with accepted standards of practice within the State and Federal laws/regulations. Please speak with your nurse on specific directions for disposal of medication.

The agency Policy and Procedures included within your admission material:

Medication Administration and Safety in the Home Environment

Medication Administration and Safety in the Hospice House

Medication Disposal

Patients who reside in facilities (hospital, nursing home, skilled nursing facilities, assisted livings) may have their medications disposed of, or returned to the pharmacy in accordance with the facilities procedures.



**HOSPICE &
HOMECARE**
OF RENO COUNTY

A Member of the Hutchinson Regional Healthcare Family

Manual	Clinical
Title	Medication Administration and Safety in the Home Environment
Policy Number	C151
First Approved Date	12/1995
Last Revision Date	10/2018
Last Review Date	8/2021 (By Pharmacist Oversight)
Last Approved Date	8/2021
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I. POLICY:

- A. All medications are administered by; the patient, family or caregiver, a licensed nurse or physician, or any other individual in accordance with State and local laws. Medications will be administered as directed in the patient's plan of care, as per physician order.

II. PROCEDURE:

- A. The nurse will follow the physician's order when administering medication in the home.
- B. Before administration, the nurse administering the medication completes the following:
1. Verifies that the medication selected matches the medication order and product label.
 2. Visually inspects the medication for particulates, discoloration, or other loss of integrity.
 3. Verifies that the medication has not expired.
 4. Verifies that no contraindications exist.
 5. Verifies that the medication is being administered at the proper time, in the prescribed dose and by the correct route.
 6. Discusses any unresolved concerns about the medication with the patient's physician, prescriber, and/or staff involved with the patient's care, treatment, or services.
 7. Informs the patient or family about any potential for clinically significant adverse drug reactions or concerns regarding administration of a new medication.
 8. Identifies any high alert medications listed in P&P A215 Medication: Management of High Alert Medications.
 - a. Will perform Lab draws as ordered related to ongoing monitoring of therapeutic blood levels of prescribed high alert medication.
 - b. Collaboration with MD regarding dosage adjustments required for maintaining therapeutic blood levels of high alert medication.
 - c. Educates patient and/or family about specific safeguards to reduce risk related to prescribing of high alert medication.
 - d. Reports s/s indicating risk of injury to patient taking prescribed high alert medication to MD.
 9. Confirms patient identification using the two (2) identifier system.
- C. Home Health Aides and Volunteers **DO NOT** administer medication.
- D. When a pharmacy does not deliver medications and the patient/caregiver is unable to obtain



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medications in a timely manner, a nurse, home health aide or volunteer may be assigned by the Clinical Director or designee to pick up medications at the pharmacy and deliver such to the patient/caregiver.

- E. Pre-filling insulin syringes is a task that is **strictly restricted** to a licensed RN or LPN employed by the agency.
- F. The nurse assesses the patient/caregiver's ability to safely administer medications during the initial assessment.
- G. The nurse provides instruction to the patient/caregiver on the proper administration of medications. Instruction includes, but is not limited to:
 1. Potential side effects of medications included in the patient's plan of care
 2. Emergency responses to adverse reactions;
 3. How to safely store medications;
 4. The proper disposal of used syringes or patches;
 5. When to administer medications included in the plan of care;
 6. Documenting self-administration of medications (if appropriate); and
 7. When to call the agency nurse if any difficulties or questions arise regarding self administration of medication.
- H. The nurse documents all instruction/interventions given regarding the safe administration of medication and/or high alert medication and includes the response of the patient/caregiver to the instruction as appropriate.
 1. Evidence of instruction on **High Alert Medications** will be via software data element:
Instructed/copy to: High Alert Medications.
 2. Interventions on Care Plan as suggested under PROCEDURE b. viii. of this policy.
- I. The nurse reviews all medications for duplication, ineffective drug therapy, adverse effects and drug reactions, drug interactions and noncompliance with drug therapy. Refer to both Hospice and HomeCare Medication Regimen Review policy and procedures for further information.
- J. Medications are dispensed in sufficient quantities to meet the needs of the hospice patient and to minimize the potential for waste.
- K. Medications that are no longer needed are disposed of in accordance with the agency medication disposal policy and procedure. Refer to medication disposal policy and procedure.



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- L. Orders for medications are received in accordance with professional guidelines by licensed nurses, pharmacist or another physician. Refer to agency medications Orders P/P for further information.
- M. The RN case manager or designee identifies and documents any misuse of controlled substances and notifies the patient's attending physician and the remainder of the interdisciplinary team for further interventions.
- N. An Occurrence report is completed for suspected or actual diversion of controlled substances and the interdisciplinary team, in consultation with the hospice Medical Director, the patient's attending physician and the pharmacist determine the appropriate course of action, including reporting the diversion to appropriate authorities. Refer to agency occurrence reporting policy and procedure for further information.
- O. Untoward drug reactions and/or medication errors are handled as an occurrence; the attending physician is notified, and the proper documentation is completed. Refer to agency Occurrence Reporting P/P.
- P. The use of experimental drugs, or any FDA-approved drug in an on-approved manner, is not permitted.
- Q. Twenty four hour availability for medications as needed for symptom management is available for hospice patients thru the Hutchinson Regional Medical Center Pharmacy.
 - 1. Refer to HRMC Pharmacy P/P Hospice and HomeCare number 10000 for further information.
- R. For medication administration safety at Hospice House refer to Medication Administration and Safety at Hospice House P/P C142.



Manual	Clinical
Title	Medication Administration and Safety at Hospice House
Policy Number	C142
First Approved Date	04/2002
Last Revision Date	10/2018
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Last Approved Date	8/2021
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I. POLICY:

- A. Drugs and biologicals are administered to patients in the Hospice House by a licensed nurse or physician, or may be administered by the patient/family/caregiver with prior approval of the attending physician and/or Medical Director. Medications will be administered as directed in the patient's plan of care, as per physician order.

II. PROCEDURE:

- A. The nurse will follow the physician's order when administering medications at the Hospice House.
 1. Home Health Aides and Volunteers do not administer medications.
 2. Nursing staff will administer medications in accordance with accepted standards of practice.
- B. Before administration the nurse administering the medication completes the following:
 1. Verifies that the medication selected matches the medication order and product label.
 2. Visually inspects the medication for particulates, discoloration, or other loss of integrity.
 3. Verifies that the medication has not expired.
 4. Verifies that no contraindications exist.
 5. Verifies that the medication is being administered at the proper time, in the prescribed dose and by the correct route.
 6. Discusses any unresolved concerns about the medication with the patient's physician, prescriber, and/or staff involved with the patient's care, treatment or services.
 7. Ensures that the patient and/or family is informed about any potential for clinically significant adverse drug reactions or concerns regarding administration of a new medication.
 8. Identifies any high alert medication in the P&P A215 Medication: Management of High Alert Medications:
 - a. Will perform lab draws as ordered related to ongoing monitoring of therapeutic blood levels of prescribed high alert medications.
 - b. Collaboration with MD regarding dosage adjustments required for maintaining therapeutic blood levels of high alert medications.
 - c. Educates patient/family about specific safeguards to reduce risk related to prescribing of high alert medication.
 - d. Reports s/s indicating risk of injury to patient taking prescribed high alert medication to MD.



Manual	Clinical
Title	Medication Administration and Safety at Hospice House
Policy Number	C142
First Approved Date	04/2002
Last Revision Date	10/2018
Last Review Date	8/2021 (By Pharmacist Oversight)
Last Approved Date	8/2021
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9. Confirms the patient identification using the two (2) identifier system.
- C. The administration of medications is documented on the patient's *Electronic Medication Record* and signed by the administering nurse.
1. The documentation by the nurse includes: the name of the medication, strength, dose, amount, route, date and time.
- D. Orders will be obtained for administration of medications by anyone other than the nurse or physician; patient or caregiver. Approval will also be received from the interdisciplinary team
1. The nurse will assess the patient/caregiver's ability to safely administer medications prior to obtaining the order.
 2. Instruction is provided to the patient/caregiver on the proper administration of medications if administration by such is approved. Instruction includes, but is not limited to:
 - a. The potential side effects of medications included in the patient's plan of care
 - b. Emergency responses to adverse reactions;
 - c. How to safely store medications kept at the patient's bedside
 - d. The proper disposal of used syringes or patches;
 - e. When to administer medications included in the plan of care;
 - f. Documenting self-administration of medication (if appropriate); and
 - g. When to call the nurse if any difficulties or questions arise regarding self administration of medication
 3. The nurse documents all instruction/interventions given regarding the safe administration of medication and/or high alert medication and includes the response of the patient/caregiver to the instruction as appropriate.
 - a. Evidence of instruction on **High Alert Medications** will be via software data element: **Instructed/copy to: High Alert Medications.**
 - b. Interventions on Care Plan as suggested under PROCEDURE b.viii of this policy.
- E. Medications are dispensed in sufficient quantities to meet the needs of the hospice patient and to minimize the potential for waste.
- F. Medications that are no longer needed are disposed of in accordance with the agency medication disposal policy and procedure. Refer to this policy for more information.



A Member of the Hutchinson Regional Healthcare Family

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- G. Orders for medications are received in accordance with professional guidelines by licensed nurses, pharmacist or another physician. Refer to agency Medication Orders P/P for further information.
- H. Orders received will be integrated into the patient's plan of care. Refer to agency P/P Physician Orders / Obtaining Signatures for more information.
 - 1. The nurse receiving the order is responsible for updating the patients MAR, scheduling the medication in the Electronic Medical Record, and ordering the medications if necessary.
- I. Physician orders will be reviewed by a nurse every 24 hours to ensure all orders have been completed as directed by the physician.
- J. All medications are labeled in accordance with state and federal laws. Refer to Receipt of Medications at Hospice House P/P A218.
- K. Caution is utilized on the High Alert Medication, Concentrated Morphine Sulfate.
 - 1. When a concentration is ordered other than the most commonly used morphine sulfate 20mg/ml, the bottle label is highlighted, and the concentration is circled in black.
- L. The use of experimental drugs, or any FDA-approved drug in a non-approved manner, is not permitted.
- M. As appropriate, nurses instruct patients/caregivers on the use, dose, frequency, interactions, and side effects of all medications and document this instruction.
- N. The nurse reviews all medication for duplication, ineffective drug therapy adverse effects and drug reactions, drug interactions, and noncompliance with drug therapy. Refer to agency Medication Regimen Review P/P C149 for more information.
- O. Untoward drug reactions and/or medication errors are handled as an occurrence; the attending physician is notified, and the proper documentation is completed. Refer to agency Occurrence Reporting P/P A144.



Manual	Clinical
Title	Medication Disposal
Policy Number	C143
First Approved Date	12/1995
Last Revision Date	5/2020
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Last Approved Date	8/2021
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I. POLICY:

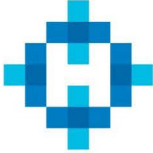
- A. The agency disposes of drugs and biologicals in accordance with accepted standards of practices and State and Federal laws and regulations at the Hospice House or in the patient's home setting.
Patient's who reside in facilities, may have their medications disposed of, or returned to the pharmacy in accordance with the facilities procedures.

II. PROCEDURE:

- A. A hospice nurse will assist the patient/family in proper disposal of unused medication(s) and supplies (especially controlled substances), when the medications are no longer needed by the patient. This method ensures that medications are unusable or unfit for consumption rather than disposed of in the sanitation system.
- B. The Hospice House nurse will dispose of unused medications that remain that were prescribed for a particular patient following the death of that patient or when the meds are no longer needed.
 1. The medication count, destruction and witness will be completed by 2 nursing staff during med count at shift change following the event that determined the medication is no longer needed.
- C. The nurse will document on the Medication Disposal Form which medications are present and being destroyed. Controlled medications will be counted and this count will be included on the form in order to document the quantity that were destroyed. Non-controlled drugs are destroyed by do not need to be counted prior to destruction.
- D. Medication disposal
 1. Medications are placed into a zip lock bag
 - a. Unused oral liquid, tablet/capsule medications (**excludes chemo medications**).
 - b. Unused injectable liquid medications from vials and/or cassettes can be withdrawn with a syringe and emptied into the bag (**excludes chemo medications**).
 - c. Unused injectable liquid medications from bags can be opened with scissors by snipping a small corner of the bag and pouring contents into the bag (**excludes chemo medications**).
 - d. Unused medication patches are cut up into pieces with scissors and placed in the bag.
 2. Water is added to the zip lock bag in an amount the covers all of the medications.

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3. SafeSorb powder/kitty litter is added to the zip lock bag.
 4. Close the bag.
 5. Mix the contents until a gel product is formed.
 6. Place medicines in the trash for garbage pickup.
- E. Controlled substances including, but not limited to the following: **Ativan, Dilaudid, Duragesic Patch, Morphine tablets and injectable, MS Contin, Percocet, Roxanol, Tylenol #3 with Codeine and Xanax**, will be disposed of by the attending nurse and witnessed by another individual in the manner noted above.
1. Controlled drugs disposed of in the home setting by the nurse and witnessed by another individual are documented on the Disposal of Controlled Drugs in the Home form.
 2. The documentation includes the following
 - a. Name and dose of the medication
 - b. Amount or quantity of the medication remaining and destroyed
 - c. Date of disposal and signature of the nurse and witness.
 3. The form is filed in the patient's medical record.
- F. Chemo/Hazardous Medication disposal
1. Double glove and wear mask and gown if disposing of liquid chemo
 2. Remove liquid medication cassette or bag from the pump
 3. Place intact medication cassette and tubing or oral medications in container into yellow chemo bucket
 4. Remove protective gown, mask and gloves and place in chemo bucket
 5. Double seal chemo bucket
 6. Deliver the chemo bucket to Hutchinson Regional Medical Center soiled holding and place in chemo bucket receptacle for hospital disposal.
- G. Patient/Caregiver refusal
1. In the event the patient/caregiver refuses to allow medication to be destroyed, the refusal is documented in the patient's clinical record with the name and strength of the medication and the amount remaining. Included with the documentation is the patient/caregiver's signature attesting to the refusal, and the date the patient's attending physician was notified of the refusal.

 HOSPICE & HOMECARE OF RENO COUNTY <small>A Member of the Hutchinson Regional Healthcare Family</small>	Manual	Clinical
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2. The Medication Disposal form can be used for the documentation of the medications and the signature of the person refusing disposal.

H. The disposal forms will be forwarded to Medical Records to be scanned into the patient's electronic medical record.

III. **ADDENDUM:**

A. Medication Disposal form F130



2020 N Waldron, STE 100
Hutchinson, KS 67502
Phone: 620-665-2473
Fax: 620-669-5959

Application for Reduced Rates

This application provides us with the information we need to determine your eligibility for reduced rates. Please complete this application to the best of your ability and return it as soon as possible.

Name: _____ Date of Birth: _____

Please Tell Us About Your Family:

Are you married? ☐ No ☐ Yes, complete the following.

Name: _____ Age: _____

Do you have additional Dependents in the home? ☐ No ☐ Yes, complete the following.

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Please Tell Us About Your Resources:

Does anyone in your house hold own or have their name on any resources?

☐ No ☐ Yes, complete the following. Mark no or yes on each item below.

Type of Resource		Name(s) On Resources	Amount or Value	Where is Resource Held? (Name of Bank, Credit Union or Company)	Account No.
Cash	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Checking Account	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Savings/CD	<input type="checkbox"/> No <input type="checkbox"/> Yes				
IRA/Retirement Account	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Stocks and Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Funeral or Burial Plans	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes				
(FOR OFFICE USE)		TOTAL VALUE:			

Please Tell Us About Your Vehicles:

Does anyone in your household have a Vehicle?

☐ No ☐ Yes, complete the following:

Primary Vehicle	Yr: _____ Make/Model: _____ Value: _____ Owed: _____
Additional Vehicle	Yr: _____ Make/Model: _____ Value: _____ Owed: _____
Additional Vehicle	Yr: _____ Make/Model: _____ Value: _____ Owed: _____

Please Tell Us About Your Property:

Does anyone in your household own or have their name on any property?

☐ No ☐ Yes, complete the following. Mark no or yes on each item below.

Type of Property	Own?	Name(s) On Resources	Value	Amount Owed	Additional Info
Home address:	<input type="checkbox"/> No <input type="checkbox"/> Yes				Who lives in the home?
Additional Property: Buildings, Lots, Farm Land, Rental Property	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Additional Assets: Boat, RV, Trailer, Livestock, Oil rights	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Please Tell Us About Your Other Income:

Complete the following chart. Mark YES or NO on each item below.

Type/Source of Income		Name of Person Who Receives This	Amount Received (before deductions)	How Often Received	Claim No.
Social Security Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	1			
	<input type="checkbox"/> No <input type="checkbox"/> Yes	2			
	<input type="checkbox"/> No <input type="checkbox"/> Yes	3			
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	1			
	<input type="checkbox"/> No <input type="checkbox"/> Yes	2			
Veteran's Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Railroad Retirement	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other Income	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other Income	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Please Tell Us About Your Life Insurance:

Does anyone in your household have life Insurance?

☐ No ☐ Yes, complete the following:

Policy Owner	Insurance Co.	Policy Number	Face Value	Cash Value

Please Tell Us About The PATIENT'S Monthly Expenses:

Type	Who pays expense?	Monthly Payment	Current Balance	Additional Info
Medical Insurance Premiums				
Life Insurance Premiums				
Outstanding Medical Bills				
Prescription Costs				

Please provide us any further information that could assist in determining the your eligibility below:

[illegible]

I/we acknowledge that Hospice of Reno County, Inc. is relying on the representations made herein, and I/we do hereby certify that to the best of my/our knowledge, this information is complete and accurate.

Client Signature/Date

Legal Representative/Responsible Party/Date



Medication Disposal

Disposal of medications is verified and documented by completion of this form by the nurse and caregiver/witness/nurse at the time of disposal. Controlled medications are counted prior to disposal.

Patient: _____ Number: _____ Date of Death: _____

[illegible]

Signature of Witness

Signature of RN

Date of Disposal:

- ☐ Family Declined Disposal of Controlled Medication
☐ Prescribing Physician Notified of Declination

Patient Communication Preferences

As a patient of Hospice of Reno County (HORC), we recognize the need to communicate confidential information between patients, families and staff in various ways. To accommodate the request to communicate by email or text it is important for clients to understand the potential risk associated. Email and texting can be inherently insecure and we will only communicate with you by email or text with your written consent at the email and phone provided. When you consent to communicating with us by email or text you are consenting to email and texting communications that may not be encrypted. As well voicemail or answering machine messages may be intercepted by others. Therefore, you are agreeing to accept the risk that your protected health information may be intercepted by persons not authorized to receive such information when you consent to communicating with us through phone, voicemail, email or text. Hospice of Reno County and its affiliates will not be responsible for any privacy or security breaches that may occur through voicemail, email or text communications that you have consented to.

Patient Name: _____ DOB: _____
Mobile #: _____ Mobile Provider: _____

Select One Option:

___ I consent to all communication, including but not limited to communication about my medical condition which may reveal protected health information by the following means (check all that you consent to):

☐ Email ☐ Text by Email ☐ Voicemail

___ I consent to receiving communication about the scheduling of appointments or other communications that do not reveal my protected health information only by the following means (check all that you consent to):

☐ Email ☐ Text by Email ☐ Voicemail

___ I acknowledge and understand that communicating by text message about my or my loved one's medical condition is sent back to HORC staff in email format; therefore, responses may be delayed. HORC will make every effort to respond promptly, however, I understand there is no guarantee on time frame for a response. If there is an urgent need, I understand to call the office at 620-665-2473 and I will be assisted directly. In the case of an emergency I am directed to dial 911.

___ I acknowledge that I am not required to authorize the use of text messaging or email and a decision not to sign this portion of the authorization will not affect my health care in any way.

___ I understand it is my responsibility to ensure that HORC and its affiliates are updated in a timely manner should my phone number or email were to change. HORC will not be responsible for any disclosures that result as a failure to update HORC in a timely manner. By signing below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of unencrypted email and/or texts and consent to receiving information as indicated above despite those risk. Messages, both text and email, containing clinically relevant information may be incorporated into the medical record. I have been provided the opportunity to ask questions and all questions have been answered.

Patient/Personal Representative's Signature

Date

Relationship to Patient

Witness

Date



INITIAL PSYCHOSOCIAL ASSESSMENT

PATIENT INFORMATION	CAREGIVER INFORMATION
<p>Name _____ Date _____</p> <p>Address _____ Phone _____</p> <p><u>Members of Household</u></p> <p>Name _____ Rel _____</p> <p>Name _____ Rel _____</p> <p>Name _____ Rel _____</p> <p>How long married/together? _____</p> <p>If widowed/divorced, how long? _____</p> <p>Anniversary date? _____</p> <p>Age of Significant Other? _____</p>	<p>(Place * beside identified bereaved client)</p> <p>Primary Caregiver Name _____</p> <p>Relationship _____</p> <p>Address _____</p> <p>Telephone:</p> <p>H: _____ W: _____ C: _____</p> <p>Health Status _____</p> <p>Emotional Status _____</p> <p>Availability _____</p> <p>Limitations _____</p>
OTHER SIGNIFICANT OTHERS	
<p>Social Summary: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Hospice House Discharge Plans :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Materials Provided: Midwife for the Souls _____</p> <p>Kids Kits _____ Final Seasons _____ Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name _____</p> <p>Address _____</p> <p>Phone: H: _____ W: _____ C: _____</p> <p>Relationship _____</p> <p>Comment: _____</p> <p>Name _____</p> <p>Address _____</p> <p>Phone: H: _____ W: _____ C: _____</p> <p>Relationship _____</p> <p>Comment: _____</p> <p>Name _____</p> <p>Address _____</p> <p>Phone: H: _____ W: _____ C: _____</p> <p>Relationship _____</p> <p>Comment: _____</p> <p>Name _____</p> <p>Address _____</p> <p>Phone: H: _____ W: _____ C: _____</p> <p>Relationship _____</p> <p>Comment: _____</p>

Patient Name _____

Patient Employment/Occupational History

Financial/Educational Assessment

Highest grade attained (if known)? _____

Financial Information _____

Veteran Status – Client and Spouse

Client: Yes No If Yes, branch and dates of service: _____

Spouse: Yes No If Yes, branch and dates of service: _____

Client's Hobbies/Interests

Client's Goals

Coping Concerns/Strengths

Environmental Safety Assessment

Environmental Concerns:

___ Heating ___ Plumbing ___ Infestations
___ Clutter ___ Odor ___ Repair needed
Other: _____

Safety Concerns:

___ Pets ___ Smoker ___ Weapons
Other: _____

Self Care Ability

	Self	Family	Hired	Facility	Needs
Help					
Meals	___	___	___	___	___
Cleaning	___	___	___	___	___
Laundry	___	___	___	___	___
Shopping	___	___	___	___	___
Transport	___	___	___	___	___

Funeral Home:

Additional Comments:

Community Resource Referrals

Key C-Currently Utilizing N-Needed

Home Services:

___ Lifeline ___ Meals on Wheels ___ Friendship Meals

Transportation:

___ RCat ___ Other: _____

Homemaker Services:

___ Dept. of Aging ___ SRS ___ HCBS

___ County Referral: _____

Financial Services:

___ SSDI ___ SSI ___ Medicaid ___ The Salvation Army

___ LEAP ___ Drug Indigent Prgm ___ Faith in Action

___ Other: _____

___ Mental Health Counseling

Volunteer Assessment

Would a volunteer be accepted? Yes No

Undecided

Copy of psychosocial assess to Volunteer. Coor. Date _____

Needed immediately? Yes No

If No, then when? _____

Preference: Male Female Either

Time of day volunteer is needed:

Day Evening Weekend No preference

Type of assistance needed:

Caregiver relief Beautician/Masseuse

Transportation Friendly Visitor

Comments: _____

Advance Directive Information

Copy

Has the Client Signed: Yes No requestd

A Living Will? ___ ___ ___

DPOA-HC? ___ ___ ___

DNR/DNI? ___ ___ ___

Was information given to the clt

on Living Will and DPOA-HC? ___ ___

Spiritual Assessment

Name of church that client or PCG is affiliated with: _____

(City)

Minister: _____

Does Clergy visit? Yes No How often? _____

Send Minister Admission Letter? Yes No Date _____

Role of faith: _____

Hospice chaplain referral needed? Yes No N/A

Copy of psychosocial assess to Chaplain Date _____

Hospice chaplain letter sent to patient/family Date _____

Comments: _____

Social Worker _____ Date _____ Data Entered by _____ Date _____