



HARMONY
—HOSPICE—



Our gift of hospice

**FROM OUR FAMILY,
TO YOURS.**

MEET YOUR HOSPICE TEAM

Administration

Clinical Nursing, Certified Nursing Aides, Medical Social Workers,
Spiritual & Bereavement Coordinator & Volunteers

HARMONY HOSPICE
6090 South Fort Apache Road Suite 130 Las Vegas, Nevada 89148

HarmonyHospiceCare.org
702.471.0205 · Fax 702.471.0207

Harmony Hospice Medical Director	702.471.0205
Poison Control	800.222.1222 or 911
Ambulance / Fire / Police	911
Non-Emergency Fire (Assistance with Falls)	311

Harmony Hospice is CHAP Accredited. The CHAP Hotline is 800.656.9656.
This hotline receives consumer complaints and questions about CHAP accredited organizations 24 hours a day, seven days a week.

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AFTER HOUR SERVICES – ON-CALL

Nursing Staff is available to you twenty four (24) hours a day, seven (7) days a week to assist with urgent problems after our regular business hours, weekend and holidays.

For Urgent Needs ALWAYS call Harmony Hospice at 702.471.0205, before calling 911.

Examples of Urgent Needs include:

- Difficulty Breathing.
- Uncontrolled Pain or Symptoms such as Nausea, Vomiting or Diarrhea that does not respond to Current Medications.
- Severe Agitation.
- Uncontrolled Bleeding.
- Patient Death.

Non-Urgent problems are handled during our regular business hours 8:00am to 5:00 pm and may include:

- Medication Refills and Supply Needs.
- Questions regarding Patient Care.
- Questions regarding Staff Scheduling and Visit Times.

EMERGENCY DISASTER PLAN FOR HOSPICE PATIENTS

In the event of an emergency disaster such as hurricane, tornado or flood, our Hospice will follow the Local Emergency Preparedness Plan as ordered by County and State authorities. You will be assessed at the time of admission regarding the need for assistance to evacuate your home, in the event of a disaster and you will be prioritized according to the following levels:

- **LEVEL I**
Patients with special needs who cannot have care interrupted, including but not limited to, patients receiving intravenous (IV) therapy, continuous oxygen or patients who live alone.
- **LEVEL II**
Patients with special needs who have caregivers to meet needs independently and can endure having care interrupted for two (2) to three (3) days, including but not limited to, patients requiring wound care, or oxygen not required continuously.
- **LEVEL III**
Patients with routine needs who have caregivers to meet those needs or who can meet those independently and endure having care interrupted for greater than three (3) days, including but not limited to, patients requiring assessment, teaching and training, hospice aide services and physical therapy services.

HARMONY HOSPICE EMERGENCY DISASTER PROCEDURES

Fires, storms, earthquakes and other emergencies can strike anyone. Emergencies can be especially challenging for people who can't move around quickly, rely on medical equipment, or have other special needs. There's a lot you can do to be ready for the unexpected.

Being prepared is important!! Careful planning helps ensure you'll have what you need to get through an emergency. It can help you take care of yourself. In an emergency, family, friends, caregivers and emergency crews may be delayed. The more prepared you are, the safer and more comfortable you'll be until help arrives.

The following basic checklist may help you assess your particular situation.

PLAN HOW TO STAY INFORMED

- Have a battery-powered radio and extra batteries.
- Arrange for someone to keep you informed if you have trouble hearing.

EMERGENCY SUPPLIES

Get enough supplies to last at least 3 days. Start with these basics:

- Water – 1 gallon per person, per day.
- Food that won't spoil.
- Flashlights and extra batteries.
- Medications and medical supplies.
- First-aid kit.
- Blankets.
- Ask equipment suppliers about alternate power supplies for electrical medical equipment.
- Know how to turn off your home's water, gas, and electricity.

PLAN WAYS TO GET HELP

- Have a phone by your bed, and in each room, if possible. Post emergency numbers by each phone.
- Ask your utility company if you can have priority help in power outages.
- Contact your emergency management office, police or fire department. Ask about transportation to help older people and people with disabilities get to shelters.
- Consider a personal emergency response system. This lets you signal for help if you can't get to a phone.

GET A MEDICAL BRACELET

This alerts rescue crews to any medical condition you may have. You can also carry a medical ID card and post medical instructions on your refrigerator or another easy-to-see spots.

BE READY TO EVACUATE IF NECESSARY

Before an emergency strikes:

- Pack a bag of essentials. Include a blanket.
- Label medical equipment, supplies and medications you'll need to bring.
- Arrange for transportation.
- Pick a meeting place or a friend to call in case family members aren't together when an emergency strikes.
- Make safety arrangements for pets.
- Let your neighbors know you may need help during an emergency.

Follow the Office of Emergency Management orders to evacuate. If unable to do so, please call 911 or the Emergency Management Office.

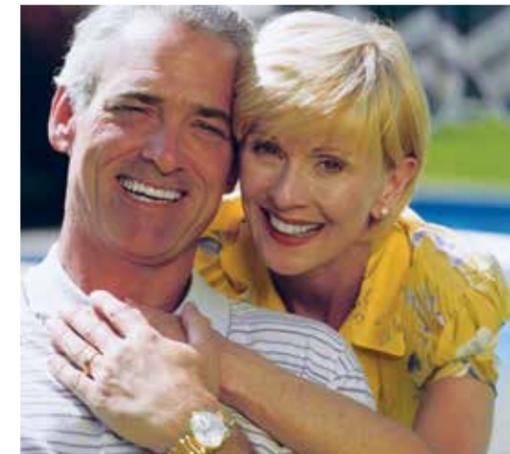
Plan to leave early if possible and take all your medications and the Harmony Hospice Binder with you. Also take your Disaster Supply Kit, cash or credit cards and extra clothing.

When you get to the evacuation site or your final destination, please call Harmony Hospice, so that we can make sure you are safe and that we can continue to assist you in any way possible.

STAGING AREA

If you need to evacuate your residence and can't leave town, there will be several evacuation areas set up. They will have medical assistance available. Listen to the radio/TV to determine which area applies to you.

- Thomas & Mack Center – 702.895.3668
- Cashman Field – 702.892.7400
- Las Vegas Convention Center – 702.210.1879
- Sam Boyd Silver Bowl – 702.895.3668



AFTER THE EMERGENCY

Pay attention to all announcements.

Re-entry into a risk area may be restricted if there has been extensive damage and utilities are not functioning. Notify Hospice when you return to the area so that we can resume services. Remember that Hospice staff has also been evacuated and must return to the area. We will resume care as soon as possible.

BEGINNING OUR JOURNEY TOGETHER

Hospice is here to help you and your loved ones take this journey together. This is a journey of uncertainty, as you have not been here before. We are beside you for guidance and support through the unknown and the mystery, to lead you, by teaching you what to expect as you take each step along the way. Losing a loved one is always hard. When a loved one is diagnosed with a life-limiting illness, you are given time – this is something one doesn't have when death occurs suddenly. This time becomes a valuable gift, a gift that the hospice team will help you use to add quality and dignity to the days that are left.

Understandably, this is one of the most challenging situations anyone will ever face. The uncertainty can cause shock, disbelief, denial, anxiety and anger. How you will deal with these feelings is based on your previous life experiences. If ignored, the emotional effects of illness and caregiving can increase stress, further reducing everyone's quality of life. Our goal is to give you the ability to live your life without regrets and live life to the fullest, for whatever time is remaining. We are here to support you and your family physically, psychologically, emotionally and spiritually. Coming to terms with an illness alters your outlook on life, reorders your values, changes your behavior and hopefully leaves you with a profound appreciation of your relationship with others. This booklet has been developed by our team to guide you through this journey together. If you have any questions, please know we are here for you.

Our hospice began with the vision of how to provide the best possible hospice care for patients and their families going through the end-of-life. Our goal is to deliver this care through compassionate caring staff, all of whom have the skills, desire and compassion to assist you on this part of your journey. We are providing this booklet to help you understand the gift of hospice, from our family to yours.

OUR PHILOSOPHY

- In embracing patients with any kind of life-limiting illness, regardless of age, gender, race, sexual orientation or ability to pay.
- Providing services and programs that can help individuals live complete and rich lives in spite of loss and grief.
- That palliative care is directed by the patient and family along with the patient's physician and our medical director.
- Nurses, Social Workers, Hospice Aids, Spiritual Advisors and trained volunteers work as an expert team to provide compassionate palliative care.
- The team focuses on providing comfort and pain relief when a cure is not possible.
- The goal is to help each person live as fully as possible and to help the family and loved ones participate in their loved one's care.
- Hospice recognizes dying as a process; therefore, our care provides comfort rather than cure.
- Hospice neither hastens nor postpones death.
- Hospice provides physical, emotional and spiritual care to terminally ill persons and their families.

Our hospice provides services in the home, assisted living facility, skilled nursing facility and anywhere our patients call home. A hospice team helps the patient and family make informed decisions about care-giving, teaches necessary skills for "hands on" care. Hospice also offers help through the bereavement period; the initial time after a loved-one's death.



YOUR HOSPICE TEAM

Your hospice team works together to provide the care needed by you and your family. You may not require all of these services during your hospice care and there may be times when you require hospice staff more or less frequently than other times. Know we are all here for you when you need us.

NURSING

You will be assigned a Registered Nurse (RN) Case Manager who will coordinate your care. Your nurse will make scheduled visits to assess your physical needs and help prevent pain and symptoms by communicating with your doctor. The nurse will provide education related to your disease process and teach your caregiver how to provide care. A nurse is available to you after hours and weekends for unexpected needs or emergencies.

SOCIAL WORKER

Your Social Worker will help you and your family deal with the emotions of living with your illness. Your social worker will provide emotional support, assist with resources, counseling and offering information about Advance Directives and even placement services if needed.

CHAPLAIN

Your Hospice Chaplain will assist you and your family to cope with the significant spiritual issues that may arise during your illness. Our Chaplains are non-judgmental and have a strong desire to reach out with love and concern for you and your family.

HOSPICE AIDE

Your Hospice Aide will provide personal care under the supervision of the RN Case Manager. Our Aides have been carefully chosen to provide care for our patients in hospice. The hospice aide may assist with bathing, hair care, skin care, linen changes and straightening your room based on needs assessed by the RN.

VOLUNTEER

You may be assigned a Volunteer who is carefully selected and trained to work alongside our hospice team. Your volunteer can provide support by listening and talking with you, running errands, writing thank you notes, or simply providing tasks that will help you and your caregiver.

BEREAVEMENT COORDINATOR

The Bereavement Coordinator will help you and your family with grief you may experience due to the illness, loss of control, loss of function and loss of a loved one. Following the death, we continue to provide bereavement support to the grieving family member, usually the spouse or primary caregiver, by sending educational material, telephone calls and visits based on coping skills and emotional support needed.

HOSPICE SERVICES

THE HOSPICE CONCEPT

Hospice care is about helping you and your family share the best days possible as you deal with life-limiting illness. The focus of hospice is to provide support and care to reduce the fears of pain, losing control, being alone and being a burden to others. It's about adding quality of life, and helping you live those days as you choose.

WHAT IS HOSPICE?

- Hospice care provides comfort and kindness to those persons nearing the end of life's journey.
- Hospice will help you make decisions about how and where you want to spend the rest of your life.
- Hospice is a special kind of caring.

WHY HOSPICE?

- Hospice treats the patient, not the disease. The focus is on care, not cure. The medical, social, emotional, and spiritual needs are addressed of the patient and family by a team of Hospice professionals and volunteers.
- The patient and family are included in the care provided. Hospice will help the patient and family by including them in choices about end-of-life issues and will enable you to have greater control over these choices. Bereavement care is provided to the family for thirteen months following the death.
- Hospice provides palliative care and comfort when cure is no longer an option. Hospice will help you live as fully and comfortable as possible by offering pain and symptom control.

WHAT HOSPICE SERVICES ARE PROVIDED?

Our hospice services include Skilled Nursing, Medical Social Work, Chaplain, Hospice Aide, Therapy Services, Bereavement Counseling, and Volunteer Services. These services are provided under the direction of the Hospice Physician.

HOSPICE LEVELS OF CARE

Routine Home Care: Is care provided routinely by the hospice team in the patient's home.

General Inpatient Care: Is offered in a contracted facility or hospital when there is a symptom that is out of control and require immediate attention. Examples are Pain Management or Respiratory Distress. The length of stay and need for inpatient care is determined by the hospice team and usually is not more than 7 days.

Continuous Care: Continuous Care is provided during periods of a crisis in order to keep the patient in their own home. The hospice team will provide a minimum of eight (8) hours of care per day. The majority of the hours have to be provided by a skilled nurse.

Respite Care: To allow the family or caregiver a needed rest from caring for the patient. Hospice offers Respite Care for up to five (5) days in a contracted facility. Routine hospice care is provided to the patient in the facility while the caregiver is allowed time to rest.

YOUR PLAN OF CARE

Our Hospice uses a team of professionals to develop the patient's plan-of-care. The plan-of-care is based on your individual needs and the needs of the family or caregiver. The plan of care includes the following:

- Physical care;
- Psychosocial and/or social needs;
- Spiritual needs; and
- Bereavement care.

The plan of care includes assessed problems and goals, physician orders, medication, treatments and services. The plan-of-care is updated when needed based on changes you may have during your journey. We will provide education and medical information and allow you to participate in the plan-of-care and express your wishes during this journey.

SATISFACTION WITH OUR SERVICES

Our Hospice wishes to provide you and your family the best care and services available. You are important to us and we care about you and your family.

Please share with us how you feel about the care we provide. This will help us continue to improve and ensure your needs are being met.

If you are dissatisfied and would like to voice a complaint, please follow these steps without fear of compromising your care.

TO VOICE A COMPLAINT:

- Call hospice and ask for the Hospice Administrator or Director of Professional Services.
- We will listen to fully understand your problem. We will investigate the problem which may include:
 - Review of clinical records;
 - Conference with appropriate staff members; and/or
 - Make a visit to your home.
- Following the investigation, we will share with you actions that will be taken to ensure the problem does not happen again.
- If your problem is not resolved by calling Hospice, please call the toll-free number of Nevada Complaints Hotline 800.628.5972.



YOUR RIGHTS & RESPONSIBILITIES

We have the obligation of protecting your rights and explaining these rights in a way that you and your family understand, before providing hospice treatment and services.

YOU HAVE THE RIGHT:

- To a relationship with our staff based on honesty and ethical standards of conduct;
- To be free from mental, physical, sexual and verbal abuse, neglect and exploitation;
- To mutual respect and dignity and to have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preferences, race, color, religion, national origin, age, sex or handicap. Our staff cannot accept gifts or borrow from you;
- To be given information in a way you and your caregiver understand;
- To voice complaints without discrimination or reprisal for doing so. There will be no interruption in service, care or treatment for voicing grievances;
- To the telephone number of your State's Hospice "Hotline" which receives complaints, questions and complaints about implementation of advance directive requirement;
- To choose your own attending physician;
- To receive information about care to be provided, names and responsibilities of those providing care, treatment and services, planned frequency of visits, expected and unexpected outcomes, potential risks or problems and barriers to treatment;
- To participate in planning your care, treatment and services.
- To have family involvement in making decisions concerning your care, treatment and services when approved by you or your surrogate decision maker and when allowed by law;
- To have your property treated with respect;
- To confidentiality of written, verbal, and electronic information including your medical records, health information, social and financial circumstances or about what takes place in your home;
- To release information about you only as required by law or with your written authorization and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records. Our Notice of Privacy Practices describes your rights in detail;
- To payment information and any changes in payment, charges and patient payment liability as soon as possible, but no later than thirty (30) calendar days from the date we became aware;
- To request and access bills for hospice services received;
- To receive quality care and services which are compliant with Federal and State laws, and regulations;
- To receive effective pain management and education regarding pain management including limitations and side effects of pain treatments;
- To be instructed what to do in the event of an emergency.

DISCHARGES AND TRANSFERS

The hospice patient may be discharged or transferred from hospice services for one of the following reasons:

- The patient is no longer terminally ill;
- The patient moves out of the hospice's geographic services area;
- The patient transfers to another hospice;
- The patient and/or family requests to end the services of hospice;
- The patient's behavior or situation is disruptive, abusive, or uncooperative to the extent that care or the ability of the hospice to operate effectively is seriously impaired; and
- Issues of patient or staff safety cannot be resolved.

You will be given a timely advance notice of a transfer to another agency or discharge, except in an emergency.

At the time of discharge or transfer, we will provide information important to your continued care. All discharges and transfers are documented in the medical record. Upon discharge, an assessment is completed and instructions provided for ongoing care. The referral to community resources will be coordinated by our hospice.

YOUR MEDICAL RECORDS

Your plan of care, physician orders, progress notes, assessments and treatments will be documented by the hospice team in the medical record. Your medical record is kept strictly confidential and is protected against loss, destruction, tampering or unauthorized use.

PAYERS OF HOSPICE

Hospice services are paid by Medicare, some private insurance, Veterans Administration, and some state funded programs. The hospice benefit through these programs, cover some medical supplies, medication and equipment that may not be covered through your regular benefits. We will be glad to help you understand your covered benefits.

YOU HAVE THE RESPONSIBILITY;

- To provide complete and accurate information about your present symptoms and past illnesses;
- To remain under a doctor's care while receiving hospice services;
- To notify us of any changes in your condition;
- To follow the plan of care;
- To ask questions when you do not understand your care, treatment and services;
- To report pain and symptoms;
- To notify us of any schedule changes;
- To notify us of insurance changes;
- To inform us of changes in Advance Directives;
- To inform us of any problems or dissatisfaction with our services;
- To provide a safe and cooperative environment for providing care;
- To show respect and consideration for Hospice staff and equipment; and
- To carry out mutually agreed upon responsibilities.

EXPLANATION OF CONSENTS

At the time of admission, we will ask your consent to treat you, release information related to your care and allow us to collect payments directly from your insurer. You or your legal representative must sign this consent before we can admit you to hospice.

CONSENT FOR TREATMENT

We will ask for your permission before we can treat you. Without you or your representative's consent, we cannot treat you. Treatments are ordered by your doctor and provided by our professional staff.

AUTHORIZATION FOR PAYMENT

We will bill your insurer for the hospice services provided to you. Your signature or signature of your representative authorizes us to release necessary medical information to your insurer and to collect payments on your behalf.

ADVANCE DIRECTIVES

An Advance Directive is a set of directions you give regarding the medical health care you want, if you lose the ability to make decisions for yourself. If you have an Advance Directive, please tell our staff so we can follow your directives. We will provide care whether or not you have a signed advance directive. Having an advanced directive has an impact on the type of care provided during emergencies. Discussing your wishes for medical treatment with your family and friends is strongly encouraged, as this will help to ensure you get the level of treatment you want when you can no longer tell your physician or hospice provider. Your hospice social worker can provide an Advance Directives form from the State of Nevada.



DO NOT RESUSCITATE (DNR)

A DNR order is not the same as Advance Directives. The DNR order allows you or your representative to refuse attempts at cardiopulmonary resuscitation (CPR) when you have stopped breathing or your heart has stopped beating. The DNR order, signed by the physician, instructs the health care provider to withhold CPR. The DNR order may be canceled at any time by the patient or representative. In most cases, if there is not a DNR order, CPR will be started.

NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices describes how we may use or disclose your protected health information, with whom the information may be shared and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of hospice except when the release is required or authorized by law or regulation.

“PROTECTED HEALTH INFORMATION”

Is individually identifiable health information that includes, for example, age, address and relates to your past, present, or future physical or mental health or condition and related health care services. Our hospice is required by law to do the following:

- Ensure your protected health information is kept private;
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information;
- Follow the terms of the notice currently in effect; and
- Communicate any changes in the notice to you.

Following is a copy of the Harmony Hospice and subsidiaries Notice of Privacy Practices. If you have questions regarding this notice, please contact: HARMONY HOSPICE AT 702.471.0205.

HARMONY HOSPICE – NOTICE OF PRIVACY PRACTICES

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

Consistent with applicable Federal and State regulations, Harmony Hospice, LLC and Subsidiaries (hereinafter referred to as “Agency”) may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. In some circumstances, your health information may be used or disclosed for these purposes without your written consent.

THE FOLLOWING IS SUMMARY OF THE CIRCUMSTANCES THAT MAY REQUIRE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN CONSENT:

TO PROVIDE TREATMENT – The Agency may use your health information to coordinate care – both pre-admission and post-admission – with other health care practitioners and providers involved in your care or treatment. For example, physicians involved in your care will need information about your condition in order to prescribe appropriate treatment or medications. Pharmacists or suppliers of medical equipment will need certain health information to provide ordered services to you.

TO OBTAIN PAYMENT – The Agency may include your health information to bill and collect payment from Medicare, other health insurance plans or third parties for the care you receive from the Agency. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you. Medicare requires diagnosis and treatment information to justify the medical necessity for reimbursement to the Agency.

TO CONDUCT HEALTH CARE OPERATIONS – The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency’s patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Protocol development, case management and care coordination
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.
- For example the Agency may use your health information to train its staff, to evaluate staff performance, or to improve health care outcomes and lower costs through comparative analysis of patient data.

FOR APPOINTMENT REMINDERS – The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

When Legally Required. The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

When There are Risks to Public Health. The agency may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To Report Abuse, Neglect or Domestic Violence.

TO CONDUCT HEALTH OVERSIGHT ACTIVITIES – The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to the investigation.

IN CONNECTION WITH JUDICIAL AND ADMINISTRATIVE PROCEEDINGS – The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery requires or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

FOR LAW ENFORCEMENT PURPOSES – As permitted or required by state law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances when you are the victim of a crime.

- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
- In an emergency in order to report a crime.

TO CORONERS AND MEDICAL EXAMINERS – The Agency may disclose your health information to coroners and medical examiners for the determining your cause of death or for other duties, as authorized b law.

TO FUNERAL DIRECTORS – The agency may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

FOR ORGAN, EYE OR TISSUE DONATION – The Agency may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

FOR RESEARCH PURPOSES – The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the Agency will obtain written permission from you or your legal representative or the health information will be abstracted in such a way as to protect your identity.

IN THE EVENT OF A SERIOUS THREAT TO HEALTH OR SAFETY – The Agency may, consistent with applicable law and ethical standards of conduct disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent a lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

FOR WORKER’S COMPENSATION – The Agency may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to Worker’s Compensation or other similar programs established by law that provide benefits for worker-related injuries or illnesses without regard to fault.

FOR SPECIFIED GOVERNMENT FUNCTIONS – In certain circumstances, the Federal regulations authorized the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and other, medical suitability determinations and inmates and law enforcement custody.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency maintains:

- Right to request restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or operations. For example, you may request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care. The Agency is not required to agree to your request.
- Right to receive confidential communications. You have the right to request that the Agency communicate with you about medical matters in a certain way or at a certain location. You are not required to provide a reason for your request. The Agency will honor all reasonable requests. Your request must be made in writing. Contact your Agency’s Privacy Officer for assistance n submitting a request.
- Right to Inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. Your request must be made in writing. Contact your Agency’s Privacy Officer for assistance in submitting a request.
- Right to amend health care information. You have the right to request that the Agency amend your record, if you believe that your health information we have about you is incorrect or incomplete. You will be required to provide your reason for the request. Your request must be made in writing. Your request must be made in writing. Contact your Agency’s Privacy Officer for assistance in submitting a request.
- Right to an accounting. You have the right to request an accounting of disclosures of your health information made by the Agency on or after April 14, 2003 for any reason other than for treatment, payment or heath operations. Your request must be made in writing. Contact your Agency’s Privacy Officer for assistance in submitting a request.
- Right to a paper copy of this notice. You have a right to a separate paper copy of this Notice at any time even if you have received this Notice previously. Verbal requests will be honored. To obtain a separate paper copy, contact your Agency’s Privacy Officer. You can also obtain a copy of the Agency’s Notice of Privacy Practice at its website, www.harmonyhospicecare.org.

AGENCY’S PRIVACY OFFICER CAN BE REACHED AT 702.471.0205.

*The Agency will assist you in preparing and submitting accurate and complete written requests.

Forward written requests to: Harmony Hospice at 6090 South Fort Apache Road Suite 130, Las Vegas, Nevada 89148.

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide you and your authorized representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of this Notice and to make the new Notice Provisions effective for all health information that it maintains. If the Agency changes this Notice, the Agency will provide a copy of the revised Notice to you or your authorized representative. You or your authorized representative, have the right to express complaints to the Agency and to the Secretary of DHHS, if you believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to Harmony Hospice, 6090 South Fort Apache Road Suite 130, Las Vegas, Nevada 89148. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Agency has designated a HIPAA. Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE PLEASE CONTACT HARMONY HOSPICE: Attn: Privacy Officer, 6090 South Fort Apache Road Suite 130, Las Vegas, Nevada 89148.

DATE: THIS NOTICE IS EFFECTIVE JANUARY 21, 2013.

ELECTION OF HOSPICE BENEFITS

MEDICARE ELECTION

Medicare is billed directly for the cost of hospice care whether provided in the home, hospital or nursing home. You cannot use other Medicare programs while in Hospice.

Hospice provides palliative care by relieving pain and symptoms due to the life limiting illness. Hospice also provides care and support to you and your family. You will be involved in your care while in Hospice and work with the hospice team and attending physician to determine a plan-of-care specifically for you. Hospice will pay for care which is related to your terminal illness and within the plan-of-care.

If you have care outside of the hospice program without the involvement of hospice, you may be financially responsible for that care until you sign a revocation statement revoking or deciding you no longer want hospice care. You may change from one hospice to another if you wish to do so. To change hospices, you will need to notify our hospice so we can arrange for your transfer. You may change hospices only once during each benefit period. When changing to another hospice program, you will not lose any benefit days.

The hospice benefit has two (2) ninety (90) day periods, followed by an unlimited number of sixty (60) day periods, provided that you still qualify for hospice. You may cancel, in writing, this election at any time, but will forfeit any days left in the election period.

MEDICAID ELECTION

Under the Medicaid election of benefits, you and your caregiver will work with the attending physician, if any, and our interdisciplinary group (IDG) to tailor an individual plan-of-care. Hospice will pay for care which is related to your diagnosis and within the plan-of-care.

Medicaid will be billed directly for the cost of your hospice care provided within your home, hospital or nursing home. All care provided by the attending physician can be billed to Medicaid.

You may withdraw from the hospice program at any time and then be eligible for other Medicaid benefits. Care for all illnesses other than the primary diagnosis for which hospice is treating you, can be billed to Medicaid in the traditional manner.

COMMERCIAL INSURANCE HOSPICE BENEFIT

You may authorize payment of benefits from any third part vendor directly to Hospice for services rendered. Hospice will bill your third party payer as a courtesy to you.



SAFETY

Please follow these simple safety measures to reduce the risk of injury in your home.

PREVENTING FALLS

At least half of all falls happen at home. Each year, thousands of older Americans experience falls that result in serious injuries, disability and even death. Falls are often due to hazards that are easily overlooked but easy to fix.

SAFETY – SELF ASSESSMENT

Check all of the risk factors below that apply to you and your home. The more factors checked, the higher your risk for falling.

- ___ **History of Falling** – Two or more falls in the last six months.
- ___ **Vision Loss** – Changes in ability to detect and discriminate objects; decline in depth perception; decreased ability to recover from a sudden exposure to bright light or glare.
- ___ **Hearing Loss** – May not be as quickly aware of a potentially hazardous situation.
- ___ **Foot Pain/Shoe Problems** – Foot pain; decreased sensation/feeling; skin breakdown; shoes not fitted properly.
- ___ **Medications** – Taking four or more medications; single or multiple medications that may cause drowsiness, dizziness or low blood pressure.
- ___ **Balance and Gait Problems** – Decline in balance; decline in speed of walking; weakness of lower extremities.
- ___ **High or Low Blood Pressure** – That causes unsteadiness.
- ___ **Hazards inside your Home** – Uneven walkways, poor lighting, gravel or debris on sidewalks, no handrails, pets that get under foot, hazardous materials (snow, ice, water, oil) that need periodic removal and clean up.

SAFETY TIPS

ENVIRONMENTAL SAFETY

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall.
- Wear shoes with non-slip soles and give good support.
- Remove things you can trip over (such as papers, books, clothes and shoes) from stairs and places where you often walk.
- Remove small throw rugs or use double-sided tape to keep them from slipping.
- Ask someone to move any furniture so your path around the house is clear.
- Clean up spills immediately.

SAFETY TIPS

- Be aware of where your pets are at all times.
- Do not walk over or around cords or wires, such as cords from lamps, extension cords or telephone cords. Coil or tape cords and wires next to the wall so you can't trip over them.
- Keep items used often within easy reach.
- Improve the lighting in your home. Replace light bulbs when needed.
- Make sure stairways and halls are well lit.
- Place night-lights in bathrooms and passageways so you can see where you are walking at night.
- Install grab bars next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on the shower floors.
- Use an elevated toilet seat and shower stool, if needed.
- Stand up slowly after you sit or lie down.
- Use a cane or walker for extra stability, if needed.
- Think about wearing an alarm device, such as HELP, that will send help in case you fall.

FIRE SAFETY & BURN PRECAUTIONS

- All family members and caregivers are familiar with emergency 911 procedures.
- Notify the fire department if a disabled person is in the home.
- Never leave burning cigarettes unattended. Do not empty smoldering ashes in the trash. Keep ashtrays away from upholstered furniture and curtains.
- Install smoke alarms on every floor of your home, including the basement.
- Install new smoke alarm batteries twice a year or when you change your clocks for daylight savings time in the spring and fall.
- Fire extinguishers are checked frequently for stability.
- Make a family fire escape plan and practice it every six months. At least two different escape routes are planned from each room for each family member. If your exit is through a ground floor window, make sure it opens easily.
- If you live in an apartment building, know where the exit stairs are located. Do not use an elevator during a fire emergency.
- Designate a safe place in front of the house or apartment building for family members to meet after escaping a fire.
- A bedbound patient can be evacuated to a safe area by placing him/her on a sturdy blanket and pulling or dragging them out of the home.
- Remember, life safety is first, but if the fire is contained and small, you may be able to use your fire extinguisher until the fire department arrives.
- Portable heaters, electric or kerosene, are placed out of the path of traffic areas.
- Make sure electrical appliances and cords are clean, in good condition and not exposed to liquids.
- Place layered protection between skin and heating pad.

FIRE SAFETY & BURN PRECAUTIONS

- Keep electrical appliances away from the bathtub or shower area.
- Never leave the patient alone in the shower or tub.
- Set water heater thermostat below 120 degrees F to prevent accidental scalding.
- Store flammable liquids in properly labeled, tightly closed, non-glass containers.

MEDICATION SAFETY

- Know the name of each of your medicines; why you take it; how to take it; potential side effects; and what to avoid while taking it.
- Report medication allergies or side effects to your hospice nurse.
- Take medications exactly as instructed. If the medication looks different than you expected, ask your hospice nurse or pharmacist about it.
- Drug names can look alike or sound alike. To avoid errors, check with your hospice nurse if you have questions.
- Do NOT use alcohol when you are taking medicine.
- Do not stop or change medicines without your doctor's approval, even if you are feeling better. If you miss a dose, do not double the next dose.
- Use a chart or med-planner to help you remember what kind, how much and when to take medicine.
- Read medicine labels carefully and keep medicines in their original containers.
- Store medications safely in a cool, dry place according to instructions on the label of the medication.

HARMONY HOSPICE REGULATORY POLICIES & PROCEDURES

Home Use and Disposal of Controlled Substances

NHPCO Standards: CES 4.4

Regulatory Citation: 42 CFR 418.106€

Statement: To ensure the appropriate disposal of controlled substances in accordance with applicable state and federal regulations.

PROCEDURES

- Controlled substances will be distributed directly to the patient or his/her representative. The dispensing pharmacist will be responsible for monitoring the amount of drug issued and the length of time between renewals.
- The Registered Nurse will provide a copy of the written policy and procedures on the management and disposal of controlled drugs to the patient representative and family.
- The registered Nurse will verbally discuss the policy in a language and manner they understand to ensure the safe use and disposal of controlled drugs.
- The Registered Nurse will document the patient/representative were given the written policies and procedures for managing controlled drugs and disposal of medications.
- Controlled drugs no longer needed by the patient are disposed of in compliance with State and Federal regulations and disposal instructions and activities are documented.

HARMONY HOSPICE REGULATORY POLICIES & PROCEDURES

PROCEDURES

- An Incident Report is completed for suspected or actual diversion of controlled substances and the IDG, 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.
- At the time of disposal, the following information is documented in the patient's clinical record:
 - A. Name and dose of the medication;
 - B. Amount destroyed;
 - C. Date of disposal and signature of the nurse and witness.
- In the event the patient/representative refuses to allow medication to be destroyed, the refusal is documented with the name and strength of the medication and the amount remaining. Included with the documentation is the patient/representative's attesting to the refusal, and that the patient's attending physician was notified of the refusal.

FEDERAL GUIDELINES FOR DISPOSAL OF PRESCRIPTION DRUGS

In the face of rising trends in prescription drug abuse, the Federal government has issued guidelines for the proper disposal of unused, unneeded, or expired prescription drugs. The White House Office of National Drug Control Policy (ONDCP), the Department of Health and Human Services (HHS), and the Environmental Protection Agency (EPA) jointly released these guidelines, which are designed to reduce the diversion of prescription drugs, while also protecting the environment.

THE FEDERAL PRESCRIPTION DRUG DISPOSAL GUIDELINES:

- Take unused, unneeded, or expired prescription drugs out of their original containers.
- Mix the prescription drugs with an undesirable substance, like used coffee grounds or ditty litter, and put them in impermeable, nondescript containers, such as empty cans or sealable bags, further ensuring that the drugs are not diverted or accidentally ingested by children or pets.
- Throw these containers in the trash.
- Flush prescription drugs down the toilet, only if the accompanying patient information specifically instructs that it is safe to do so.

MEDICATION MANAGEMENT

- All medications administered must be ordered by the physician.
- All medications administered are labeled with drug name, generic name if applicable, dosage, frequency, route, lot number, and expiration date and will be given by the correct route.
- The hospice RN will provide teaching to Patient or caregivers who desire to self-administer medications to establish competency.

MEDICAL EQUIPMENT

- Keep manufacturer's instructions for specialized medical equipment with or near the equipment.
- Keep phone numbers available in the home to obtain service in case of equipment problems or equipment failure.

MEDICAL EQUIPMENT

- Provide adequate electrical power for medical equipment such as ventilators, oxygen concentrators and other equipment.
- Register with your local utility company if you have electrically powered equipment such as oxygen or ventilator.

OXYGEN SAFETY

- Use oxygen only as ordered by your physician.
- Post "No Smoking" signs in the home.
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Keep oil and petroleum products such as, Vaseline, oily lotions, face creams or hair dressings, grease and flammable material away from your oxygen system. Avoid using aerosols such as room deodorizers near oxygen.
- Keep open flames such as gas stoves and lighted candles at least 10 feet away from the oxygen system.
- Place oxygen cylinders in appropriate stand to prevent tipping, or secured to the wall or placed on their side on the floor. Store in a well-ventilated area and not under outside porches or decks or in the trunk of a car.
- Have a back-up portable oxygen cylinder in case of a power or oxygen concentrator failure.

INFECTION CONTROL

You can help prevent injury and illness by following some simple steps when you dispose of sharp objects and contaminated materials. Please place:

- Needles
- Syringes
- Lancets or other Sharp Objects

In a hard-plastic or metal container with a screw-on-or tightly secured lid, such as a coffee can. You may reinforce the lid with heavy-duty tape.

When the agency provides the container, the hospice staff will take the container back to the agency for disposal. We also recommend that:

- Soiled bandages; and
- Other items contaminated with blood or body fluids are placed in securely fastened or tied plastic bags before putting them in a garbage can.

SYMPTOMS OF INFECTION

The following are signs and symptoms of infection that should be reported to your hospice nurse.

- Cough
- Fever, Chills
- Vomiting
- Pain when Passing Urine
- Drainage of any Wound
- Sore Throat
- Diarrhea
- Rashes
- Increased Size, Redness and Swelling

INFECTION CONTROL

WASH YOUR HANDS

Wash your hands before and after giving care to the patient, even if wearing gloves, after touching uncooked foods, money or pets, before handling or eating food, and after using the toilet, changing a diaper, handling soiled linens, coughing, sneezing, blowing nose or caring for the mouth.

Hand washing needs to be done frequently and correctly: Remove jewelry; use lots of warm water and liquid soap; hold your hands down so water flows away from your arms; scrub for at least 20 seconds, including fingernails and between your fingers; dry your hands with a clean paper towel or clean cloth towel.

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

NUTRITION

Nutrition is an important part of our lives. Our culture places much importance on meal planning and social interactions centered on food. Often feeding and preparing a meal for a loved one is a way of communicating love, concern and caring in a non-verbal way.

Whenever anyone is ill, it is common for his or her appetite to decrease, whether the illness is the flu or a more serious illness. The body's need for calories and other nutrients is altered because of the change in activity and the change in metabolic rate, due to the disease process.

Many hospice patients experience one or more of the following problems that interfere with nutrient intake; decrease or loss in appetite, nausea, vomiting, chronic pain, diarrhea and constipation. These challenges make it difficult to find the right kind of foods that are well tolerated and accepted by the patient. Too often this challenge can turn into friction between the patient and the caregiver and interfere with open communication. To keep communication open, it is best to allow the patient to eat what and when he/she desires. When a person is facing the end of their life, his/her priorities change and eating is often not important. Furthermore, the disease process and medication can cause a change in taste and specific foods may taste bland, salty, sour, or too sweet.

The following are some frequent eating problems and suggestions for overcoming them. Remember that these are just suggestions and each person has individual needs and preferences. For increased nutritional needs such as added calories, protein, fluids, vitamins and minerals contact the hospice nurse.

WHEN IT IS DIFFICULT TO SWALLOW LIQUIDS OR SOLIDS

- Thin liquids are usually the most difficult to swallow, softer blended foods are sometimes easier to swallow. Commercial thickener is available.
- If mucous is a problem, cranberry, pineapple or citrus juice may be helpful in thinning mucous. If milk increases intolerance to mucous production, a milk free nutritional supplement can be used. For more information on swallowing difficulties or for special products, contact the Hospice nurse.

WHEN EXPERIENCING NAUSEA

- Eat frequent small meals.
- Choose bland foods that are not greasy or too sweet, such as chicken noodle soup with saltine crackers, gelatin with fruit and apple juice.
- Drink liquids between meals rather than at meal times. Clear, cool beverages are usually better tolerated. Popsicles and flavored ice cubes are good choices.
- Dry foods such as dry toast and crackers are usually well-tolerated.
- Do not lie down for two hours after eating, if possible. Sit up or raise the head of the bed with pillows so your head is at least four inches above your feet.

WHEN YOUR MOUTH OR THROAT IS SORE OR DRY

- Eat small bites of food and drink a swallow of beverages with each bite.
- Try cold foods such as popsicles, sherbet, ice cream, fruit ices, milk shakes and ice chips. (Sometimes if eaten first, ice cold foods may make eating other foods more tolerable.)
- Sometimes using a straw can make swallowing more comfortable.
- Smooth foods such as whipped cream, pudding, cream pies, canned fruits or gelatins are usually less irritating to the mouth or throat.
- Creamed soups and other creamed foods are often well-tolerated.
- Keep temperatures warm rather than piping hot.
- Drink soothing beverages such as apple juice, peach or pear nectar, and milk (if tolerated). Carbonated beverages, liquids containing salt such as broth or vegetable juices, and those containing acid such as citrus juices and highly spiced foods may irritate a sore mouth or throat.

NUTRITION IN THE LAST DAYS & HOURS OF LIFE

If the patient is still sipping fluids, encourage those fluids that contain salt to help prevent electrolyte imbalance. Fluids such as bullion soup, tomato juice, or sports drinks like Gatorade may be well-tolerated. Avoid citrus juices or foods that may irritate the mouth as well as temperature extremes of foods. It is important not to force food or fluids at this point and to support the family who may have a difficult time accepting the patient's refusal to eat or drink. Families can be reminded that even in the case of acute illness, such as the flu, food and fluids can create additional distress.

As death approaches patients often lose their ability to swallow due to weakness or a decrease in neurological function. The gag reflex may diminish and secretions will tend to accumulate in the trachea-bronchial tree. Positioning is important to prevent the accumulation of secretions in the back of the throat and upper airways. Scopolamine transdermal patches can be used to decrease secretions and decrease the occurrence of the "Death Rattle" which although does not distress the patient, can be very upsetting to the family.

BOWEL REGIMEN

Most Hospice patients have some difficulty with bowel movements. There are several reasons why you may be constipated. Changes in your diet, decreased fluid intake or decreased activity may contribute to constipation. However, the use of pain medications such as narcotic analgesics is usually the major cause of constipation.

Untreated constipation can lead to more serious conditions, such as impaction or bowel obstruction. A daily bowel program can help prevent these problems. The overall goal is to have a bowel movement approximately every three (3) days.

THE FOLLOWING GUIDELINES SHOULD HELP YOU MAINTAIN NORMAL BOWEL FUNCTION.

- Drink plenty of liquids, especially in combination with high-fiber foods. Tea, hot lemon water and juices such as prune juice may be effective.
- Try to have a bowel movement at the same time of the day. Be sure to allow adequate time and privacy when possible.
- Bedside commodes or other assistive devices can be provided if needed.
- Take your stool softener or laxative as prescribed.

CALL THE HOSPICE NURSE IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:

- Abdominal distention or bloating;
- Rectal pain with your bowel movement;
- The urge but inability to pass stool;
- Oozing of liquid stool after no bowel movement for several days;
- Rectal fullness and pressure; or
- Incontinence.

CONTROLLING SYMPTOMS & PROVIDING CARE

GENERAL GUIDELINES FOR SYMPTOM MANAGEMENT

- Notify the hospice nurse when a new symptom occurs and when the symptom worsens or improves.
- Give medications ordered for the specific complaint.
- Write down the time the medication was given.

FACTORS THAT INHIBIT SYMPTOMS FROM BEING CONTROLLED

- Medication may no longer work for specific complaint.
- As the disease progresses, medications may need to be changed or dosage increased to control symptom.
- Patient may not take medications because, he or she:
 - A. Does not like the way the medication makes them feel;
 - B. Is confused;

C. Needs to have that control;

D. Is trying to be brave;

E. Is in denial; or

F. Fears becoming addicted to the medication.

- The patient is nauseated, can't keep the pill down, or can't swallow.
- Notify your hospice nurse, the medication route may need to be changed.
- Caregiver hesitant to give medication due to:
 - A. Not wanting the patient to be sedated;
 - B. Fear of "hastening death"
 - C. Need to be in control; or
 - D. Too many medications to keep straight.

If any of these things happen – notify your hospice team. The nurse will evaluate the medication. Sometimes the patient can be sensitive to the drug therefore causing drowsiness. Some medications may cause the patient to be sleepy for several hours when first started, but will resolve. If sedation continues, this may indicate the drug is too strong. If the patient is confused, another method may be needed to give the medication. The need to be in control sometimes occurs with a life-limiting illness. The social worker can help the patient resolve or work through this behavior. Many patients fear becoming addicted to medications. Addiction occurs when the drug is taken for a desired effect other than that for which it is given.

The nurse will review and instruct you on the types of medications, why each medication is given and what side-effects you might see. The nurse can also set-up a med box to help keep the medication straight. The nurse can help with concerns about the medications and clarify any questions you may have. Not understanding the illness and medications can be overwhelming.

OBTAINING MEDICATIONS

A list of the patient's medications will be obtained during the admission process, along with the name of the pharmacy the patient uses. Some medications will be paid for by hospice for patients who are covered by Medicare, Medicaid or some private insurance programs. The nurse will let you know at the time of admission what will be paid for by hospice. Medications that have to be made especially for hospice patients may need to make arrangements to pick them up. When medications are needed the hospice nurse will order them by coordinating with the physician and the pharmacy. Please let the nurse know when the patient's medications are getting low. It may take several hours to get an order from the doctor's office. Please know that the hospice nurse does all she/he can to get medications for the patient as soon as possible. Controlled medications, such as some pain medications, which require a hand written prescription, are hard to acquire after the doctor's office is closed on weekends and holidays. Please help your nurse by making sure she/he knows your needs as soon as possible.

PAIN

- Take your pain medications as scheduled.
- Take your pain medications ordered PRN or "as needed" at the first sign of pain, waiting until the pain gets worse, makes it more difficult to control.
- Keep your room quiet.
- Participate in activities that distract you from pain such as watching TV, listening to soft music or reading.

CONTROLLING SYMPTOMS & PROVIDING CARE

PAIN

- Maintain a comfortable position.
- Take deep breaths in and out and relax your muscles.
- Think of a beautiful place or a wonderful memory.
- Massage or touch can help you relax, reduce tension and enjoy a sense of comfort.
- Tell your nurse about your pain, what causes it, when it gets worse and what relieves it.

NAUSEA & VOMITING

- Take medication as ordered.
- Eat bland foods such as mashed potatoes, rice, or saltine crackers.
- Take sips of ginger ale.
- Keep the environment quiet and cool with lights dim.
- Avoid strong odors, food or perfumes.
- Rinse mouth or swab mouth.
- Eat frequent small meals.
- Cool cloth to forehead or throat.
- Keep trash bag or container close to bed for vomiting.

LOSS OF APPETITE

- Eat small amounts of food at frequent intervals.
- Drink milkshakes or diet supplements, such as Ensure or Instant Breakfast to increase calories.
- Taste may change due to treatment or disease; tell your caregiver what would taste good.
- Keep plenty of liquids or water within reach.
- Loss of appetite is a part of the disease process; tell your nurse how much you are eating.
- Often a person near death may appear thirsty but will not be able to drink. Their mouth may be dry and frequent mouth care may provide comfort. Use swabs to keep the mouth and lips moist.

CONFUSION OR AGITATION

- Take medication as ordered.
- Keep the environment quiet and lights dim.
- Keep the patient safe.
- Keep harmful objects out of reach.
- Keep voice low and non-threatening.
- Attempt to divert or draw attention to something calming (TV, pictures, soft music).
- Report these symptoms to the hospice nurse; he/she will assess and provide information on care and support at this time.
- Consider use of a baby monitor while out of the room.

SHORTNESS OF BREATH

- Oxygen as ordered.
- Take medications as ordered to reduce anxiety and dry secretions.
- Call the hospice nurse when shortness of breath worsens and/or patient's anxiety increases.
- Reposition patient for comfort, usually to a more upright position.
- Improve air circulation by using a fan or opening window.
- Adjust air temperature to cool the room.
- Use a humidifier.
- Open door to patient's room.
- Face bed toward window to enable the patient to see outside, if possible.
- Loosen clothing around neck and chest.
- Avoid strong odors, perfumes, or smoking in the home.
- Avoid exertion.
- Encourage relaxation.
- Stay with the patient.
- Place needed items within reach.
- Use inhalers and nebulizer treatments as ordered.
- Limit visitors and visit time.
- Limit questions to the patient to those with yes and no answers.

CONSTIPATION

- Drink plenty of liquids, tea, hot lemon water, coffee and juices such as prune juice may be effective.
- Try to have a bowel movement at the same time of the day. Be sure to allow adequate time and privacy when possible.
- Bedside commodes or other assistive devices can be provided if needed.
- Take your stool softener or laxative as prescribed.

CALL THE NURSE IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS WITH CONSTIPATION

- Abdominal distention or bloating
- Rectal pain with your bowel movement
- The urge but inability to pass stool
- Oozing of liquid stool after no bowel movement for several days
- Rectal fullness and pressure or Incontinence

WEAKNESS OR FATIGUE

- Keep needed items within reach
- Allow time for rest between daily activities
- Use assistive devices, i.e., walker, wheelchair
- Limit visitors and visit time

CONTROLLING SYMPTOMS & PROVIDING CARE

WEAKNESS OR FATIGUE

- Give food that is soft or easy to chew.
- Limit activities.

DIARRHEA

- Temporarily stop laxative use, if prescribed.
- Try adding light foods such as popsicles and Jell-O.
- Avoid milk and dairy products, spicy foods, caffeine, fruit juices and foods high in fat.
- Drink plenty of liquids such as sports drinks, broth, clear soft drinks and water .
- Fever.
- Sponge patient with tepid water, do not use cold water or alcohol.
- Drink plenty of liquids such as water, sports drinks, tea and soft drinks.
- Maintain a dry moderate-temperature room, avoid drafts and temperature extremes.

ITCHING

- Cool compresses and oatmeal baths can provide temporary relief.
- Keep the room temperature cool and dry.
- Pat or gently rub itchy skin areas, do not scratch, keep nails trimmed to minimize injury to skin if scratching occurs.
- Wear loose fitting cotton clothes.
- Use moisturizing lotion to dry skin.

CARE FOR THE CAREGIVER

Caring for someone in their final weeks of life can be physically and emotionally demanding. Our Hospice supports your willingness to undertake the role of Primary Caregiver for your loved one. In this way, you permit him or her to be maintained in comfortable and familiar surroundings at this vulnerable time in his/her life's journey.

We will do everything possible to help you provide care effectively and appropriately. We are a team with each of us having differing roles and responsibilities which, together, achieve maximum benefit for your loved one and for you.

PRIMARY CARE refers to the basic physical and emotional activities involved in meeting the regular ongoing daily living needs of your loved one at home. It may involve doing such things as maintaining the person's hygiene, providing nourishment, and giving medications. It may also involve such comfort measures as preventing constipation, nausea or other symptoms, turning in bed skin care, oral care, bathing and grooming. It may include learning such skills as ostomy care and utilizing special equipment. It may include filling prescriptions, communicating with the physician, communicating with community resources, utilizing printed materials and making final arrangements. Generally, it means being available to your loved one to listen, tough, share, be present and care.

Your individual Hospice team pledges to support you in every possible way as you undertake this role. They will

help you deal with your limitations and frustrations. They will help you arrange for all supportive services that are needed in the home. They will help facilitate utilization of respite care and inpatient care as needed. They will help you deal with your own feelings and how this situation is affecting your life, your needs and your hopes.

They will help you clarify your choices, your available alternatives and resources, and your values, priorities and beliefs, and to implement them in the most helpful manner.

The team will explain the progression of the illness, how the needs of your loved one will change and how to respond as these changes take place. The team will seek to help you anticipate these changes and implement procedures so that they do not become big problems or out-of-control situations.

In all that the team says, does and offers you, it is the team's deepest commitment to help you maximize your involvement of time, energy and love with your loved one.

TIPS ON TAKING CARE OF YOURSELF

- Love yourself at least as well as you love the one you are caring for.
- Get rest and conserve your energy each day.
- Exercise, even a short walk helps you sleep better and gives you energy.
- Eat well. Choose a variety of foods from the five basic food groups. Drink plenty of water.
- Reduce stress. Think about what has helped in the past.
- Take breaks. Relax and think of other things.
- Pay attention to what your body is telling you. Are you tired, stressed, tense?
- Nurture your spiritual side. Pursue those things that are up-lifting to you.
- Pamper yourself, especially on difficult days. Be patient and considerate of yourself.
- Allow others to help you.
- Set limits. Its' OK to say "no" sometimes.
- Recognize your needs and limitations.
- Utilize a hospice volunteer for respite or help with errands.

TIPS ON HELPING YOUR LOVED ONES

- Allow your loved one to talk. Listen without judgment and with only occasional comment.
- Acknowledge and validate his/her feelings and let them express their feelings in many ways.
- Avoid taking any negative feelings personally.
- Let your loved one have control over their situation as much as possible.
- Include him/her in decision making and discussions.
- Let your loved one do as much as he or she wants and have the energy for, no matter how slow, painful or difficult it seems to you.
- Don't underestimate his or her pains, symptoms and fear. They are real and valid.
- Avoid judging.
- Talk about subjects you used to discuss together, the times you shared. Laugh together.

Experience gained from years of work with patients and families has shown us that often the best patient care provided is given by families and friends.

GETTING AFFAIRS IN ORDER

IMPORTANT DOCUMENTS

- Your Will.
- Name, address and phone number of personal representative.
- Name, address and phone number of your attorney.
- Prearranged funeral account or name, address and phone number of funeral home preferred:
 - A. Cemetery Deeds or detailed location of property.
 - B. Military Honorable Discharge and Veterans Administration information.
- Listing and location of insurance policies to include Name, Address and Phone Numbers of agent(s).
- All recent tax returns:
 - A. Name, address and phone numbers of your accountant or person who prepares your taxes.
 - B. Social Security Card.
 - C. All Bank accounts and safe deposit boxes.
 - D. Mortgage contracts, promissory notes, stock certificates, etc.
 - E. Automobile titles.
 - F. List of credit cards and charge accounts to be canceled.

DISPOSITION OF PERSONAL PROPERTY NOT SPECIFIED IN THE WILL

- Jewelry, furniture, photos, etc.

FUNERAL PLANNING

It is advisable to discuss funeral preferences with your family. Your clergy, the hospice chaplain and social worker can help assist you with these plans. Memorial gifts can be made to your Hospice as a special way to pay tribute to someone who has touched your life. Families may request donations be made in memory of their loved one and often include this in the obituary. Our Hospice will provide the family with names of people who make memorial gifts without specifying the amount of the contribution. Harmony Hospice Charity Foundation is a non-for-profit charitable organization. When you donate, the money goes directly to help us provide care for someone who needs us in your community.

FUNERAL & OBITUARY INFORMATION

The following information will be necessary at the time of death. If you have pre-planned your arrangements with the funeral home, most of this information will already be on file. The funeral home can supply forms to make a compilation of the information easier.

FULL LEGAL NAME FOR DEATH CERTIFICATES:

- Including previous names and “also-known-as” name.
- Name as preferred for obituaries (i.e., nicknames, maiden name etc.).
- Legal residence and years lived in local area.
- Social Security number of the deceased and spouse.
- Date, city, state, and country of birth.
- Marital status: never married, married, divorced and widowed.
(Note: if a divorced spouse has died, status is still divorced, not widowed for legal purposes).

IF MARRIED OR WIDOWED

- Names of spouses.
- Date and place of marriages.
- Spouse’s dates of death.
- Father’s name and mother’s full maiden name.
- If you are a veteran, Military Honorable Discharge, Commendations and medal(s) if not listed on discharge.
- Educational background, the death certificate requires highest grade completed.
- Occupation, career or professional employment: Dates of service, retirement and positions held.



PREPARING FOR THE DYING PROCESS

PHYSICAL & EMOTIONAL CHANGES AT THE END-OF-LIFE

The goal of Hospice at this point in your care, is to help you and your family prepare for dying, death, and for their continued living. Working with Hospice staff to control symptoms that cause pain and discomfort, taking responsibility to complete “unfinished business”, and understanding what the dying process “looks like” will give you active ways to interact with loved ones as caregivers.

The physical and emotional-spiritual-mental changes which indicate death is near are offered to you below, to help you understand the natural circumstances which may happen and how you can respond appropriately. Not all of these changes will occur with every person, nor will they occur in this particular sequence. Each person is unique, and what has been most characteristic of the way your loved one has lived consistently, may affect the way this final death phase and release occurs. This is not the time to try to change your loved one, but it is the time to give full acceptance, support and comfort.

PHYSICAL CHANGES

Coolness: The person’s hands then arms and feet, and then legs become increasingly cool to the touch. At the same time the color of the skin may change. It is normal as the circulation of blood is decreasing and is being reserved for the most vital organs. Keep the person warm with a blanket. Do not use an electric blanket.

Sleeping: The person may spend an increasing amount of time sleeping, talking less and appear unresponsive. Sit with your loved one, hold hands and speak softly and naturally. Do not talk about the person in his or her presence, as the sense of hearing remains intact during the dying process. Speak to him/her directly as you normally would, even though there may be no response.

Disorientation: The person may seem confused about time, place and identity of family and friends. Sometimes a paper or white board reminding him/her of the day and time is helpful. Identify yourself by name before you speak rather than ask the person to guess who you are. Speak softly, clearly, and truthfully when you talk for the patient’s comfort, such as “it is time to take your medication,” and explain the reason such as “So you won’t begin to hurt.”

Incontinence: The person may lose control of urine and/or bowel as the muscles in those areas begin to relax. Discuss with the Hospice nurse what can be done to keep your loved one clean and comfortable as well as how to keep the bed linens clean.

PREPARING FOR THE DYING PROCESS

CONGESTION

The person may have sounds of congestion coming from his or her throat or chest, as small amounts of fluids accumulate and cause a vibration noise. This normal change is due to the decrease of fluid intake and not able to cough up normal secretions. Gently turn the person's head to the side and allow gravity to drain the secretions. You may also gently wipe the mouth with a moist cloth. The sound of the congestions does not indicate pain and is normal.

INTAKE DECREASE

The person may begin to want little or no food or liquid. This change means the body is conserving energy for other functions and getting ready for the end-of-life. Do not try to force food or drink or use guilt to manipulate him/her into eating or drinking. Small chips of ice, frozen Gatorade or juice may be refreshing in the mouth. Glycerin swabs may help keep the mouth and lips moist. A cool moist wash cloth on the forehead may increase physical comfort.

URINE DECREASE

The person's urine normally decreases due to decreased drinking as well as decrease in circulation through the kidneys. Ask your Hospice nurse to determine whether there may be a need to insert or irrigate a catheter.

BREATHING PATTERN CHANGE

The person's regular breathing pattern may change with a different breathing pace which alternates with periods of no breathing. It is very common and indicates decrease in circulation in the internal organs. Elevating the head may help bring comfort. Hold hands. Speak gently.

EMOTIONAL-SPIRITUAL-MENTAL CHANGES

DECREASED SOCIALIZATION

The person may only want to be with a very few or even just one person. This sign indicates preparation for release. If you are not a part of this "inner circle" at the end, it does not mean you are not cared about or are unimportant; it means you have already fulfilled your task with him/her and it is the time for you to say "Good-Bye". If you are part of the final "inner circle" of support, the person needs your affirmation, support and permission.

WITHDRAWAL

The person may seem unresponsive, withdrawn, or in a coma like state. This change indicates preparation for release, a detaching from surroundings and relationships, and a beginning of "letting go". Since it is thought hearing remains to the end of life, speak to your loved one in a normal tone of voice, identify yourself by name when you speak, hold his/her hand and say whatever you need to say that will help the person "let go".

SENSORY EXPERIENCES

The person may say he or she has spoken to persons who have already died, or see places or things you cannot see. This change does not indicate a hallucination. The person is beginning to detach from this life and is being prepared for the transition so it will be frightening. Do not correct or argue about what the person says he or she sees or hears. Just because you cannot see or hear it, does not mean it is not real to your loved one. This is normal and common. If they frighten your loved one, explain to him/her that they are normal.

RESTLESSNESS

Restlessness may, in part, indicate that something is unresolved or unfinished that is disturbing and prevents him/her from letting go. Your Hospice caregiver will help you find ways to help the person find release from the tension or fear. Other things which may be helpful in calming the person are speaking in a quiet natural way, recalling a favorite place, lightly massaging the forehead, reading to the person or playing music. Give assurance that it is all right to let go.

UNUSUAL COMMUNICATION

The person may make statements, gestures or requests that are seemingly "out of character." This may indicate the time is ready for the person to say "Good Bye" and is testing to see if you are ready to let him/her go. Accept this moment as a beautiful gift when it is offered. Kiss, hug, hold, cry and say whatever you need to say.

GIVING PERMISSION

Giving permission to your loved one to let go without making him/her feel guilty for leaving or trying to keep him/her with you to meet your own needs can be difficult. A dying person will normally try to hold on, even though it brings prolonged discomfort, in order to be sure that those who are going to be left behind will be all right. Therefore, your ability to release the dying person from this concern and give him/her assurance that it's all right to let go whenever he/she is ready, is one of the greatest gifts you have to give your loved one at this time.

SAYING GOOD-BYE

Saying "Good-Bye" is your final gift to your loved one, as it gives closure and makes the final release possible. It may be helpful to lie in bed with the person and hold him/her, or to take the hand and then say everything that you need to say so that afterward you may have fewer regrets. It may be as simple as saying, "I love you". It may include talking about favorite memories, places and activities you shared. It may include saying, "I'm sorry for whatever I contributed to add tensions or difficulties in our relationship". It may also include saying, "Thank you for..." Tears are a normal and natural part of saying, "Good-bye." Tears do not need to be hidden from your loved one. Tears express your love and help you to let go.

KNOWING WHEN DEATH HAS OCCURRED

The death of a Hospice patient is not a medical emergency. Nothing must be done immediately.

The signs of death include:

- No movement, no chest movement or breathing.
- Loss of control of bowel and bladder.
- No response.
- Eyelids slightly open; eyes fixed on a certain spot; no blinking.
- Jaw relaxed and mouth slightly open.

ONCE DEATH OCCURS

- Call Hospice.
- If you are alone and have a close neighbor or family members, call them to be with you until the hospice nurse can get there.
- The Hospice nurse will call the funeral home and stay with you until they arrive.
- The Bereavement Coordinator will contact you within the next few days. The Bereavement Coordinator will stay in touch with you by calling, visiting or sending information to support and comfort you.

Once, in a little pond, in the muddy water under the lily pads, there lived a little water beetle in a community of water beetles. They lived a simple and comfortable life in the pond with few disturbances and interruptions. Once in a while, sadness would come to the community when one of their fellow beetles would climb the stem of a lily pad and would never be seen again.

They knew when this happened; their friend was dead, gone forever.

Then, one day, one little water beetle felt an irresistible urge to climb up that stem. However, he was determined that he would not leave forever. He would come back and tell his friends what he had found at the top. When he reached the top and climbed out of the water onto the surface of the lily pad, he was so tired, and the sun felt so warm, that he decided he must take a nap. As he slept, his body changed and when he woke up, he had turned into a beautiful blue-tailed dragonfly with broad wings and a slender body designed for flying.

So, fly he did! And, as he soared he saw the beauty of a whole new world and a far superior way of life to what he had never known existed. Then he remembered his beetle friends and how they were thinking by now he was dead. He wanted to go back to tell them, and explain to them that he was now more alive than he had ever been before. His life had been fulfilled rather than ended.

But, his new body would not go down into the water. He could not get back to tell his friends the good news. Then he understood that their time would come, when they, too, would know what he now knew. So, he raised his wings and flew off into his joyous new life!



The adult dragonfly does it all in a few short months
and leaves nothing to be desired.

This style of life symbolizes the virtue of living in
the moment and living life to the fullest.

This ability lets you live your life without regrets.

The dragonfly's eyes are the most amazing part of the insect.

This symbolized the uninhibited vision of the mind
and the ability to see beyond the limitations of the human self.

It also is, in a manner of speaking,
a symbolization of a person rising from materialism
to be able to see beyond the mundane into the vastness
that is really our Universe, and our own minds.



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