Resource Manual & Care Guide

HOSPICE of the PIEDMONT | HOSPICE of RANDOLPH

Patient and Caregiver 24-Hour Lines:

(336) 889.8446 **(336) 672.9300**

1801 Westchester Drive
High Point, NC 27262
www.hospiceofthepiedmont.org

416 Vision Drive
Asheboro, NC 27203
www.hospiceofrandolph.org

Office hours, Monday through Friday, 8 a.m. to 5 p.m.
After hours, on-call staff are available 24/7.

Jump to Contents

Emergency Information

Patient and Caregiver Line - 24 hours a day, every day

Hospice of the Piedmont
1801 Westchester Drive, High Point
(336) 889.8446

Hospice of Randolph
416 Vision Drive, Asheboro
(336) 672.9300

- Regular office hours, Monday through Friday, 8 a.m. to 5 p.m.
- After hours, on-call staff are available 24/7. In the event phone systems are down, please call 336.571.0920.

A nurse is available 24 hours a day to assist you. To avoid unnecessary transport or hospitalization, please call us first.

Billing questions..(336) 889.8446

Your Hospice Team	Name	Phone
Nurse		
Social Worker		
Nurse Aide Contact		
Chaplain		
Volunteer		

Your Community Support

Faith Community		
Pharmacy		

Jump to Contents

After Hours Help

Your regular Hospice team works from 8 a.m. to 5 p.m. on weekdays. When you need help after hours, our phone is answered by an answering service.

CALL Hospice of the Piedmont at 336.889.8446 OR Hospice of Randolph at 336.672.9300*.

Tell the operator:

1. The patient's name.
2. Your name.
3. Your phone number.
4. The problem.

*In the event our system is down, please call 336.571.0920.

A staff member will call back within 15 minutes. Please keep your phone line clear for the return call. Always call again if your call has not been answered within 15 minutes.

When talking with you on the phone, a staff member will answer your questions and visit you if needed. Please be sure to tell the nurse if you think a visit is what is needed for you to feel confident the situation is well-managed.

EMERGENCIES MAY INCLUDE:

1. Pain not helped with medicine.
2. Vomiting not helped with medicine.
3. Unexpected changes, such as fever, confusion, shortness of breath.
4. Family crisis.
5. Emotional or spiritual crisis.
6. Death of the patient.

AFTER DARK WHEN HOSPICE STAFF VISITS:

1. Please turn your outside lights on near the door and house number.
2. Please ask someone to watch for the Hospice staff person if your house number is not easily seen at night. Hospice staff always wear a Hospice of the Piedmont/ Hospice of Randolph name badge for positive identification.
3. Please be aware of the need for safety. If the nurse or staff member feel they can not enter the home safely, they will call you and use other ways to help with the emergency.

ADDITIONAL REMINDERS:

- To avoid long emergency room visits, call Hospice first!
- Arrange ambulance travel through a Hospice nurse. Medically necessary ambulance transports for active Medicare and Medicaid patients are covered only if Hospice is called first. This must be a part of the plan of care and related to the patient's hospice diagnosis.
- Do not wait for a crisis. If you have questions or feel you are not able to control symptoms, don't wait—call!
- Before buying supplies for the patient's care, ask the nurse or medical social worker if Hospice can get them for you.
- Supplies are not routinely delivered after office hours. Please call early in the day when supplies are needed.
- Always let the laboratory, x-ray department, and doctor's office know you are a hospice patient by using the card inside the blue card holder provided so that related bills can be sent to Hospice (if appropriate).

Jump to Contents

Interactive
Table of Contents

A Message of Appreciation

Thank you for choosing Hospice of the Piedmont and Hospice of Randolph to be a part of your care. In the coming days, your hospice team will begin to work with you, your family and your doctor to provide the care you need, right in your home. We want you to know what to expect and to feel confident that you have made a wise choice.

This resource guide provides information about our services and answers questions often asked by patients, caregivers, and families. Every situation is different, so you may not need all of the information provided. Your hospice team always welcomes your questions and concerns.

You have selected an organization that specializes in hospice care for those with a life-limiting illness. For over 40 years, we have provided the highest-quality professional services in the Triad and surrounding areas.

We have had the honor and privilege of caring for thousands of patients and families facing serious health conditions. We bring that understanding and experience to your care. We care for the whole person…physical, emotional, and spiritual, and focus on the relief of both pain and other symptoms.

Support for caregivers and families is a hallmark of our hospice tradition. We work with your caregiver so they can confidently provide care for you. Remember, help is only a phone call away, any time of the day or night. We are always ready to assist with changing conditions as well as lend an understanding ear or caring hand.

About Us | Hospice of the Piedmont and Hospice of Randolph are a not-for-profit organization licensed in North Carolina as a provider of hospice services and certified by both Medicare and Medicaid. In October 2019, Hospice of the Piedmont and Hospice of Randolph County merged operations. Our care is provided in a manner consistent with accepted standards of practice and principles. We are committed to exceptional service quality and meet the highest standards of a nationally recognized healthcare accrediting organization—the Accreditation Commission for Health Care. For more information about the agency, please visit our website at www.hospiceofthepiedmont.org or www.hospiceofrandolph.org and join us on Facebook—www.facebook.com/hospiceofthepiedmont and www.facebook.com/hospiceofrandolph.

2019

Back to Contents

HOSPICE of the PIEDMONT | HOSPICE of RANDOLPH

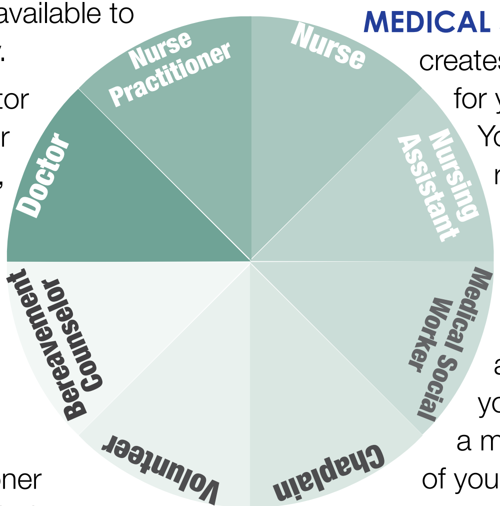
General Hospice Information and Resources

Back to Contents

Back to Contents

Your Hospice Team: A Circle of Care

Because Hospice cares for the whole person, not just your medical condition, a group of highly skilled professionals is available to work with you and your family.



DOCTOR: Your personal doctor is in charge of your care. Your doctor orders your medicines, treatments and hospice services. Even if you do not feel well enough to visit your doctor's office, the hospice team will keep your doctor informed about your condition. A Hospice medical director and/or nurse practitioner is also available to consult with the hospice team on your palliative plan of care, or make a home visit if you need to be seen by a doctor and your personal physician is not available.

NURSE: A registered nurse will be responsible for monitoring your condition and coordinating your care. Your nurse will visit routinely, as determined by your condition, to assess your physical status, provide care for pain and symptom management, and to help you and your caregiver learn how to best manage your care. The frequency of visits is adjusted according to changes in your condition. Because these changes may occur at any time, an on-call nurse will be available to assist you 24 hours a day, seven days a week for emergencies.

NURSING ASSISTANT: A nursing assistant is trained to provide personal care such as bathing assistance, skin care, and mouth care. In addition, they may perform light homemaking duties to ensure that the patient's immediate living area is safe and neat.

MEDICAL SOCIAL WORKER: Illness creates new stresses and changes for you and the whole family. You may have changes in routine, responsibilities, feelings, and finances, among other things. It can help to talk with someone trained and knowledgeable about the kinds of stresses you are facing. For this reason, a medical social worker is part of your care team. Together with your nurse, the social worker provides education and counseling, and helps identify other resources that may be available to you.

CHAPLAIN: The chaplain can assist you in drawing on your own belief system and/or faith tradition to help you cope with the impact of your illness. The chaplain is available to you or your caregivers according to your expressed wishes.

VOLUNTEER: Volunteers can visit on a regular basis or for a one-time need. They provide companionship, respite time for caregivers, and can help with many other tasks. Volunteers participate in extensive orientation and specialized training provided by Hospice of the Piedmont and Hospice of Randolph.

BEREAVEMENT COUNSELOR: Our counselors offer a wide range of services designed to help individuals and families cope with the loss of a loved one. Services include individual and family counseling, group support, and timely written information to assist in understanding the grief process.

Back to Contents

Explanation of Fees

Our organization offers several programs. Fees (if applicable) for each program have been developed according to our costs for the service package and with consideration of the prevailing charges in our area. As a licensed and certified Hospice provider, we will bill Medicare, Medicaid, and commercial insurance carriers. For any remaining balances with commercial plans or for those persons who have no insurance coverage, we offer an extended payment plan and/or a care subsidy according to need. Memorial gifts and community contributions enable us to maintain a flexible billing policy for those who need it. Please contact us if you have any concerns or questions. We wish to make a difficult time easier and will work with you any way we can to be of support and assistance.

HOSPICE PROGRAM SERVICES

Hospice offers a unique package of services to help meet the physical, emotional, and spiritual needs of patients who face life-limiting illness and support for their families. Services are provided by a professional staff consisting of doctors, registered nurses, nursing assistants, social workers, chaplains, therapists (PT/OT/speech), bereavement counselors, and trained volunteers. Hospice team members visit according to a plan of care established for each individual patient based on their needs and wishes, and registered nurses are available 24 hours per day, seven days a week to respond to changes in the patient's condition.

MEDICARE (Part A), MEDICAID and the VA offer a comprehensive Hospice Benefit that is reimbursed on a per diem (per day) basis. The reimbursement is computed to cover the average cost over a period of time, although on a given day the service related costs may be higher (or lower). Medicare and Medicaid reimburse Hospice at the prevailing rate established by their program according to the level of care provided. Please call the Hospice business office if you would like information regarding our current Medicare or Medicaid per diem rate. As a participating provider, Hospice of the Piedmont and its affiliates have agreed to accept assignment. Therefore, patients with coverage under a Medicare or Medicaid Hospice Benefit will not be responsible for charges in excess of this reimbursement.

In addition to professional services, these rates include the cost for medications, routine medical supplies, durable medical equipment and medically necessary procedures, related to the hospice diagnosis.

COMMERCIAL INSURANCE PLANS

Hospice of the Piedmont and its affiliates have contracted with many of the local insurance plans to provide a comprehensive package of services patterned after the Hospice Medicare Benefit. The service package varies according to the plan. At or before our first visit, the hospice team will review your policy and explain coverage. You will also receive written confirmation from our billing office as to the expected insurance reimbursement.

Back to Contents

Prescription Benefits Plan

For your convenience, Hospice of the Piedmont and its affiliates have chosen to use a prescription card program specially designed for hospices and their patients. **Based on your health insurance plan,** Hospice may provide coverage for those medications that are ordered to control the symptoms relating to your hospice admission diagnosis. During our initial visit, the Hospice nurse will discuss the benefits of the program available to you. We will review your medications and a special prescription card will be provided, if eligible.

In order to ensure continuation of this coverage you have the following responsibilities:

1. Present your prescription card to your pharmacist when you pick up your medications.
2. If your physician gives you a prescription for a new medication, you must notify your Hospice nurse before going to the pharmacy so that Hospice can authorize payment when appropriate.
3. In most cases, the pharmacy will dispense a 15-day supply of medications and will utilize generics whenever clinically appropriate. Your prescription may be refilled no earlier than four days before your current prescription is used up.

If you have any questions regarding this information, please contact the Hospice office at 336.889.8446 or 336.672.9300.

Back to Contents

Important Reminders

TRAVEL WHILE IN HOSPICE CARE

Sometimes a hospice patient wants to travel, perhaps for a family reunion or vacation. If you have travel plans, please be sure to discuss your schedule with your physician and Hospice team. A minimum of five business days is required to make arrangements for care with a "temporary" hospice at your destination.

It's important to make plans ahead of time to avoid unnecessary financial burdens for you and to coordinate care. Patients who plan to travel longer than 13 days may need to be transferred to a hospice at their new location. Please remember that care from a hospital outside of Hospice of the Piedmont and Hospice of Randolph's service area may not be covered while traveling. In that case, patients may choose to revoke their Hospice Medicare Benefit before seeking treatment or contact their private insurance carrier for a detailed explanation of benefits.

THOUGHTS OF APPRECIATION

Our Hospice of the Piedmont and Hospice of Randolph team members feel privileged to be part of your care. While those we serve may wish to express their gratitude, please know that the agency has a strict policy against individual staff members accepting money or gifts for any reason. For information about opportunities to support the agency's work in other ways, please visit our website at www.hospiceofthepiedmont.org or www.hospiceofrandolph.org.

VOICING CONCERNS

If you have a concern or complaint, we want to know. Call the Hospice office and ask to speak with the Vice President of Quality and Compliance or any member of the Hospice leadership team (Monday through Friday, 336.889.8446 or 336.672.9300). After-hours concerns will be directed to the administrator on call. Please refer to the copy of the patient rights and responsibilities you were given at admission.

AMBULANCE

Before calling for an ambulance, please call your hospice nurse or the nurse on call after hours. Prior approval must be obtained in order for Hospice of the Piedmont or Hospice of Randolph to pay for the ambulance transport charge.
(See page 2 for additional information about ambulance transports.)

INPATIENT FACILITIES

Our 18-bed Hospice Home at High Point and 16-bed Randolph Hospice House are a complement to the other services offered by Hospice of the Piedmont and Hospice of Randolph. Though the preferred setting for hospice care is generally in the patient's home, there are times when 24-hour care in our facility may be appropriate. The eligibility requirements and fees associated with both facilities are different from hospice services provided in private homes. For more information, please talk to your medical social worker.

Back to Contents

HOSPICE of the PIEDMONT | HOSPICE of RANDOLPH

Caregiving Basics and Symptom Management

Home Safety

Basic Care

Side Effects of Pain Medicines

Back to Contents

Back to Contents

Patient Emergency Plans

As your home care provider, we want you to be well prepared in the event of an emergency or a community disaster. Examples of disasters could include ice storms, hurricanes, tornadoes, heat waves, civil unrest, industrial or chemical accidents. These could limit our ability to reach you, and we want you and your family to be well prepared. The following suggestions will help you to prepare.

IT IS VITAL THAT A PLAN BE DEVELOPED BEFORE AN EMERGENCY OCCURS.

- Meet with your family and discuss how you will respond if a disaster occurs.
- Discuss what to do in case of power outages. If you are using medical equipment that is powered by electricity, you will be advised by the delivery technician about what to do if there is an outage. Be sure you understand these instructions.
- Know at least two emergency exit routes from your home. Plan how to move someone who is bed bound. Your nurse can help you develop this plan.
- Check your medicine supply and do not let it fall below a three-day supply.
- Prepare an emergency kit that includes the following:
  - ☐ Candles or a battery operated lamp
  - ☐ Cigarette lighter (matches are often unreliable)
  - ☐ Flashlight and batteries
  - ☐ Portable radio with batteries
  - ☐ Bottled water
  - ☐ First aid kit
- If a storm is approaching, listen to weather updates on your local radio or TV station.
- During bad weather or a disaster situation, your Hospice team members will attempt to contact you. If you have left your home, please call to let us know your new location.

Hospice of the Piedmont and Hospice of Randolph has developed its own emergency plan in order to do our best to take care of patient needs. We will contact those patients with the most immediate needs first. Team members may not be able to visit when road conditions are dangerous. Advice may be given by phone, and emergencies will be taken care of in the safest manner possible. If telephone service is interrupted, tune to local television or radio stations for possible information updates.

Back to Contents

Home Safety

MEDICAL EMERGENCY: An on-call nurse is available after office hours to answer questions and make home visits if needed. Many emergencies may be helped by calling Hospice first. (*Refer to page 2.)*

In an emergency you have the right to decide whether to call Hospice or 911, your doctor, or go to any emergency room. If you use ambulance services without Hospice approval, you may be charged. *(Refer to page 2 for additional ambulance coverage information.)*

GENERAL HOME SAFETY GUIDELINES:

The following guidelines are offered to protect you and others from hazards in your home.

FIRE SAFETY

- Call 911.
- Use smoke detectors on every floor of your home and near all bedrooms.
- Keep fire extinguishers in the home, especially in high-risk areas, such as the kitchen, workshop, etc.
- Develop an evacuation plan and practice evacuation in the event of a fire. Family members who require assistance should be removed first.
- Plan a meeting place outside the home in the event of a fire.
- Plan exit paths in the event of fire at various areas within your home.
- Avoid smoking in bed.

ELECTRICAL SAFETY

- Keep appliances away from oil or moisture.
- Cover unused electrical outlets to prevent children from inserting objects.
- Check electrical cords and telephone cords for wear. Do not use cords that are frayed or have exposed wires. Be sure to check the junction between the cord and plug also.
- Ground all three-pronged plug adapters.
- Check heating pads for cracks prior to use. Do not use if cracks are present.
- Check electrical outlets and switches.
- Never tie knots in cords.
- Stay aware of pets who may chew on cords creating a fire hazard.

EMERGENCY RESPONSE

- Consider giving a trusted family member or friend a key to enter your home in an emergency, especially if you live alone.
- Keep emergency telephone numbers for fire, ambulance, and police at or on every telephone, as well as, your electric company. Call in the event of a power outage.

OXYGEN

- Place “NO SMOKING” placards, provided by the oxygen company, on all entrances to your home.
- Do not use more than 50 feet of extra tubing between the oxygen source and the patient.
- Roll the tubing and carry it to avoid tripping and falling when walking.
- Oxygen cylinders contain gas under great pressure. Care must be taken not to allow the cylinder to fall over. Store cylinders upright in a stand or cart.
- Do not have open flames, such as pilot lights of gas stoves or water heaters, within 12 feet of any oxygen equipment. (This warning applies to the tubing, too.)

Back to Contents

DISPOSAL OF HAZARDOUS MATERIALS

- Needles
  - Never recap needles.
  - Place needles and syringes inside a metal can with a lid or the sharps container provided by Hospice.
  - Never put sharps containers in your regular trash. When your sharps container is 2/3 full, you will then take it to your local Material Recovery Facility or return it to Hospice for safe disposal.
  - Store needles and syringes out of reach of children and out of sight of visitors.
- Drainage waste
  - Place all used dressings into a plastic bag and place it inside your trash.
  - Wash hands with soap and water before and after contact with waste.
  - Disinfect soiled clothing by washing separately in hot water with bleach.
- Always wash hands with soap and water before and after any health-related care.

For medication disposal guidelines, refer to page 19.

FALL PREVENTION

To prevent falls in the home:

- Secure rugs and carpet edges with non-skid tape or remove area and throw rugs.
- Remove oversized furniture and objects.
- Keep traffic areas free of clutter.
- Be sure traffic areas have sufficient light.
- Make sure electrical cords or oxygen tubing are out of the way.
- Use mobility and safety aids, if needed (walker, cane, wheelchair, transfer belt, or elevated toilet seat.)
- Store supplies in an out-of-the-way place, yet keep them easily accessible to the patient.

In the bedroom:

- Put in a bedside light with a switch that is easy to turn on and off, like a touch lamp.
- Use a night light.
- Adjust the height of the bed to make it easy to get in and out.
- Have a firm chair with arms to sit and dress.
- Keep bed rails up and locked as appropriate.

In the bathroom:

- Install secure grab bars near the toilet and shower/tub.
- Use a bathmat or other non-skid material in shower/tub and on floor surfaces that could get wet.
- Use a shower seat.

In stairways, hallways, and pathways:

- Install tightly fastened handrails running the entire length and both sides of the stairs.
- Install non-skid treads on the stairs.

In the case of a fall, it is good to have at least one phone extension in each level of the home with emergency numbers. Always be sure to rise slowly especially after eating or sleeping because low blood pressure may cause dizziness at these times.

For more information about patient mobility and preventing falls when assisting a patient in moving, see page 17.

Your Hospice team is available to answer your questions. Throughout the course of care, they may suggest ways to improve patient safety. Please work with us to make home care a safe experience for everyone involved.

Back to Contents

Basic Care

NUTRITION AND EATING

One of the most common yet expected symptoms of life-limiting conditions is loss of appetite. Taste changes, nausea and vomiting, depression and the dying process all add to the lack of interest in food. This can be very frustrating and emotionally challenging for the caregivers.

What to do:

- Do not force your loved one to eat or constantly remind them of their decreased appetite.
- Continue to offer food and fluids often, but remember this is all you can do. Patients appreciate their acceptance or decline of food/fluids being respected as they know their body best.
- Avoid very hot or very cold temperature foods.
- Fix foods in the morning or use good kitchen fans to avoid cooking odors that may increase nausea. Persons experiencing nausea tolerate cool foods better.
- Use small plates and glasses and offer small amounts of food.
- Keep a variety of desired foods on a small plate to allow the patient to snack.
- Give mouth care prior to meals to freshen the mouth and stimulate taste buds.
- If the patient has a decreased taste for food, try sweet or tart foods or add herbs and spices to their food.
- Make food and mealtime attractive and pleasant.
- Remember that as a body prepares for death, food and drink are often the first things given up. This is a natural process and should be expected. Above all, stay calm.

For dry mouth:

- Tart foods such as lemon custard may help make more saliva.
- Sip on fruit juices.
- Use foods with lots of water in them.
- Suck on sugarless hard candy or popsicles.
- If dry mouth is not tolerable, talk with your nurse. A saliva substitute may be needed.

SKIN CARE

It is important to keep the skin in good condition. Unfortunately, this is one of the most difficult problems in caring for bed-bound patients. Pressure sores may occur on patients who are confined to bed for a long time and don't change positions often enough.

What to do:

- Keep the skin clean and dry.
- Keep the bed linens dry and wrinkle free.
- Gently massage and apply lotion once or twice a day.
- Explain to the patient the importance of turning and be sure that they turn or are turned every two hours.
- Use pillows under the arms, legs and back.
- Check the patient's skin daily for blisters, red areas, cracks or tears and report all changes to your nurse.
- Inform your nurse if you notice any concern with skin care.

MOUTH CARE

Cleaning the mouth provides several benefits including preventing sores and possibly contributing to the improvement in appetite and thirst. Use a soft toothbrush or a soft cloth wrapped around a finger to clean your mouth. Disposable, foam-covered sticks called mouth swabs may also be used.

Back to Contents

What to do:

- Brush teeth and gums gently with toothpaste and rinse with cool water.
- If the patient needs assistance, raise the head and trunk to a half-sitting position to prevent choking. Give the patient a sip of water to moisten the inside of their mouth and provide a bowl for them to spit into. Do not put the toothbrush too near the back of their throat.
- If the patient is lying flat or if they are unable to swallow or swish liquid in their mouth, do not attempt toothbrushing. Ask the nurse for special instructions for mouth care.
- Take dentures out regularly for cleaning. Remember that if weight loss occurs the dentures may require relining in order to prevent painful rubs.
- Eating yogurt daily may replace "good" bacteria lost by taking antibiotic medicines.
- Be sure to keep lips moist with lip balm or Vaseline. Re-apply several times a day. **NOTE:** If using oxygen, do not use Vaseline or petroleum jelly.
- If mouth soreness develops, avoid highly spiced, salty or tart foods, hard foods that may cut or rub sore areas, and very hot or cold foods.
- Tell your nurse if mouth soreness develops.

GENERAL MOBILITY

A person who is unsteady on his feet, confused or just generally weak is at high risk for falling. A person who has these problems is apt to slip out of bed while trying to get up, fall from the toilet, slip in the shower or perhaps become weak as he or she is walking.

What to do:

- When getting your loved one out of bed, first sit them on the bedside for a minute or so, in case the change in position causes dizziness or unsteadiness.
- Provide assistance when the patient is standing or walking.
- Stay with the patient in the bathroom if they feel dizzy or light-headed.
- Have a bedpan easily accessible or place a commode near the bed.
- Prepare the home by using the fall prevention safety information on *page 15*. Ideas include using side rails on the bed, bath mats or non-slip stickers on the shower/tub, and securing rug edges to prevent tripping.

If you need to assist a patient in moving:

- Evaluate the weight of the person being moved and their ability to help themselves in the move.
- Do not attempt to lift anyone if there are any doubts of your ability to do so safely.
- Establish a firm base of support by placing your feet about shoulder width apart.
- Remember to flex your knees and to use the muscles in your arms and legs.
- Whenever possible, use push or roll techniques rather than directly lifting. Ask your nurse for a demonstration of the proper techniques.
- Remain close to the person being moved in order to maintain control.
- Lift smoothly to avoid the strains created by jerky and awkward movements.
- Do not twist your body to turn. Instead, move the feet with the body in a turning motion when changing positions.
- Use of a draw sheet can be helpful with lifting and pulling. Your nurse will demonstrate proper technique.

Back to Contents

INFECTION CONTROL

If a person's immune system is damaged or suppressed, they will be at high risk for developing infections. A damaged or suppressed immune system may be the result of disease or a side effect of treatment. To help prevent infection follow good infection control procedures.

What to do:

- Wash hands thoroughly with liquid anti-bacterial soap before and after patient care, before preparing and serving any food, and after use of the restroom.
- Keep all rooms of the house clean and well ventilated. Keep air conditioners and humidifiers cleaned and repaired so that they don't harbor infectious organisms.
- Patients should avoid cat feces, bird droppings and water in fish tanks.
- Change towels and washcloths daily.
- Clean toothbrushes at least once per week by soaking them for 15 minutes in a mixture of one part hydrogen peroxide to three parts water.
- Clean bathtub, disinfect toilet and mop floor at least once per week or more often if needed.
- Dispose of mop water in the toilet.
- Use care when preparing meat (cook until juices run clear), fish (cook thoroughly), or eggs (cook well and do not use raw eggs or eggs with a cracked shell).
- Wash all fruits and vegetables before eating or refrigerating. Your doctor or nurse will tell you if you should avoid raw fruits and vegetables.
- Use separate cutting boards for meats and vegetables.
- Clean refrigerator frequently to prevent illness from mold, etc.
- Set refrigerator temperature at 40°F or colder.
- Clean can openers after each use.
- Use a clean spoon each time you taste food being cooked.
- Use a dishwasher or hot, soapy water for washing all pots, pans, dishes, glasses and utensils.
- Clean all kitchen work surfaces with disinfectant, especially after preparing poultry or hamburger.
- REMEMBER- FREQUENT HANDWASHING!

Back to Contents

General Medication Management

Medicines can be an important part of ensuring the comfort of the patient. It is important that they are used appropriately.

What to do:

- Keep a list of current medications, including over the counter medicines. Write down when they are to be given and their dosage. Your nurse will assist you in preparing a medication sheet
- Take medications according to the schedule prescribed by your doctor.
- Keep a supply of fever reducing medication (such as Tylenol) available for unexpected fever *(see page 27).*
- Keep all medications in their original containers (except for those placed in a pill box).
- Refill the medicines before you use the last dose.
- Store suppositories (medicines placed in the rectum) in the refrigerator.
- Keep old medicines in a separate container. Your nurse will let you know when and how to destroy them.
- Do not store your medicines in the bathroom. It is usually too humid.
- Be sure that you do not crush or break pills without talking to your nurse. Many medicines are coated for delayed action and cutting them will destroy that action and could be dangerous.
- Before giving medicines, roll the head of the bed up or elevate the patient with pillows and wet the patient's mouth.
- Nausea medicine should be given with a little water 1⁄2 to 1 hour before pain medicine, and the patient should not attempt to eat until the nausea medication has had time to start working.
- Remember that symptoms may be controlled more easily if treated early.
- It is standard practice for our nursing staff to review and count medications in order to monitor symptom control and make sure patients do not run out of medications.

MEDICATION STORAGE

- Store all medications out of reach of children and/or pets.
- Secure all caps on medication bottles.
- Store syringes behind a closed door and do not talk about the fact that you have syringes in your home.
- Never expose medication, in or out of bottles, to sunlight. (This also applies to injectable medications, such as insulin.)
- Canned tube feedings are kept at room temperature until opened, at which time they should be refrigerated.

MEDICATION DISPOSAL

For all medications including opioids or narcotics:

Unused portions of medications used to treat common conditions and diseases should be disposed of properly to avoid harm to others. Certain medications, such as opioids and narcotics, can be especially harmful and extremely dangerous if taken by someone other than the prescribed. According to the Federal Drug Administration (FDA), medicines, including opioids and narcotics, can be thrown away in household trash if these instructions are followed.

- Take the prescription drugs out of the original container.

Back to Contents

General Medication Management *(continued)*

- Mix with an undesirable substance, like kitty litter or coffee grounds.
- Put the mixture into a disposable container with a lid, such as a margarine tub or sealable bag.
- Conceal or remove any personal information on the medication bottle, including the prescription number.
- Place the sealed container with the drug mixture and empty medication bottles into the trash, not recycling bins.

In addition to the above instructions, left over medications can also be put in collection receptacles for drug disposal, sent to mail back programs, or taken to drug take back programs sponsored by law enforcement.

Family members are responsible for proper disposal of all medications.

Notes

Back to Contents

Symptom Management

Your comfort is our primary concern! All members of your hospice team will frequently ask about your comfort and whether you are experiencing any pain. It is important to always report any pain or symptoms that are new to you right away so your nurse can follow up. Because pain is such an individual experience, it is impossible to know what another's pain feels like. But by understanding how pain affects you, we can work with you and your doctor to make you more comfortable.

All types of pain can be treated safely and effectively using many types of treatment including medications and many non-drug treatments.

FACTS ABOUT PAIN MEDICATION

MYTH: Pain medicine should be saved and used only when pain is severe.

FACT: Pain medication should be given on a regular basis so there is a stable amount of medicine in the body to keep the pain away. By taking medication before the pain becomes unbearable, the patient can get better relief with lower doses and fewer side effects.

MYTH: The patient will develop a tolerance to his/her medication and will have to keep taking more and more until he/she is immune to it and it doesn't work anymore.

FACT: Tolerance to opioid drugs occurs but is seldom a clinical problem. Tolerance means that taking the drug changes the body in such a way that the drug loses its effect over time. Most patients' doses are gradually increased until pain relief is obtained, then they stabilize at this dose for a period of time. If doses need to be increased because pain returns, it is more commonly due to disease factors.

MYTH: If the patient takes narcotic medications, he/she will become addicted.

FACT: Addiction is characterized by the compulsive use of drugs for their psychological effects. It is rare for patients with pain who have no history of substance abuse to become addicted to pain medication.

MYTH: If the patient no longer needs the medication, he/she will go through severe withdrawal when trying to stop it.

FACT: Withdrawal is a physical phenomenon that means the body has adapted to the drug in such a way a "rebound" occurs when the drug is suddenly stopped. All people who take opioids for a period of time can have this withdrawal syndrome if the drug is stopped or suddenly lowered. This can be prevented by slowly tapering use of a drug over time. Possibly having withdrawal is not the same as being addicted and is usually no problem at all.

MYTH: Pain is only a physical issue.

FACT: Pain may generate from spiritual or emotional concerns. Please speak with your chaplain or social worker.

⮌ *Back to Contents*

SUGGESTIONS FOR PAIN MANAGEMENT

- Take your medication exactly as prescribed and don't wait until the pain is intense before taking your medicine.
- Make sure that you have a three-day supply of pain medication available at all times and call the pharmacy for another prescription before the last dose of medicine is given.
- Report your pain accurately. Your nurse will want to know—When did the pain start? Is this a new pain? How long have you had this pain? Where is the pain located? On a scale of 0-10 (0 being no pain; 10 the worst pain you could imagine), how would you rate your pain? Is there anything that makes you feel better or worse? When did you take your pain medication? We have included a sample pain journal in the back of this notebook that you may want to use in order to help identify factors that make your pain better or worse.
- Caregivers should always believe a patient who reports pain. However, not all patients can verbalize what they are feeling. In those cases, the caregiver should watch for signs of pain. Sometimes frowning, moaning, general restlessness, short rapid breathing, muscle tensing and/or resistance to turning or positioning are symptoms of pain. Report your observations to the nurse or any team member.
- Read the directions on your pain medicine. If the directions say to give one to two doses and you have only taken one and still have pain after 30-45 minutes, take the second dose. If the pain continues 30 minutes after your second dose, let your nurse know.
- When you are in pain, you may want to limit visitors so that you can rest and relax. Usually you rest better if the temperature of the room is comfortable, the lights are dimmed and your clothing is loose. Try changing your body position. Don't sit or lie in the same position for more than two hours. You may want to use pillows under your arms, legs or feet.
- Try relaxation breathing—Breathe in slowly and deeply through your nose expanding your belly with air and breathe out through your mouth emptying your belly and letting it relax. Your social worker can help you with relaxation techniques.
- If you like to be touched, ask someone to hold your hand or to gently massage your hands or feet.
- Try to focus on something besides the pain. Watching a movie, reading or having someone read to you, listening to music, visualizing a pleasant place or meditating are some ideas that may help.
- Sometimes heat and cold—such as heating pads and ice packs—may be used for 15-30 minutes over the area of pain. Use a light cloth between the heat or cold and the skin, and be sure to check the skin frequently. Do not use the heating pad at its highest setting or while you are sleeping. Talk to your nurse to see if this method could help you.

Back to Contents

SIDE EFFECTS OF PAIN MEDICINES

Side effects may occur with the use of pain medications. These may include the following:

- Dry mouth: additional fluids, sugarless hard candy or gum, and/or artificial saliva may help.
- Increased heart rate: heart rate may slow within a few days of starting medicine or changing dose.
- Constipation: see section on constipation. Watch for an increase in constipation with increases in pain medication.
- Drowsiness: usually gets better within 1-3 days of starting medicine or increasing dose.
- Nausea and vomiting: note if this happens with each dose of medicine and tell your nurse so that a change in medicine can be discussed with your doctor.

Please let your nurse know if you are experiencing any of these symptoms.

NAUSEA AND VOMITING

Nausea/vomiting may occur due to illness or as a side effect of treatment or medication.

What to do:

- Eliminate odors that may cause nausea. Avoid perfumes and deodorants that are scented. Serve cold foods rather than hot foods to avoid food odors.
- Avoid sudden movements or quick changes in position.
- Try lying on your side. Breathe slowly through your mouth.
- Be sure to lie on your side if you are vomiting so the vomit will not be inhaled or swallowed.
- Rinse your mouth often to get rid of any unpleasant taste.
- Be aware of your diet. Seek out foods you like. Highly seasoned or fried foods often cause nausea.
- Drink clear liquids until nausea goes away (Gatorade, Sprite, 7-Up, ginger ale, apple juice).
- Try sipping cool liquids slowly through a straw.
- If unable to tolerate liquids, do not take anything by mouth for awhile, then try sucking on ice chips.
- Advance to a soft, bland diet, as you are able to tolerate it.
- Some people are able to tolerate dry foods such as saltines, toast and dry cereal. This is especially true in the morning.
- Try small, frequent meals rather than three larger meals.
- Eat slowly and chew food well to make digestion easier.
- Relax after eating, but do not lie flat for at least two hours after eating.
- Uncontrolled pain may cause nausea and vomiting. Let your nurse know if your pain is not controlled.
- Your doctor may have to give you medication for your nausea. Talk to your nurse about this.

ELIMINATION

The elimination of urine and stool is the body's mechanism for removing waste products. Problems with elimination can cause someone a great deal of anxiety, embarrassment, and discomfort. For many

Back to Contents

it is seen as a loss of control, not only of their body functions but also of their life. A matter-of-fact, but caring, attitude by the caregiver lessens this feeling of helplessness. Talk with your medical social worker about the emotional impact of these physical changes.

URINE: As a patient weakens, a bedside commode, bedpan, or urinal may be needed. Sometimes a catheter (plastic tube) may be used because of urinary incontinence or not being able to urinate. Incontinent pads or briefs may be used to protect the patient and the bed from soiling.

What to do:

- Offer as much privacy as possible while keeping the patient safe.
- Use powder on the edges of the bedpan.
- Raise the head of the bed while the patient is on the bedpan.
- Keep approximately 1 inch of water in the bedside commode. A few drops of dish detergent in the water lessens soiling and makes rinsing easier.
- Rinse the urinal twice after each use and keep within the patient's reach.
- Notify your nurse if the patient is unable to urinate for 12 or more hours or if the lower belly is swollen or painful.
- Dark, small amounts of urine may indicate inadequate fluids. Offer fluids often along with foods high in water, such as fruits.

If a catheter is ordered:

- Always wash your hands before and after working with the catheter or drainage bag, and wear gloves.
- Empty the drainage bag at least two or three times per day and always empty it when the bag is half full. Record the amount of urine in the bag on a daily care chart each time it is emptied.
- When emptying the drainage bag, do not allow the end of the tubing to touch anything. If it does, wipe the tubing with an alcohol pad.
- Keep the catheter taped to the patient's thigh with non-irritating tape or a leg strap. This will prevent uncomfortable tugging on the catheter.
- Keep the drainage bag lower than the level of the patient's bladder at all times. When the patient is turned, and the catheter must be switched from one side of the bed to the other, pinch the tubing and raise the drainage bag only as high as the mattress to pass it to the other side of the bed.
- Cleanse the genital area around the catheter and about 6 inches of the tubing closest to this site at least twice daily with mild soap and water. Rinse and dry thoroughly.
- Encourage the patient to drink plenty of fluids. Ideally, this would be 2-3 quarts of fluids per day, but this is not always possible for many patients. While fluids should be offered frequently, never force a patient who wishes to refuse fluids offered.
- Report fever, chills or if urine does not appear to be draining through the tubing. If you do not see the urine draining, be sure that the tubing is not kinked.
- If the catheter should come out in the

Back to Contents

middle of the night, you can wait until morning to notify Hospice, UNLESS the patient is uncomfortable and feels the need to urinate but can't.

For persons using leg bags: Empty the bag at frequent intervals during the day. When the leg bag is removed at night, clean the bag with a disinfecting solution of bleach (1 part bleach mixed with 10 parts of water). Rinse the bag and allow to dry.

DIARRHEA: Diarrhea is frequent passage of unformed, watery bowel movements. It's important to give the bowels a chance to rest when diarrhea occurs by avoiding solid foods and irritating liquids until the symptoms of diarrhea are improved.

What to do:

- When diarrhea occurs, start giving clear liquids (Sprite, 7-Up, ginger ale, broth, Gatorade, Pedialyte, Jell-O).
- Avoid non-clear liquids, milk products, and solid food until symptoms have stopped for 24-48 hours.
- Be sure to stop taking any stool softeners or laxatives at this time.
- After diarrhea has stopped for 24-48 hours, you can start a full liquid diet and then advance gradually back to a regular diet.
- Always wash your hands after cleaning any stool from yourself or the person you are caring for.
- Provide skin protection from the irritation of frequent, loose stools. Wash the rectal area gently with warm soap and water; rinse and gently dry. Protect the skin with a protective barrier such as A&D ointment, Vaseline, Carrington gel.
- Report any break in the skin to your nurse.

CONSTIPATION: Constipation occurs when bowel movements become less frequent than normal and the stool becomes hard and difficult to pass.

What to do:

- Try to have a bowel movement at the same time each day. If a person has limited mobility, take them to the bathroom or offer the bedpan at the same time each day.
- Do not delay having a bowel movement.
- Not everyone has a bowel movement each day, but most people should have a bowel movement at least every three days or twice a week.
- Increase the amount of water, juice and other liquids.
- Eat more fruits, vegetables, oatmeal and bran.
- Try to get some mild exercise everyday if this is possible. This helps the bowels to move.
- Try drinking a large glass of prune juice every morning or squeeze a lemon into a large glass of warm water and drink it.
- Keep track of the regularity of your bowel movements.
- Your doctor or nurse can suggest a stool softener or laxative to treat constipation. These over-the-counter medications are usually needed by people who are taking pain medicines or other medicines that may cause constipation.

Back to Contents

- Severe constipation can show up as small spurts of diarrhea because liquid stool leeks around a hard stool mass. Tell your nurse if this happens.

If an enema is ordered…

- Protect the mattress. A plastic shower curtain liner works well under the sheets.
- Gather your supplies:
  - ☐ Incontinent pads
  - ☐ Bedpan or bedside commode
  - ☐ Toilet tissue
  - ☐ Enema
  - ☐ Gloves
  - ☐ Wash cloths
  - ☐ Lubricant, if using an enema bag
- Place incontinent pads under the hips. Have the patient turn to their left side with their right knee bent.
- Lubricate the enema tip if not using a disposable enema that is pre-lubricated.
- Ask the patient to breathe slowly and deeply through their mouth.
- Insert the tip of the enema bottle into the rectum and squeeze slowly and gently.
- If most of the enema begins to run out of the rectum, remove it. Wait a few minutes, then reinsert and continue.
- Ask the patient to squeeze the rectum during the insertion of the tip and after its removal to hold the solution in the rectum for 5-15 minutes. This is often difficult for a weakened patient. They may need a second enema.
- Help the patient onto the bedpan or bedside commode.
- Wash your hands and the patient's hands after cleansing the rectal area.
- A hard stool may scratch the rectum and bowel. Do not be alarmed if a small amount of bleeding happens. This usually stops within minutes. If bleeding continues, tell your nurse.

SHORTNESS OF BREATH

Congestion or shortness of breath may occur. This can be frightening to a patient and their caregivers. With less activity and longer periods in bed, breathing becomes more shallow. Uncontrolled pain may also limit lung expansion. Sometimes secretions may gather in the lungs and throat.

What to do:

- Be calm. Shortness of breath can cause anxiety and anxiety can also cause shortness of breath. The caregiver should talk in a calm, reassuring voice to help decrease anxiety.
- If shortness of breath occurs with activity, stop and rest.
- If shortness of breath occurs while lying in bed, raise the head of the bed or position the patient on pillows.
- Keep the home environment cool. Provide a gentle breeze to the patient's face and chest. Open the windows or fan the area. A circulating fan may help.
- If a cough is present with shortness of breath, a cool mist vaporizer may help.
- If inhalers or other medications to help breathing are ordered, make sure that you are using them as ordered.
- Encourage slow, deep breathing. Breathe

Back to Contents

in until the belly expands and then breathe out emptying your belly. Do this 4-5 times and follow with 2-3 coughs. Repeat several times every 2-3 hours while awake.

- If the patient is bed bound, be sure that they are turned every 2 hours.
- Try other relaxation exercises to help reduce stress.
- Call your nurse if severe shortness of breath or wheezing occurs or if you notice a change in skin color such as blueness around the lips or nails or if you notice an increase in confusion or lack of concentration.

If oxygen is ordered:

- A medical equipment company will deliver the oxygen, set it up and instruct you in how to use it.
- Carefully follow all the instructions given by the equipment company to ensure that it will work properly and safely.
- DO NOT smoke or light matches in a room where oxygen is in use.
- Be sure that your electric utility company knows that oxygen is being used in the home. This will alert them to the need for priority repairs.
- Be sure to display the oxygen alert notice.
- Be sure to wash your hands thoroughly before cleaning the equipment.
- Call for more tanks of oxygen before you connect the last tank.
- For comfort you may want to put K-Y jelly on dry, cracked nostrils. Do not use petroleum jelly (Vaseline). Use cotton to ease pressure around the ears or face.
- Refer to the Home Safety section *(page 14)* for additional information on oxygen in the home.

FEVER

Fever is an elevated body temperature that is generally above 100.5° F by mouth, 99.5° F under the arm, or 101.5°F rectally. The skin is usually warm and flushed. The person with fever may complain of headaches or body aches and may be more sleepy than usual. They may have no appetite. Irritability may also be present.

What to do:

- Remove heavy bedclothes. Provide lightweight, loose-fitting clothes. Cotton usually absorbs perspiration well and is more comfortable.
- Offer fluids to prevent dehydration. Dehydration can cause the temperature to remain elevated. Usually clear liquids or ice chips are tolerated best. Offer the liquids in small amounts frequently.
- Provide circulating room air, but do not allow a chill to occur.
- Provide frequent mouth care. Keep lips moist with lip balm or Vaseline, unless on oxygen.
- A cool (tepid), not cold, bath may help.
- If the temperature goes above 103°F rectally, cool moist cloths or ice packs placed in the armpits and the groin may help.
- Unless you have instructions from your doctor to avoid acetaminophen (Tylenol), take 650 mg. of acetaminophen to reduce the fever. If the fever is not relieved within two hours, notify your nurse.

Back to Contents

PAIN JOURNAL

PATIENT NAME: ______________________________

PAIN INTENSITY SCALE

0	1	2	3	4	5	6	7	8	9	10
No pain					Medium pain					Worst pain

DATE	TIME	ACTIVITY WHEN FELT PAIN	PAIN RATING (0-10) none-very bad	PAIN MEDICINE(S) TAKEN (yes/no)	OTHER PAIN RELIEF methods used (list)

Back to Contents

HOSPICE of the PIEDMONT | HOSPICE of RANDOLPH

Caregiver Support and Planning Considerations

Back to Contents

Back to Contents

Caring for the Caregiver

Caring for your loved one is an important role. Because your loved one needs you, the best way to take care of them is to make sure you take care of yourself.

There is no way to make your journey easy, but many caregivers have found the following reminders to be helpful:

- Exercise (as approved by your physician) for at least 20 minutes 2-3 times per week. Walking and stretching your arms and legs are good ways to relieve stress and boost your energy.
- Eat a healthy, well-balanced diet at least 3 times per day. Take time to sit down when you eat because you digest food better when you can relax.
- Do not deny yourself pleasure foods but try to cut down on fatty foods, sugar, caffeine, tobacco, and alcoholic beverages.
- Rest and sleep are important. Treat yourself to a nap. Ask friends not to call during certain times of rest.
- Find time for yourself. Do something you enjoy on a regular basis. It may be visiting or talking with close friends and family, taking time to pray or meditate, even engaging in a favorite hobby. Try to get out of the house at least once a day.
- Start a help list. Many of us find asking for help an awkward and difficult thing to do, but you will probably find that most people - family, friends, and neighbors - are grateful for the opportunity to help. You might start a list of things that would ease your day or brighten your loved one's day so that when someone asks, "How can I help," you could let them choose from the list. Some examples of tasks you might ask friends or family to perform include:
  - – Help with household chores – cut the grass, rake leaves, dust, vacuum, change bed linens, etc.
  - – Bring special gifts or a favorite food item, etc.
  - – Spend time with you or the loved one who is ill – sharing old photographs, writing letters, playing music, etc.

Remember: your medical social worker is an important person to talk with about the role of caregiving. Your social worker can help you explore ways to meet your needs as you care for your loved one.

Additional online support resources for caregivers:

Caring Connections
www.caringinfo.org

CaringBridge
www.caringbridge.org

Hospice Journey
www.hospicejourney.org

Lotsa Helping Hands
www.lotsahelpinghands.org

Back to Contents

Advance Planning

When an individual faces a serious, life-threatening illness, there are many decisions that need to be made. Sometimes it is difficult to talk about personal issues, but it is usually beneficial for both the patient and the family if these are discussed before a crisis occurs. Making your personal and healthcare wishes known to your family will give you a sense of peace and provide your loved ones with the direction they need in order to carry out your wishes.

To start a conversation, the patient could say to the family: *"This is hard for me to talk about, but I need to tell you what I would or would not want in certain/specific situations."*

Or, the family could begin by saying: *"This is hard for me to talk about, but I really want to respect and carry out your wishes. I need to know what you want me to do in certain situations."*

Once the dialogue begins, plans can be made. You may find that this is a very special time of family sharing. After decisions are made, there is a sense of relief and you can focus on living as fully and comfortably as possible.

Your medical social worker can help guide you through this process.

FINANCIAL MATTERS

Important financial activities may include establishing a will, appointing a power of attorney, and gathering information about bank accounts, life insurance, deeds and titles to property, other assets, outstanding loans, and information regarding military service. Your medical social worker can provide additional information.

HEALTH CARE DIRECTIVES

Advance Directives is a common term for several documents completed by a patient describing treatments that should or should not be given, or identifying a person(s) who can make medical decisions in the event the patient is unable to speak for him or herself.

Health Care Power of Attorney, also referred to as a health care proxy or medical durable power of attorney, is a legal form that authorizes a person of the patient's choice to make health care decisions for the patient if he/she is unable to do so.

A Living Will is a guide for others in determining what medical treatments you would or would not want if you were dying. Technology and medical advances have given us more and more choices. It is important to understand the benefits and burdens of treatment decisions and make a decision based on your own value system.

The Hospice team will ask to view these advance care documents if you already have them in place. If you have not completed them and would like to do so, your social worker can help. It is important to note that you can always change your mind about future choices. As long as you are able to make decisions, your plans can be changed. Our program does not require that you have these documents.

Back to Contents

A **Do Not Resuscitate (DNR) form** is another document that the Hospice team will ask you about. It is a document that specifically tells a health care team not to attempt CPR (cardiopulmonary resuscitation) if your heart and breathing stop. It is particularly important to have this document to show Emergency Medical Services (EMS) personnel and to take it with the patient in the event of ambulance transportation if CPR is not desired.

A **MOST (Medical Orders for Scope of Treatment) form** is another document that can be used to communicate health care decisions and wishes to the hospice team and health care providers. Please tell your hospice social worker or nurse if you have a MOST or want more information about the form.

While decision making capacity and communication are clear…you should discuss feelings about dying at home. While the majority of individuals and families want death to occur at home, some may prefer the time of death occur in a hospital, Hospice Home, or nursing home, if possible. Share your feelings with the Hospice team. We will do our best to have your wishes honored.

Sometimes those who are ill want to help plan their own obituary and funeral in great detail while others provide little input. Often families find they are better at making sound decisions about final arrangements before the death occurs.

A word about organ donation… An illness like cancer or a treatment like radiation or chemotherapy does not automatically keep people from being organ donors. If you want to donate an organ after death, let your nurse or social worker know. They can help you find more information. This is a personal decision, but because paperwork is involved, it requires planning ahead.

And finally…It may be helpful for the caregiver to be informed about what to expect in the last few weeks of life so that you can be prepared when the time comes. Although it is difficult to predict exactly when a terminally ill person will die, a combination of signs and symptoms can signal the time is getting close. Not all symptoms will appear at the same time, and some may never appear. However, many caregivers find that it is helpful to understand what to expect and to know a symptom is common during the dying process.

For additional information about advance directives including downloadable forms, visit

www.caringinfo.com

____

____

____

____

____

____

____

Back to Contents

Nearing Death

EMOTIONAL CHANGES

We are never ready to give up holding onto the physical body. The realization of that day causes each of us to look within ourselves, evaluate our lives together and apart. It is a time of preparation.

- Months to weeks before death, the patient may begin to withdraw. They are beginning to separate physically and emotionally from their loved ones. Caregivers may feel helpless and begin their own grieving.
- The patient may sleep more, or spend time with their eyes closed or staring into space. They may appear more irritable or lash out at loved ones. This is a normal reaction to fear and loss. It can be a time of anger about unfulfilled hopes and dreams.
- Expressing emotions at this time may be difficult. Just being close, holding a hand and saying "I'm here for you" may be all that is needed during periods of silence.
- As the body is preparing to separate from this world, so is the mind. At times when the eyes are closed or far away staring occurs, the patient may be getting a glimpse of their journey into another world – the world of soul and spirit. People of all countries and religions tell us about this special place.
- The patient may be confused and speak in rambling words and symbols. They may talk of going home, planning a journey, or getting in line. They may talk to others we cannot see. They may reach out for people and things we cannot feel.
- We cannot enter this world, but we can share by listening to everything they say. The Hospice team can help you understand this near-death awareness of the patient. The team will also help you understand how this is different from hallucinations. (Hallucinations may occur infrequently due to medicines, are often frightening, and may include visions of bugs or feelings of persecution.)
- This is a precious time to share with the dying person as you watch for clues: Does the rambling speech have a message? Does their vision bring a smile or look of wonder? Does the body seem to relax? Do they speak of beauty and light?
- Gentle statements or questions may let the person know you realize what is happening. They will feel you understand and that you are giving them permission to tell you about this other world: "What do you see?" "What does it feel like?" "Is it beautiful, peaceful?" "Did they tell you anything?"

SPIRITUAL CHANGES

When facing a life threatening illness, or approaching death, it's natural to reflect on key spiritual issues:

What has been the purpose of my life?

How do my beliefs and values impact me during this time?

What comes after this life?

These concerns and questions are often part of the process of life transition and can significantly affect peace at the end of life.

Back to Contents

Nearing Death *(continued)*

Through our daily choices and actions, each of us creates a unique life, a work of art that will continue in the memory of family and friends. At the end of life, we have the opportunity to reflect on and give thanks for special people and events. We also have the opportunity to complete unfinished business—express love and gratitude to loved ones, ask for forgiveness and/or forgive old hurts.

The support of a chaplain to assist a patient and their family members can help address some of life's most challenging questions as they prepare for death, and can provide much comfort and peace at the end of life.

PHYSICAL CHANGES

Physical changes may be seen by the patient and the caregiver soon after a diagnosis is made by the doctor. Some changes may not happen until weeks or days before death. Some may never occur. Each person's body is special and prepares itself in its own way for death.

The following list of changes will help you understand the journey your loved one's body is taking from the physical world to the spiritual world. You cannot take the journey with them or for them, but Hospice will help you anticipate their care and comfort needs along the way.

Weeks or months before death

General changes considered to be normal signs of decline:

- Less physical activity
- Loss of appetite and thirst
- Increased sleep
- Emotional highs and lows
- Spends more time away from others and talks less
- Gradual lowering of blood pressure
- Weight loss
- Drenching sweats of the upper body with or without fever
- Cooling of arms and legs
- Skin color pale or bluish around lips, ears, and nails
- Occasional loss of control of bowel and bladder functions
- Pain may get worse or better
- Eyes may appear not to see or become glassy
- Difficulty swallowing

Just as every birth is different and special for each person, so is death. As more signs of death approach, your Hospice team members will visit more often to help with physical and emotional concerns. This is a time to ask for support from family and friends and to allow yourself to lean on others. It is also a time to call in friends and family for last goodbyes.

Saying Goodbye

When and how to say goodbye is a personal decision and there is no right or wrong way to do it. Some have difficulty starting the conversation but find that once begun, it can be a gift. This time with your loved one is precious.

Back to Contents

Your loved one may be conscious until the time of death or gradually become unresponsive for days prior to death. It is very important to remember that the patient's hearing usually continues even if the patient appears to be in a deep sleep or coma. They will hear all of the important words you may still need to say. For example:

"I love you."
"I'll miss you."
"I know you are tired."
"I will be o.k."
"It's all right for you to go."
"Please forgive me."
"I forgive you."
"Goodbye."

There are times it is thought patients may hold on to this life until they feel their loved ones are able to let them go. Often a restless, comatose patient with noisy breathing will relax and the breathing become quieter after loved ones have released them and told them they can go.

One to three weeks before death

- Sleeps much of the time.
- Breathing is not as deep and may be irregular. (May appear to not breathe for short periods of time during sleep or rest.)
- Pulse gets faster or slower. The heartbeat may be seen in movement of the chest and neck.
- Blood pressure continues to lower. The patient may get dizzy when sitting or standing.
- Drenching sweats with or without fever.
- Cooling of the arms and legs.
- Skin color change (pale, yellow or bluish around lips, ears, and nails).
- Less control of bowels and bladder.
- Pain may get better or worse.
- Difficulty swallowing.
- May refuse all food and drink.
- Skin color in arms, feet, and legs may have splotches or areas of reddish-blue or purple.
- Sees and may talk with people who have died (often relatives).

One or two days before death

- Eyes may look glassy.
- Breathing may stop for 15-45 seconds.
- Breathing may become loud and more irregular. Congestion may increase.
- Breathing may become very fast or very slow.
- Restlessness and picking at clothing or bedding.
- Skin color changes including dark or bluish splotching (sometimes called mottling.)
- Mottling or splotching moves from feet up the body.
- May speak in riddles or of events to come.
- May ask to go "home."

Back to Contents

When Death Occurs

A Hospice nurse will respond to your call at the time of death. **Please call the Hospice office *(refer to page 2 for phone number.)*** Please try to keep the phone line clear until the nurse returns your call.

The nurse will examine the patient, confirm the patient has died, and make the necessary notifications. The doctor does not visit, nor is the patient's body taken to the hospital. You do not need to notify any authorities.

The nurse or Hospice team member will remain with you until the funeral home staff come to take the patient's body to the funeral home, if desired. At that time, the funeral home will set a time with you to make final arrangements unless previously completed.

Equipment companies will call in the following days to arrange a convenient time to pick up equipment. If you do not get a call from the equipment company within two days, call Hospice at 336-889-8446. The Hospice nurse will instruct you on how to dispose of medications.

After the death of a loved one, a Hospice bereavement counselor will be available during your time of grief. The bereavement counselor will call to give you support and schedule an appointment to meet if you would like. Grief takes its own time and expresses itself differently in each person. Your counselor can help you understand and deal with your feelings and experiences. A choice of grief education and support will be offered to you.

DEATH AT HOME

Patients often say within the last few days or hours of their life that they "want to go home." Often they are in their own home and they are speaking of their heavenly or spiritual home. Home has many meanings for the dying. The following are reasons some families have shared for choosing a home death:

- The patient feels wanted and loved.
- There is no fear of being alone when death occurs.
- It is a safe and secure place to express feelings.
- The patient and caregiver can live by their own schedule.
- There is a loving energy to surround the dying in the home.
- Familiar furniture and belongings offer memories of shared times.
- There are no limits on the number of visitors or the amount of time unless the caregiver or patient request limits.
- There is more privacy in the home.
- The patient does not have to be awakened for routines and procedures.
- The caregiver feels useful.
- The patient and caregivers can continue their regular eating habits.
- There is time to experience the final moments of life in the home and spend time with others who support you. There is enough time to say goodbye.
- It is natural. It is home.

Back to Contents

GRIEF AND BEREAVEMENT

ANTICIPATORY GRIEF

Grieving usually begins soon after the diagnosis of a life-limiting illness is made. Patients, families, and friends grieve for the physical changes the patient is experiencing for the things they can no longer do, and for the shortened time they have with those they love.

Grief is natural. It is our human response to change or loss. It is painful.

How the pain of grief moves through the body, mind, and spirit is special to each person. Sometimes you don't know why you feel empty, hurt, or sad. It helps just to say the words out loud to yourself and feel the feeling.

"Why me?" "Why now?"

"I don't want to talk to anyone."

"Why can't things just be the way they were?"

"How can she leave me now?"

"If the doctors and nurses had just done their job."

"I can't cry." "I can't stop crying." "Why can't I say what I feel?"

"I hate him." "What's the use?"

"It hurts." "I'm so empty, so numb."

"I can't believe this is happening."

"Is God punishing me?"

"I don't know what to do."

"Someone should be able to fix this."

"When will the pain go away?"

"I hate what this is doing to me." "I feel so overwhelmed."

"What do I feel?" "I'm so tired."

Talk with someone. Call your social worker or chaplain, and say "Help me understand my feelings. Where are they coming from?" These emotions are powerful and sometimes frightening. Talk and cry with someone. Crying helps move the feelings through the body. Tears are normal and precious.

BEREAVEMENT

Hospice of the Piedmont and Hospice of Randolph can be a resource for you and your family after the death of a loved one. Our bereavement counselors offer the following services:

- Listening and talking with you
- Grief support groups (day and evening)
- Education and information about grief and the healing process
- Community workshops and programs on grief and loss
- Special services and activities for children and adolescents

To learn more about the services of our Grief Counseling Center, call 336.889.8446.

Kids Path®

Kids Path, a program of Hospice of the Piedmont and Hospice of Randolph, is designed to offer counseling to children experiencing life changes due to the illness or death of a loved one and to meet the special needs of children and teens who are diagnosed with a life-limiting illness.

For more information about this program, please call Kids Path at 336.889.8446 or 336.672.9300.

Back to Contents

SUPPORTING OUR MISSION

Hospice of the Piedmont and Hospice of Randolph deliver care to individuals and their families regardless of their ability to pay. As a not-for-profit organization, we are mission driven. When available, the agency receives reimbursements from Medicare, Medicaid and private insurance, but each year some care is provided without reimbursement.

Additionally, programs like Kids Path and the Grief Counseling Center are provided as a community service at no charge. These special programs and services, including visits with our bereavement counselors, are offered to anyone who has lost a loved one as well as families we serve in hospice care.

Visit the Donate page of our website to learn more about the different ways you can support local hospice services in your community.

Our mission is simple.

We connect individuals and their families to the care they need on the terms they choose.

MEMORIALS

Often families want to memorialize their loved one by giving back to Hospice of the Piedmont and Hospice of Randolph. While memorial gifts help families support our programs that helped their loved one, they also give others an opportunity to offer condolences and sympathy during a difficult time.

If you would like to remember your loved one through memorial giving, please share with funeral home staff that you would like to "designate memorials to Hospice of the Piedmont or Hospice of Randolph at 1801 Westchester Drive, High Point, NC 27262."

Please note that we understand giving decisions are personal. Giving back to Hospice of the Piedmont and Hospice of Randolph is not required. For more information, please contact the Development office at 336.889.8446.

Back to Contents

Patient’s Bill of Rights

As a patient enrolled in a program offered by Hospice of the Piedmont or its affiliates, you have the right to:

- Be informed of your rights and responsibilities in a language and manner that you and/or your representative understands.
- Be cared for by a team of professionals who will provide high quality comprehensive hospice services as needed and appropriate for you and your family in keeping with your goals and without discrimination.
- Be fully informed orally and in writing in advance of services being delivered, about the services/care to be provided including eligibility requirements, the disciplines that furnish care, the anticipated frequency of visits, service charges and anticipated payment from third parties, and any payment responsibility you may have.
- Receive appropriate and compassionate care with a focus on pain management and symptom control in accordance with physician orders and to be informed of anticipated outcomes of care and any barriers to outcome achievement.
- Accept or refuse services or treatments with expected consequences of decisions fully presented.
- Participate in the development and periodic revisions to your service/care plan.
- Be informed in advance of any modifications to the service/care plan (including anticipated discharge from program services).
- Have your property and person be treated with respect, consideration and recognition of your dignity and individuality, cultures, values and beliefs.
- Receive information on advance directives including a living will and healthcare surrogate and complete an advance directive as appropriate to your personal wishes and without fear of reprisal or discrimination.
- Choose your own attending physician.
- Have a confidential medical record and be advised of agency policies regarding disclosure of clinical records.
- Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse including injuries of unknown source, and misappropriation of patient property.
- Voice grievances/complaints regarding treatment/care, lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination or reprisal.
- Have grievances/complaints promptly (within 72 hours) investigated.
- Be informed of any provider service/care limitations and of any financial benefits or formal business relationships that Hospice of the Piedmont and its affiliates have with organizations to which we might refer you.
- Be able to identify visiting staff members through proper identification—a photo ID badge with the Hospice of the Piedmont and Hospice of Randolph logos.
- Have a clear understanding of how to access services from Hospice of the Piedmont and its affiliates during normal business hours and through on-call service for other times.

Back to Contents

If you have any questions or concerns about your rights, concerns/complaints about care/treatment or need to voice other concerns, please discuss with your hospice team or call the Vice President of Quality and Compliance (336-672-9300). If you still have concerns, you have the right to contact the North Carolina Department of Health Services Regulations by phone (919) 855-3750 or through their website at http://ncdhhs.gov/dhsr. You may also contact them through their Complaint Intake Unit at 1-800-624-3004 or (919) 855-4500. These offices are open from 8 a.m. to 5 p.m., Monday through Friday. You may also report a concern to our accrediting organization, The Accreditation Commission for Health Care, Inc. at (919) 785-1214.

As a patient, you have the responsibility to:

- Participate in developing your plan of care and updating it as your condition or needs change.
- Provide Hospice with accurate and complete health information and notify Hospice of any changes in your condition.
- Remain under a doctor's care while receiving Hospice services.
- Assist Hospice staff in developing and maintaining a safe environment in which your care can be provided.
- Advise Hospice of any problems or dissatisfaction with the service provided or if instructions are not fully understood or cannot be followed.
- Inform Hospice of the existence of and/or any changes made to Advance Directives.
- Provide accurate insurance information and apply in a timely manner for all resources that may be available to you to cover Hospice charges.
- Be considerate and respectful of the rights of other patients and staff.

Your signature on the Hospice of the Piedmont consent form indicates that you have received and understand this full Bill of Rights.

Back to Contents

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

Hospice of the Piedmont and/or its affiliates [the "Hospice"] may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Hospice has obtained your written consent. The Hospice has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT:

To Provide Treatment. The Hospice may use your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice interdisciplinary team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Hospice also may disclose your health care information to individuals outside of the Hospice involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals that the Hospice uses in order to coordinate your care.

To Obtain Payment. The Hospice may include your health information in invoices to collect payment from third parties for the care you may receive from the Hospice. For example, the Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Hospice. The Hospice also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice care and the services that will be provided to you.

To Conduct Health Care Operations. The Hospice may use and disclose health care information for its own operations in order to facilitate the function of the Hospice and as necessary to provide quality care to all of the Hospice's patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- 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, planning-related analyses and formulary development.

Back to Contents

- Business management and general administrative activities of the Hospice.
- Fundraising for the benefit of the Hospice and certain marketing activities.

For example, the Hospice may use your health information to evaluate its staff performance, combine your health information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, disclose your health information to Hospice staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you or your family as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For Fundraising Activities. The Hospice may use information about you including your name, address, phone number and email address in order to contact you or your family to raise money for the Hospice. If you do not want the Hospice to contact you or your family, notify the President and CEO (see address below) and indicate that you do not wish to be contacted.

FEDERAL PRIVACY RULES ALLOW THE HOSPICE TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION FOR A NUMBER OF REASONS:

When Legally Required. The Hospice 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 Hospice 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.
- To 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.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect or Domestic Violence. The Hospice is allowed to notify government authorities if the Hospice believes a patient is the victim of abuse, neglect or domestic violence. The Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. The Hospice 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 Hospice, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. The Hospice 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

Back to Contents

Notice of Privacy Practices *(continued)*

subpoena, discovery request or other lawful process, but only when the Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. The Hospice may disclose your health information to a law enforcement official for 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 Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at the Hospice.
- In an emergency in order to report a crime.

To Coroners and Medical Examiners. The Hospice may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. The Hospice 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 Hospice may disclose your health information prior to and in reasonable anticipation, of your death.

For Organ, Eye or Tissue Donation. The Hospice 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 Hospice may, under very select circumstances, use your health information for research. Before the Hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. The Hospice will ask your permission if any researcher will be granted access to your individually identifiable health information.

In the Event of a Serious Threat to Health or Safety. The Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Hospice, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize the Hospice 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 others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. The Hospice may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Hospice will not disclose your health information other than with your written authorization. If you or your

Back to Contents

representative authorizes the Hospice 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 Hospice maintains:

- Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Hospice is not required to agree to your request. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health care insurer. We will agree unless a law requires us to share that information. If you wish to make a request for restrictions, please contact the Vice President of Quality and Compliance.
- Right to receive confidential communications. You have the right to request that the Hospice communicate with you in a certain way. For example, you may ask that the Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Vice President of Quality and Compliance. The Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- Right to inspect and copy your health information. You have the right to inspect and receive an electronic or paper copy your health information, including billing records. A request to inspect and/or receive a copy of your records containing your health information may be made to the Vice President of Quality and Compliance. If you request a copy of your health information, the Hospice may charge a reasonable fee for copying and assembling costs associated with your request. Your information will be provided to you usually within 30 days of your request.
- Right to amend health care information. If you or your representative believes that your health information records are incorrect or incomplete, you may request that the Hospice amend the records. That request may be made as long as the information is maintained by the Hospice. A request for an amendment of records must be made in writing to the Vice President of Quality and Compliance. The Hospice may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Hospice, if the records you are requesting are not part of the Hospice's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Hospice, the records containing your health information are accurate and complete. If we deny your request for changes to the medical record, we will inform you in writing within 60 days.
- Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health

Back to Contents

information made by the Hospice for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to the Vice President of Quality and Compliance. Accounting requests may not be made for periods of time in excess of six years. The Hospice would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- Right to a paper copy of this notice. You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative have received this notice previously. To obtain a separate paper copy, please contact the Medical Records Specialist.
- File a complaint if you feel your rights have been violated. You or your personal representative has the right to express complaints to the Hospice and to the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to the Hospice should be made in writing to the CEO and/or Vice President of Quality and Compliance of Hospice of the Piedmont, 1801 Westchester Drive, High Point, NC 27262, (336) 889-8446 or email Privacy@hopnc.org. You can also file a complaint with the U.S Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. Hospice 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.

DUTIES OF THE HOSPICE

- The Hospice is required by law to maintain the privacy of your protected health information and to provide to you and your representative this Notice of its duties and privacy practices.
- The Hospice is required to abide by terms of this Notice as may be amended from time to time. The Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Hospice changes its Notice, the Hospice will provide a copy of the revised Notice to you or your appointed representative.
- The Hospice must notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

CONTACT PERSON

- The Hospice's contact person to request restrictions, receive confidential communications, inspect and receive a copy of medical records, to amend the medical record, request an accounting is the Vice President of Quality and Compliance.
- The Hospice's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards or to opt out of marketing is the CEO or Vice President of Quality and Compliance.
- Both may be reached at 1801 Westchester Drive, High Point, NC 27262, (336) 889-8446, (336) 672-9300 or email Privacy@hopnc.org.

EFFECTIVE DATE: This notice is effective October 1, 2002. Revised October 1, 2019.

Back to Contents

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement: Discrimination is Against the Law

Hospice of the Piedmont and its affiliates comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Hospice of the Piedmont and its affiliates do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hospice of the Piedmont and its affiliates:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Compliance Officer.

If you believe that Hospice of the Piedmont has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Hospice of the Piedmont
Attn: Compliance Officer
1801 Westchester Drive, High Point, NC 27262
Phone: 336-889-8446 | Fax: 336-889-3450 | info@hospiceofthepiedmont.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Hospice of the Piedmont and its affiliates:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

Si necesita recibir estos servicios, comuníquese con Compliance Officer.

Si considera que Hospice of the Piedmont y sus afiliados no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

Hospice of the Piedmont
Attn: Compliance Officer
1801 Westchester Drive, High Point, NC 27262
Phone: 336-889-8446 | Fax: 336-889-3450
info@hospiceofthepiedmont.org

Si necesita ayuda para hacerlo, Compliance Officer está a su disposición para brindársela. También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201. 1-800-368-1019, 1-800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web http://www.hhs.gov/ocr/office/file/index.html

Back to Contents

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

English ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-336-889-8446

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-336-889-8446.

繁體中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-336-889-8446.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-336-889-8446.

한국어 (Korean)주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-336-889-8446. 번으로 전화해 주십시오.

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-336-889-8446.

(Arabic) العربية ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-336-889-8446.

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-336-889-8446.

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-336-889-8446.

Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-336-889-8446.

ગુજરાતી **(Gujarati)** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-336-889-8446.

ខ្មែរ (Cambodian) ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-336-889-8446.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-336-889-8446.

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-336-889-8446. पर कॉल करें।

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-336-889-8446.

日本語 **(Japanese)** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-336-889-8446. まで、お電話にてご連絡ください。

HOSPICE of the PIEDMONT | HOSPICE of RANDOLPH

Back to Contents