



**PATIENT AND FAMILY
GUIDE BOOK**

YOUR HOSPICE OF THE PIEDMONT STAFF

Nurse: _____ Spiritual Counselor: _____

Hospice Aide: _____ Volunteers: _____

Social Worker: _____

OFFICE HOURS AND ON-CALL GUIDELINES

Our office hours are Monday through Friday from 8:30 a.m. to 5 p.m., except during holidays. You may reach us by calling 434-817-6900, 540-825-4840, or 1-800-975-5501 (toll-free) 24 hours per day, 7 days a week, or by using TapCloud.

Issues that are handled during regular office hours:

- Medication refills
- Messages for the primary nurse
 - You need the nurse to bring or order supplies
 - Questions about your visit schedule
- Calls for the social worker, spiritual counselor, or other Hospice of the Piedmont staff
- Lab or bloodwork results
- Questions about the hospice aide

After-Hours or On-Call Guidelines

Call 1-800-975-5501 after hours, on weekends, and holidays.

A registered nurse (RN) is available 24 hours a day, 7 days a week to assist you. We strive to return calls within 20 minutes. If it has been longer, please call again. Examples of after hour situations:

- Pain that does not respond to pain medication on hand
- Difficulty breathing
- New onset of agitation or restlessness
- Uncontrolled nausea, vomiting or diarrhea
- Uncontrolled bleeding
- Unable to awaken patient (new problem)
- Catheter leaking
- Chest pain
- Thinking about taking the patient to the hospital
- Patient death

Should you call 911 before reaching out to your hospice team, this may not be a covered hospice expense. In many situations, your team can help you in the comfort of your home and we would not want to see you responsible for a medical bill unexpectedly.

All Locations Toll-Free: 1-800-975-5501

Hospice of the Piedmont pledges to partner in respectful communication with patients and families.

We promise to be a care team that

HELPS

Honors your care plans.

Encourages feedback.

Listens with compassion.

Places patient & family first.

Shares information clearly.

Your Peace, Our Purpose

Thank you for choosing our wonderful team at Hospice of Piedmont to care for you or your loved one. We have had the honor of serving this community for over four decades—since 1980. Knowing your needs are unique, the focus of your care team is to ensure comfort and support, and to demonstrate honor and respect with all that might be important to you.

Right now, you may have a lot of questions, feel scared, and maybe even overwhelmed, or alone. That's understandable, and we are here to help. Our hospice care and support comes in many different ways. People are often surprised to learn about all of the members of our care team, our different programs and other services we provide. Hospice care is much more than being there in someone's final days or hours. Our team of doctors, nurses, social workers, home care aides, spiritual and grief counselors are here to support you with passion, expertise, and a comforting presence when you need us most.

This guidebook is intended to be a comprehensive resource for you and your loved ones. As you will see in the following pages, there is a lot of good information that will be helpful to you. In your own time, please read and review and write questions for us as they come up. We are happy to sit with you and make sure you are well informed.

On behalf of the entire Hospice of the Piedmont team, it's our honor to care for you during this time.

Respectfully,

A handwritten signature in black ink, reading "Nancy Littlefield". The signature is written in a cursive, flowing style.

Nancy Littlefield DNP, RN
President and Chief Executive Officer

LANGUAGE ASSISTANCE SERVICES

Spanish:	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-975-5501.
Korean:	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1- 800-975-5501.
Vietnamese:	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-975-5501.
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 1-800-975-5501.
Arabic:	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. 1-800-975-5501. اتصل برقم
Tagalog:	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-975-5501.
(Farsi): Persian	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگانتماس بگیرید. 1-800-975-5501.
Amharic:	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገዳጅ ድርጅቶቻችን በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚስተለው ቁጥር ይደውሉ 1-800-975-5501.
Urdu:	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال 1-800-975-5501 کریں
French:	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-975-5501.
Russian:	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-975-5501.
Hindi:	ध्यान दें: यद्द आप ह दीं बोलते हैं तो आपके ललए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हों पर कॉल करें। 1-800-975-5501.
German:	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-975-5501.
Bengali:	লক্ষ্য করুনঃ যদিআপনিবাংলা, কথা বলতে পারেন, তাহলে নথিখরচায় ভাষা সহায়তা পরষিবে। উপলব্ধ আছে। ফোন করুন ১ 1-800-975-5501.
Bassa (Kru):	Dè dɛ nià kɛ dyédɛ gbo: ɔ jũ ké m̄ [ʋàsɔ̀-̀wùd̀-̀po-̀nỳ] jũ ní, níí, à wuɖu kà kò d̀ò po-pò b̄éin̄ m̄ gbo kpáa. Đá 1-800-975-5501.
Ibo:	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-975-5501.
Yoruba:	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero iban isoro yi 1-800-975-5501.

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HOSPICE OVERVIEW

Hospice Overview

This booklet contains general information about your rights and responsibilities as a Hospice of the Piedmont patient. Our complete policy and procedure manual is available upon request.

CRITERIA FOR ADMISSION

Admission to our hospice program is made upon the recommendation of your physician and is based upon your needs. Normally, appropriate candidates for hospice are patients:

- With a life expectancy of 6 months or less – if the illness runs its course
- Who desire treatment that focuses on comfort and quality of life
- Who want to stay at home as long as possible
- Who have a primary caregiver

On admission, our nurse will visit you or your family to discuss hospice services, assess your immediate needs and recommend a plan of care.

WHY HOSPICE?

Hospice is a philosophy and kind of care available to anyone with a life-limiting illness and to those who love and care for them.

We provide care when cure is no longer an option.

We regard dying as a normal process.

WHAT IS HOSPICE?

Teaches the family and loved ones how to provide care so they can focus on their role as a family member.

Offers emotional and spiritual support.

Manages symptoms so that patients can live life to the fullest and do the things they want to do.

Hospice of the Piedmont neither prolongs nor hastens death. You and your loved ones are the “unit of care.” We focus on what matters to you rather than what is the matter with you. Bereavement services are provided for at least 13 months to anyone who is grieving after the death of a loved one.

Role Of Your Hospice of The Piedmont Staff

Your care will be directed by an interdisciplinary group (IDG) which includes the following team members:

Nurse

Serves as the case manager. Your case manager works to prevent and manage any symptoms you are having. Your nurse also teaches your loved ones ways to provide care to you.

Social Worker

Provides emotional support, counseling, and guidance. Identifies community resources available to you. Assists with funeral arrangements. Provides information about advance directives.

Chaplain

Provides emotional support and assists with any spiritual issues. Will assist with communications to your faith community and/or provide spiritual support as needed. The hospice spiritual counselor does not impose his/her beliefs or seek to change the beliefs of others.

Hospice Aide

Provides personal care to patients on a part time basis. Hospice aide services are provided under the supervision of a registered nurse.

Hospice Medical Director

Responsible for the medical management of your terminal illness and any other conditions related to that illness. Our medical director usually works in coordination with our patients' primary care physician (PCP), or she can serve as a PCP, if need be.

Volunteers

Provide support as needed. May be scheduled to visit regularly, or may be available to provide special services such as supportive music sessions, pet therapy, Reiki, massage therapy, vigil support. (See "Non-medical Services", p. 11.)

Non-medical Services

We're proud to provide many complementary services to our patients and families. These special services—meant to further promote healing and comfort—are available to anyone who might benefit from them. You can learn more about any of these services by speaking with your Hospice of the Piedmont team members.

Supportive Music: Hospice of the Piedmont is pleased to be able to offer several different supportive music offerings to patients and families. Music by the Bedside and Front Porch Music provide musicians who are able to play soothing music in a variety of settings - in patients' homes, in nursing homes or assisted living communities, or in the Hospice House and Center for Acute Hospice Care. There are many healing benefits to this type of music programming, including relaxation, a boost to the immune system, and the need for less pain therapy and medication.

Art by the Bedside: Art by the Bedside, led by our team of experienced certified art therapists, allows patients with life-limiting illnesses to practice artistic and creative expression through a variety of media and tools. Like supportive music, there are many healing benefits to artistic and creative expression. This service is available to our patients in whatever setting they are most comfortable.

Healing Touch: Many patients and caregivers find comfort and solace in the healing power of touch. Our massage and Reiki therapy volunteers seek to provide that comfort. Our volunteer massage therapists can focus a massage specifically on a patient or caregivers' needs. Some patients like a full-body massage, while others prefer a focus on the shoulders or neck. Caregivers can also benefit from massage therapy. Our volunteers can provide patients and caregivers with Reiki therapy, a Japanese technique for stress reduction and relaxation that also promotes healing.

Pets: In our volunteer-led pet therapy program, service dogs visit the Hospice House, nursing homes, assisted living communities, or private residences of our patients. A patient may pet, hold, or otherwise interact with the service dog. For patients who previously had pets and no longer do, these visits are very soothing and provide much joy to all parties involved.

11th Hour Vigil: This program was built around our vision that no one should have to die alone. The 11th Hour Vigil pairs volunteers with patients who would otherwise be alone during their final hours, or a patient whose family needs additional support. Sometimes a family may be on the way to the patient's bedside, and the volunteer will sit with the patient until the family arrives. The role of the volunteer is simply to be present. This is a chance to provide patients with a loving and accepting presence at the very end.

Death Doula: Inspired by the role of a midwife in the birthing process, a death doula serves as a supporter of all of your end-of-life needs. Doulas take a holistic approach to helping patients and families create an empowered, intentional plan for the final months of life. They also provide a calming, positive presence.

Your Peace, Our Purpose Becoming a Hospice Patient

Hospice of the Piedmont has been invited by you, your care team, family, or friend to offer support, medical expertise, a listening ear, and above all else, an open heart. We are grateful to care for you.

Our doctors, nurses, hospice aides, social workers, and chaplains are experts in managing symptoms and situations that can arise in the future, while you continue living with any changes you might be facing. Hospice care does not mean you give up who you are or how you would like to live. It is our mission at Hospice of the Piedmont to honor your choices and decisions and support you every step of the way.

You may have been asked several times now about code status or resuscitation in the event your heart or breathing stops. This is one of those important decisions that we all want to be clear about what your wishes are. What do you want to happen if you or the person you care about experiences an event such as your heart stopping, or beating in a way that will lead to death, or breathing stops, or begins to stop?

Hospice workers believe that when a person has been given a terminal diagnosis, and that diagnosis moves from beyond a year to more like months, weeks, or days, that the very best chance for comfort and peacefulness is to allow a natural death. Simply put, we mean that there will be no chest compressions if your heart stops, and no breathing tube in your airway if you stop breathing.

Our clinical expertise will support your comfort, provide emotional support for you and those who love you, and communicate with your care team inside and outside of hospice so that you can remain comfortable and restful.

We know that our belief on the use of CPR may not be your belief. We respect and will honor your decision. Even though your hospice team members will not perform measures like CPR if we are with you when your heart stops or you stop breathing, we will call 911 if that is your plan. We will support your caregivers and stay with you until EMS arrives. We will call the emergency room and let them know you are coming and tell them what they need to know to provide you with the care you hope to receive once you arrive.

If you or your decision-makers choose 911 as part of your plan, we will keep providing you with the best care we know how to provide. We will check in with you or your decision-makers at different times to make sure you have not changed your mind. In hospice, it is always okay to change your mind.

Thank you for inviting us to get to know you. It is truly a privilege.



Alina Fomovska, MD
Hospice Medical Director



COMMUNICATION



About TapCloud

The TapCloud Patient app is a HIPAA-compliant solution that allows you to securely text message and send photos to your care team. You can also complete your daily 1-minute check-in and answer a few questions that will best help your care team understand your overall well-being, symptoms you're experiencing and any non-emergent need you may have, in between our visits and phone calls.

TapCloud is monitored Monday-Friday 8:30am to 5:00pm and can be used for resources, education, and to report non emergent needs like requests for supplies or medication refills. With your communications and check-ins, we will be better able to respond proactively and help avoid emergent needs and situations.

Helpful Ways to Track Your Health

As a patient, keeping on top of everything you are supposed to do and tracking what is happening in your life can be hard.

- Have you tried to describe how you've been feeling and what you were doing when you felt that way?
- Have you had trouble remembering when your symptoms started?
- Have you wondered if a particular symptom is worth discussing with your care team?

These things are important to get right because understanding how and what you're feeling can help us. And you are the only one who can share this information. Using TapCloud gives you an easy and secure way to communicate with your care team and it takes just a minute a day.

Download TapCloud

TapCloud works on any smartphone, tablet, laptop, or desktop. You can get the TapCloud App from either the Apple App Store or Google Play Store.



To access TapCloud on a computer, just go to www.TapCloud.com and click Login then Patient Login on the right of the menu bar. From there, you can login directly to TapCloud using your computer. Don't worry, we will walk you through it.

TapCloud is not for use in emergencies or urgent needs and is monitored intermittently during office hours. If you need something immediately, please call us at 434-817-6900 or 540-825-4840.

Getting Started: Patient Log In with your ID and PIN

To use TapCloud, you must begin with a Patient Log In. Even if the patient will not be using the app (only the caregiver(s)) - the patient account must be activated to add the caregivers. To log in, use the TapCloud Patient ID and temporary PIN that you received from your care team member, text, or email.

After your first login, TapCloud will remember your Patient ID, but for your security, you will need to enter your PIN each time you login. When prompted, remember to turn your notifications on so you can be notified when you have a message from your care team.

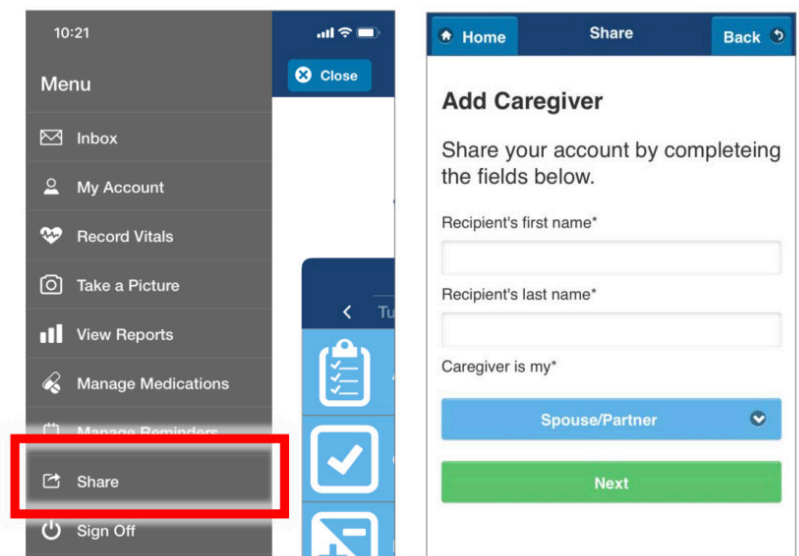
Once you have access to TapCloud:

- Send a message to your team (Menu > Inbox)
- Complete a Daily Check In (Home Screen)
- Check out the HOP Resource Library (Home Screen)
- Add a Caregiver (Menu > Share)

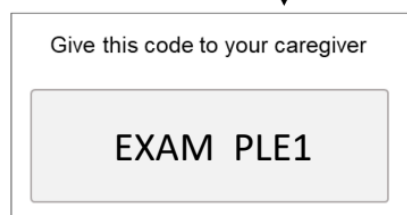
As the patient, you can invite up to 8 caregivers. By inviting someone to be a caregiver, you will be allowing them the ability to see a mirror of what you see.

To invite someone as a caregiver:

1. Log into your account.
2. Once logged in, click on Menu.
 - Select "Share"
 - Select "Caregivers"
 - Select "Add Caregiver"
3. Add the caregiver's information. You will need one of these items:
 - Email address
 - Mobile phone number (that can receive text messages)
4. You will receive a unique code that will allow the caregiver to connect to your account when they log in. You must enter the caregiver's email address or phone number in the box below the code in order for the caregiver to receive this information.



Example Code ↓



* Note: A caregiver cannot add themselves to your account. The patient account must authorize a caregiver for a caregiver to have access.

Caregiver Log In

The patient can invite up to 8 caregivers. As a caregiver, you will have the ability to see a mirror of what the patient sees. A code from the patient account links your caregiver account to your account.

As a caregiver you can:

- Receive reminders, educational content and care plans
- Submit patient symptoms, assessments, medication adherence, activity information, etc.
- Participate in group messages and videos
- Receive bereavement support

Once you have been invited by the patient as a caregiver, you will need to add TapCloud to your computer, iPad, tablet or phone. There are two ways to do this:

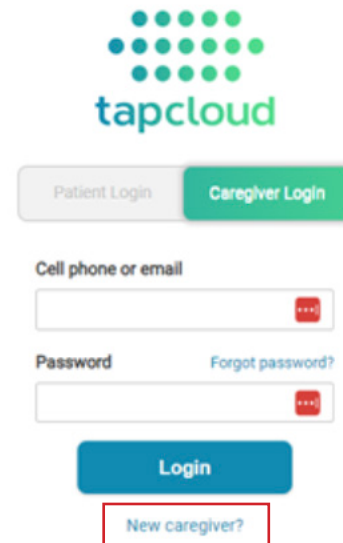
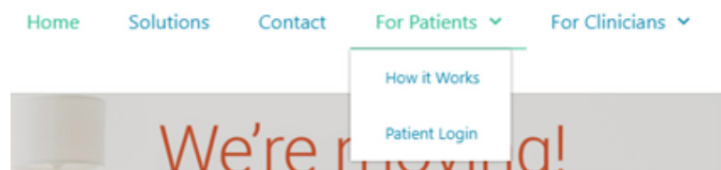
Step 1

Option 1: Using your phone:

- Go to the Apps store and select "TapCloud Health"

Option 2: Using your tablet, computer or other device:

- Go to the website: www.tapcloud.com
- Click on "For Patients" and select "Patient Login"



Step 2: Click on "Caregiver Login"

Step 3: Click on the "New Caregiver" (below the Login button). This will take you to the log-in page. The patient must have requested you to be a caregiver, and once this information is entered, you will receive a unique code that will allow you to be a caregiver under the patient.

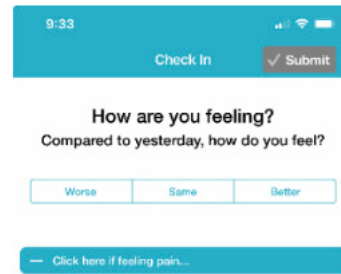
Once you have created an account and created a password, reference the email or text with further instructions sent when the patient added you as a caregiver. You must create your own unique password. The Join Code that was emailed/texted/given to you by the patient is NOT the password. You will only use the Join Code AFTER you log in and create your password (you will need this password each time you log in).

** Note: If the patient does not add you as a caregiver, you cannot link yourself to their account.*

Using TapCloud: Take One Minute to Check In

Step 1: How Are You Feeling?

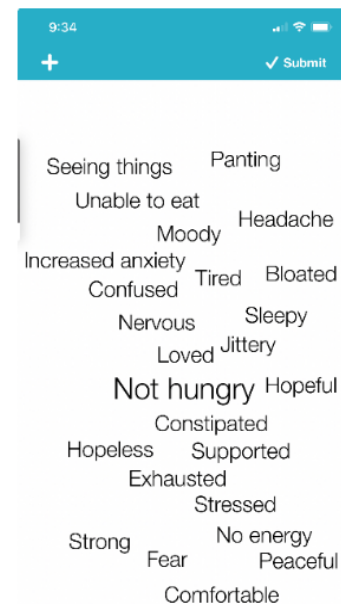
When you tap on the Check In button, you will be asked, "How are you feeling"? Don't worry if it's been a while since your last check-in – just record how you're feeling compared to yesterday. If you are in pain, you can also record your pain level. Once you have answered both questions, tap the Submit button in the top right corner to save your answers.



Step 2: Tell Us About Your Day

On the next screen you will see a collection of symptoms chosen specifically for you. Every symptom is based on your conditions and the potential side effects of your medications. To begin, just scan the "cloud" of words and tap on the symptoms that you are experiencing today, and the symptom will turn blue.

Tap a second time to indicate that a specific symptom is especially good or bad today and the symptom will turn red. A third tap will deselect the symptom. You can also add any word that describes how you feel today. To do this, tap the "+" or Add Symptom button in the top left corner, and then add your symptom. Tap Submit in the upper-right hand corner to finish your check-in.



Please Note

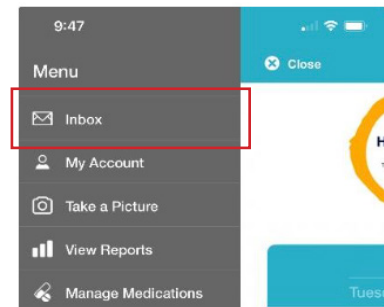
After your first use, you will notice several words in the center of the screen that will be larger than the rest. These are the symptoms or feelings you reported in your last check-in. If you are experiencing these symptoms the next time you check in, be sure to tap them. This will help your care team understand if you have an on-going symptom that might need attention. Feel free to check in as often as you want and especially when you experience a change in how you are feeling. We recommend daily check ins between our hospice visits and at least weekly for Palliative visits.

New Information - New Items On Your Home Screen

As you begin checking in, you may notice some new items on your home screen appear. Select these items for more information. You may receive educational materials with additional information to help you manage a symptom or care for your loved one. You may also receive a survey to complete. By completing the survey, this will provide your care team with additional information, which will help them be better prepared when they visit you or determine if you need to be seen more urgently. This information is optional and provided for additional support.

Communicating with Your Care Team

TapCloud uses secure and HIPAA-compliant messaging so you can communicate with your care team about your symptoms, questions or concerns, right from within the app. Go to Menu and select "Inbox". This message will be sent to your healthcare team. Remember to hit Submit. If you have notifications turned on, you will be notified when your care team responds.



HOP Resource Library

Hospice of Piedmont included a resource library for patients and families. The information is intended to provide additional information for patients and families. The library includes written material and videos. We encourage you to take a few minutes searching the HOP Resource Library.

- Advance Care Planning and Forms
- Anxiety
- Basic Care
- Bleeding
- Breathing Difficulties and Oxygen Use
- Caregiver Information (how to care for a loved one)
- Finding a Caregiver - to access this list use password Careg!vers4HOP
- Constipation
- Complimentary Therapy
- COVID-19
- Delirium
- Depression
- Disease Specific
- Distress
- Emergency Preparedness
- End-Of-Life
- Equipment
- Fall Prevention
- Fatigue
- Financial and Legal
- Funeral and Memorial Planning
- Grief and Mourning
- Home Safety
- Hospice of the Piedmont Patient and Family Guidebook
- Hospice of the Piedmont – Stay Connected
- Infection Prevention and Control
- Incontinence
- Medication
- Nausea and Vomiting
- Other Hospice of the Piedmont Resources
- Oxygen Use
- Pain
- Palliative and Hospice Care
- Restlessness
- Services Available
- Seizures
- Veteran Information
- What to do when a loved one dies
- Want to give back

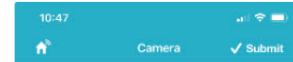
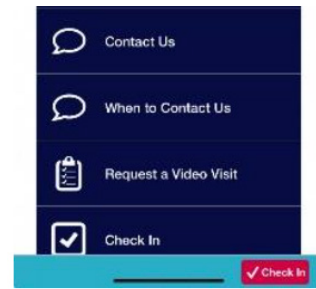
Request a Video Visit

You can request a video visit, by selecting this item from your home screen. The video visit can include multiple people, as long as you can provide the phone numbers. Your healthcare team must set up the video conference call. If you have not heard from your team after 30 minutes, please call. When a video visit is arranged, you will receive a message with a link. You must open the link within 5 minutes of receiving.

See video visit instructions at the end of this guide.

Take a Picture

You can also send your care team a picture. Go to the menu and select "Take a picture". This will open up your camera on your device. Take the picture and Select "Use Photo" in the bottom right corner. This will open up a new screen with the picture included. Select the "Submit" button on the top right corner and the picture will be sent to your team.



Click Submit above to save this photo, or click the button below to delete it and take another one.

Take Picture

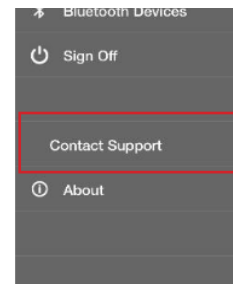
How To Submit A Support Ticket (For Technical Issues)

If you need are experiencing technical issues, you can submit a support ticket.

Click on the Menu (top left hand corner of the screen). Then select "Contact Support".

Type in your technical issue and then submit (by clicking "Submit" in the top right corner).

If you cannot access this site, you can send an email to patient.support@wellsky.com or call 312-267- 0072, option 2.



This Support page is not intended to notify your Care Team of a medical issue.

If you need to contact your Care Team, use the Inbox under Menu or call our main office number at 434-817-6900.

If you are experiencing a technical problem and require support, type your question/comment below, then tap "Submit". Our Tech Support hours are 8am to 8pm EST. The support team will get back to you shortly.

When to Contact Us

Your care team is here to support you and we encourage you to reach out to us if you have questions or need assistance. If you are messaging us using TapCloud outside of business hours, we will respond to you the following business day. TapCloud is not for use in emergencies or urgent needs and is monitored intermittently during office hours. If you need something immediately, please call us at 434-817-6900 or 540-825-4840.

After-Hours or On-Call Guidelines

A registered nurse (RN) is available 24 hours a day, 7 days a week to assist you. We strive to return calls within 20 minutes. If it has been longer, please call again. Examples of after hour situations:

- Pain that does not respond to pain medication on hand
- Difficulty breathing
- New onset of agitation or restlessness
- Uncontrolled nausea vomiting or diarrhea
- Uncontrolled bleeding
- Unable to awaken patient (new problem)
- Catheter leaking
- Chest pain
- Thinking about taking the patient to the hospital
- Patient death

** Should you call 911 before reaching out to your hospice team, this may not be a covered hospice expense. In many situations, your team can help you in the comfort of your home and we would not want to see you responsible for a medical bill unexpectedly.

Regular Business Hours

Our regular business hours are Monday – Friday; 8:30 am – 5pm. Issues that are handled during regular office hours:

- Medication refills
- Messages for the primary Nurse
- Supplies
- Questions about your visit schedule
- Calls for the social worker, spiritual counselor, or other Hospice of the Piedmont Staff
- Lab or bloodwork results
- Questions about the hospice aide

Bereavement Support for Caregivers

Hospice of the Piedmont continues to provide support through TapCloud after your loved one has passed away. All caregivers will continue to receive information in TapCloud from our Bereavement team. This includes updated information on the menu, bereavement support resources, and a bereavement library.



CAREGIVER TIPS

Caregiver Tips

We thank you for the privilege of assisting you with the care of your loved one. Caring for a person at the end of life is one of the most important jobs you will ever do and because it is so important, it can be stressful. Most caregivers can feel overwhelmed at some point. Hospice of the Piedmont is dedicated to working with you as a team, to help you manage your responsibilities and enable you to best use your time, energy, and resources.

Caring For Your Loved One

- Learn as much as you can about the illness. The more you know, the less anxiety you'll have and the more effective you will be. Ask your Hospice of the Piedmont nurse to explain symptoms you are seeing and to tell you about what to expect.
- Trust your instincts. Remember, you probably know your loved one best. Tell your Hospice of the Piedmont team when you have a concern.
- Encourage your loved one's independence. Caregiving does not mean doing everything for your loved one. It is important to allow someone to be in control and stay active as long as possible.
- Encourage your loved one to make decisions and stay involved in decision making as long as possible.
- Allow your loved one to talk. Listen without judgment and with only occasional comment. There is no greater gift than that of your complete attention.
- Avoid judging and do not take negative comments or feelings personally.
- Sitting quietly with your loved one is important. Even when no one is talking, there is communication.
- Don't underestimate pain, fear, and other symptoms. These are real and Hospice of the Piedmont is available 24 hours per day to help with these.
- Talk about subjects you used to talk about. Share memories, look at old pictures, reminisce.
- Laugh together whenever possible.

Caring for yourself

- Know your limits. Be realistic about how much of your time and yourself you can give. Set clear limits, and communicate those limits to others.
- Now is the time to ask for help. When family, friends or neighbors ask "what can I do?" – tell them. Keep a list of errands or tasks that you need done and give those to anyone who offers.
- Get enough sleep. Take naps whenever possible.
- Eat to nurture your body. Make sure you get enough fruits and vegetables. Drink plenty of water.
- Stay social. Make it a priority to visit regularly with other people, even if by phone, Skype, or FaceTime. Don't let yourself become isolated.
- Do things you enjoy. Laughter and joy can help keep you going when you face trials, stress, and pain.
- Maintain balance in your life. Don't give up activities that are important to you, such as your

work or your hobbies.

- Give yourself a break. Take regular breaks from caregiving, and give yourself an extended break at least once a week.
- Keep notes in your journal (included in this booklet). Write down your thoughts and feelings. This will give you perspective and serve as a way to release strong feelings.
- Feed your spirit. Pray, meditate, exercise, or do another activity that makes you feel part of something greater.

Disposal of Controlled Drugs

Hospice of the Piedmont is committed to providing best practice in the disposal of medications in a safe environmentally friendly manner upon death of the patient or discontinuation of the medication. This protects the patients, families and communities from harm, prevents the illegal diversion of unused medications, and reduces the negative impact on the environment.

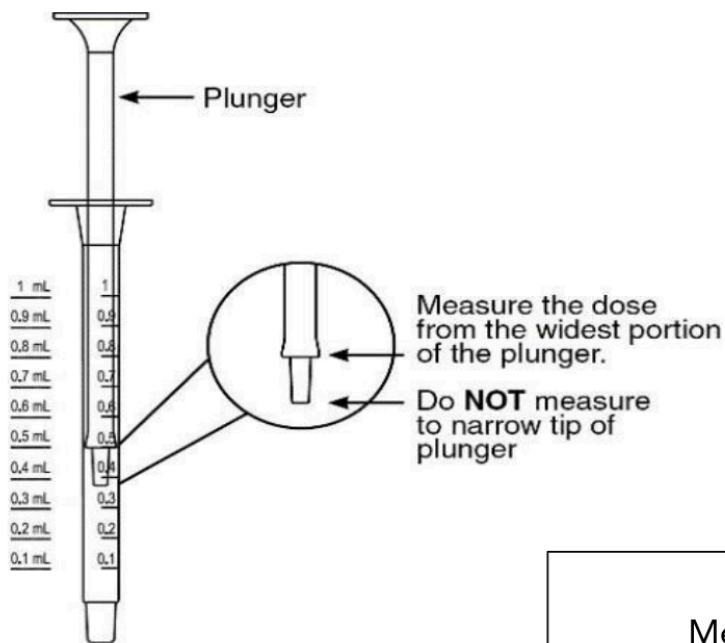
GUIDELINES

1. Whenever prescription medications are no longer needed by the patient, they can be destroyed safely by several methods.
2. Safe drug disposal options for prescription medications include:
 - Drug take back days with local law enforcement in the community
 - Collection receptacles for drug disposal: local law enforcement, hospitals and retail pharmacies
 - Mail-back programs
 - Immediate disposal of patient drugs in the home
3. The process for immediate disposal of in-home medications is:
 - Pill/Liquid:
 - create a slurry by mixing with an undesirable substance such as coffee grounds or Kitty litter
 - add a small amount of soapy water
 - place them in impermeable, nondescript containers such as an empty can or sealable bag
 - make certain the container is securely closed and placed in the trash.
 - Patches: cut into small pieces and place in the above mixture
 - All containers which held medications will be made unreadable by striking through the information and/or removing the label from the container and discarding the container in the trash
4. The nurse shall document in the clinical record that the procedure for disposing of medications was provided and discussed. This documentation will include who received the instructions and their verbal understanding. Patient/caregiver education shall be provided in a manner and language they can understand.
5. Occasionally, the family does not want a nurse visit by the Hospice of the Piedmont nurse after the death of their loved one. In this case the nurse receiving the call shall instruct the family how to dispose of all medications and document their verbal understanding in the clinical record.
6. Hospice of the Piedmont patients residing in a nursing home or assisted living community not owned and operated by Hospice of the Piedmont shall have their drugs disposed of following the policies and procedures of that facility.

Liquid Medication Teaching Sheet for Pain and Anxiety

Fill plunger to the level of the prescribed dose. If the patient is able to swallow safely, then medication can be given directly from a plunger or mixed into a small amount of juice or favorite drink.

*Liquid medication may be given in small amounts even when patients are unable to swallow. This can be done safely by placing the tip of the plunger in the pocket between the gum and cheek or under the tongue.



Medication Name

1ml = _____mg

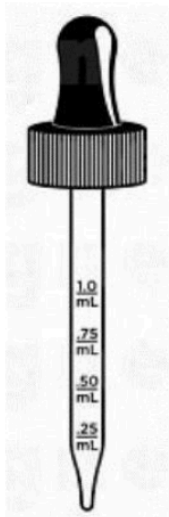
0.75ml = _____mg

0.5ml = _____mg

0.25ml = _____mg

Fill dropper to the level of the prescribed dose. If the patient is able to swallow safely, then medication can be given directly from a dropper or mixed into a small amount of juice or favorite drink.

*Liquid medication may be given in small amounts even when patients are unable to swallow. This can be done safely by placing the tip of the dropper in the pocket between the gum and cheek or under the tongue.



Medication Name

1ml = _____mg

0.75ml = _____mg

0.5ml = _____mg

0.25ml = _____mg

Medication Safety

- Do not take medications that are prescribed for someone else.
- Create a complete list of current medications (including prescription and over-the-counter medications, herbal remedies and vitamins), and keep this list with you at all times in the event of emergency situations. Review the list for discrepancies and make changes immediately as they occur. Show the list to your doctor or pharmacist to keep from combining drugs inappropriately.
- Know the name of each of your medications, why you take it, how you take it, potential side effects, and what foods or other things to avoid while taking it.
- Report medication allergies or side effects to your health care provider.
- Take medications exactly as instructed, if the medication looks different than you expected, ask your health care provider or pharmacist about it.
- Drug names can look alike or sound alike. To avoid errors, check with your health care provider if you have questions.
- Do not use alcohol when you are taking medication.
- Use a chart or container system to help you remember what kind, how much, and when to take medication.
- Do not stop or change medications without your doctor's approval even if you are feeling better. If you miss a dose, do not double the next dose later.
- Take your medication with a light on so you can read the label.
- Read medicine labels (including warnings) carefully and keep medications in their original containers.
- Store medication safely in a cool, dry place according to instructions on the label of the medication.
- Keep medicines away from children and confused adults.
- Follow federal disposal guidelines for medications with any specific disposal instructions on the prescription drug labeling or patient information insert. Do not flush medications down the sink or toilet unless this information specifically instructs you to do so. If your community has a pharmaceutical take-back program, take your unused drugs to them for proper disposal. If no such program is available, remove drugs from their original containers and mark out any identifying information on the original containers. Mix the drugs with an undesirable substance like coffee grounds or Kitty litter, place the mixture in a sealable bag, empty can or other container and place it in the empty, original containers in the trash.

Infection Prevention and Control

Hand-washing

The best way to control infections is to wash hands. Even when wearing gloves, hand-washing before and after applying and removing gloves is important. Hand-washing should be done whenever possible, but especially:

- Before and after tending to any sick person
- Before and after treating a cut or wound
- After touching soiled linen
- After sneezing
- After touching garbage
- Before eating
- After using the restroom
- Anytime hands are visibly soiled

Proper hand-washing can be accomplished using soap and water, or hand gel. Hand gel can be used to clean hands effectively, except when hands are visibly soiled or when you have been in contact with someone that has diarrhea - soap and water should be used to remove all particles.

Cover your cough

Cover your mouth and nose with a tissue when you cough or sneeze. If you do not have a tissue, cover your mouth with your upper sleeve, not your hands. You may be asked to wear a mask to protect others, especially if visiting the Hospice House or Center for Acute Hospice Care.

Disposable items and equipment

Used paper cups, tissues, dressings, bandages, plastic equipment, diapers, disposable pads, gloves, etc. should be disposed of in waterproof (plastic) bags. Fasten the bags securely and throw them in the trash.

Non-disposable Items and equipment

Dirty laundry should be washed in hot, soapy water, in a separate load, and handled as little as possible to decrease the spread of infection. If the patient has an infection, add a mix of 1 part bleach and 10 parts water to the load.

Small equipment items can be washed in hot soapy water, then rinsed and dried with clean cloths. Larger equipment should be wiped down using manufacturer's instructions.

Sharp objects

Sharps should be disposed of in a hard plastic or metal container with a sealable lid. Please ask your hospice nurse for a needle disposal unit if needles will be used frequently in your home. Dispose of full containers per instructions for local trash disposal.

Body fluid spills

Put on gloves and wipe up fluid with paper towels. Use a solution of 1 part bleach to 10 parts water to wipe the area again. Double bag the used paper towels and gloves and throw them in the trash.

Signs of infection – report right away

Please notify your Hospice of the Piedmont staff member if you notice any of the following which can be signs or symptoms of infection:

- Pain, tenderness, swelling
- Inflamed skin, rash, ulcers, sores
- Pain when urinating
- New onset of confusion
- Nausea, vomiting, diarrhea
- Fever or chills
- Sore throat or cough
- Increased tiredness or weakness
- Green or yellow pus

Symptom Management

Pain

Assessing pain

The sensation of pain is different for every individual. Some people experience little to no pain at the end of life and some people have more. It is our goal to help you meet your goals for managing any pain that you experience. Be sure to let your Hospice of the Piedmont team know about any concerns or questions you have about managing pain.

At every visit, your nurse will ask you about pain level. When describing pain, you will often be asked to give a number from 1-10.



If someone cannot speak or does not respond verbally, we can still determine if he or she is having pain. The following rating scale is used to assess pain in non-verbal patients. Your Hospice of the Piedmont nurse will help you learn to use this scale and determine how to help treat the pain based on the results.

Items	0	1	2	Score
Breathing independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation.	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respiration.	
Negative vocalization	None	Occasional moan or groan. Low-level speech with negative or disapproving quality.	Repeated troubled calling out. Loud moaning or groaning. Crying.	
Facial expression	Smiling or inexpressive	Sad. Frightened. Frown.	Facial grimacing.	
Body language	Relaxed	Tense. Distressed pacing. Fidgeting.	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.	
Consolability	No need to console	Distracted or reassured by voice or touch.	Unable to console, distract or reassure.	
			TOTAL	

Managing Pain

What is pain?

- It is what the individual says it is
- Hurting or discomfort
- A condition that can cause physical, emotional or spiritual distress and can contribute to financial stress
- An experience that can only be felt and described by the person with the pain
- Pain affects everyone involved
- Older adults may describe pain as aching, burning, gnawing, grabbing, being uncomfortable, soreness
- Confused patients, those with cognitive impairment, or those that cannot speak for themselves may have behavior changes such as pacing, moaning, agitation, grimacing, and furrowed brow that can indicate pain

What to report to the hospice/palliative care team?

How severe or intense the pain is. It can be reported as a number using 0 as no pain and 10 as the worst possible pain imaginable. Other ways of reporting pain are also available such as, mild to severe, using different types of pictures. Ask your nurse to tell you more about the options for reporting. There are also options for rating children's pain.

- Where the pain is located
- If the pain keeps you from doing your usual activities
- What makes the pain worse
- What makes the pain better
- What does the pain feel like (burning, sharp, stabbing)
- Is the pain constant or does the pain come and go
- How well the pain medication is working
- How often you are taking pain medication
- Any side effects of the medication (common side effects include: constipation, nausea, vomiting, sleepiness, dizziness, itching)
- Concerns about the medications, how to take them or how to administer them
- If you are becoming irritable from lack of sleep because of the pain

What can be done?

The good news is that there is much you, your caregiver, and the hospice and palliative care team can do for managing pain. They will try to find the reason for the pain and discuss treatment options with you. Medications are usually necessary to relieve pain – the nurse will give you information about the medicines, when to take them and what you need to know.

- It is important to take or administer the medicines as ordered
- Many side effects can be treated and/or may even stop after taking the medication for a few days
- Other things that can make the pain better are:
 - Relaxing activities such as listening to music, light massage, soaking in a tub of warm water, or guided imagery (picturing enjoyable and relaxing scenes to take one's mind off the pain)
 - Distracting activities such as watching TV, playing a game, or just thinking of other things
 - Heat or cold (such as a heating pad, warm compress, or ice pack)
 - Pleasant smells of certain plants or fragrances (aromatherapy) such as lavender, etc.
 - Storytelling, drawing
 - Deep breathing

Ask your hospice and palliative care team to teach you how to use these ways of relieving the pain.

Once medications are no longer needed your hospice and palliative care team will advise you on the proper disposal of medications.

Other HMPA Teaching Sheets and references are available at www.HPNA.org

Managing Shortness of Breathe

What is shortness of breath (dyspnea)?

- A personal experience for each individual
- An uncomfortable feeling of having difficulty breathing
- Can be described as not getting enough air (a feeling that you cannot catch your breath, like the room is closing in or that there is not enough air in the room)

When should I seek advice about my shortness of breath?

- When it stops you from doing what you want to do
- When it causes you or your family fear, anxiety, nervousness or restlessness
- When it causes bluish discoloration of your face, ears, nose, fingers or toes

What can be done?

The good news is that there is much you, your caregiver and the hospice and palliative care team can do for shortness of breath. The team will always try to find out the cause and discuss treatment options with you and your family. Things that may be helpful:

- Sit in a chair or recliner
- Elevate your head on pillows when lying in bed
- Sit with your hands on your knees or on the side of the bed leaning over the bedside table
- Practice pursed lip breathing technique. Take slow, deep breaths, breathing in (inhale) through nose and then breathe out (exhale) slowly and gently through pursed lips (lips that are "puckered" as if you were going to whistle)
- Increase air movement by opening a window, using a fan or air conditioner
- Apply a cool cloth to your head or neck
- Use oxygen as directed by your healthcare provider
- Take medication as directed by your doctor
- Keep your environment quiet to decrease feelings of anxiety
- Use relaxing activities such as prayer, meditation, calming music, and massage
- Notify the team if your shortness of breath is not relieved or gets worse

Managing Constipation

What is Constipation?

- Bowel movements occurring less often than your usual established bowel pattern
- Hard stool that may be difficult to pass
- Increased difficulty moving bowels

What to Report to the Hospice/Palliative Care Team?

- No bowel movement in two (2) days
- Any change in the frequency or consistency (e.g., liquid, pebbles) of bowel movements
- Pain, cramping, tenderness
- A feeling of fullness or bloating
- Blood in stools
- Diarrhea or oozing stools

What Can be Done?

The good news is that there are things you, your caregiver and the hospice/palliative care team can do for constipation. The health care team will determine the underlying cause and discuss the best treatments for your constipation.

- Record when bowel movements occur. A sample Bowel Movement Record is attached to this teaching sheet.
- Follow a regular bowel regimen, even if you are not constipated. Many medications can cause constipation.
- Drink as much fluid (liquids) as is comfortable; drinking warm liquids may promote bowel movement. Fluids are found in liquids, juices, soups, fruits and vegetables, and frozen treats.
- Try to drink 6-8 cups daily.
- Eat more fruits and fruit juices, including dried fruits.
- Try to sit upright and avoid lying too much in bed.
- Increase physical activity if possible; walking can be beneficial.
- Take laxatives/stool softeners as ordered by your healthcare provider.
- Sit upright on the toilet, commode or bedpan.
- Establish routine times for toileting.
- Avoid bulk laxatives as determined by your health team if not drinking enough fluids.
- Notify the hospice/palliative care team if constipation continues.

Managing Anxiety/Uneasy Feelings

What is Anxiety?

Anxiety is a feeling or deep sense that things are not right. It is OK to experience anxiety sometimes. Anxiety can help people to focus on completing a task or to deal with a stressful situation. But it is not alright for people to have strong, extreme and lasting worry and fear about everyday life. People who have trouble with activities of daily living because of these feelings should ask for help to manage their anxiety.

What are the Symptoms of Anxiety?

- Fear
- Worry
- Sleeplessness, disturbing dreams or nightmares
- Confusion
- Rapid breathing
- Racing heartbeat
- Tension
- Shaking
- Inability to relax or get comfortable
- Sweating
- Problems paying attention or concentrating

What to Report to the Hospice/Palliative Care Team?

- Feelings that may be causing anxiety (like a fear of dying or worrying about money)
- Concerns about illness
- Relationship problems with family or friends
- Spiritual concerns
- Signs and symptoms that anxiety is changing or getting worse

What Can be Done to Help Relieve Anxiety?

The hospice/palliative care team will try to find the cause for your anxiety. They will talk with you and your primary care provider about treatment options. Things you can do:

- Activities that have helped your anxiety in the past.
- Write down your thoughts and feelings.
- Treat physical problems, such as pain, that can cause anxiety.
- Try relaxing activities like deep breathing or yoga.
- Play soothing music.
- Keep your surroundings calm.
- Limit visitors.
- Massage your arms, back, hands or feet.
- Count backward slowly from 100 to 0.
- Avoid caffeine and alcoholic beverages.
- Exercise.
- Provide reassurance and support.
- Ask for help from family, friends and other members of your care team.
- Live life one minute at a time.
- Use ordered medications as prescribed.

Food and Fluid Issues at the End of Life

What is nutrition(food) and hydration(fluids)?

- Nutrition is the intake of calories to support the body.
- Hydration is the intake of fluids to support the body.

The desire to eat or drink at the end of life usually decreases. This is a natural response of the body as the organs are slowing down and it becomes difficult to manage the intake of food and/or fluids.

What to report to the hospice/palliative care team?

Tell them if the person:

- Is unable to eat or drink
- Has trouble swallowing
- Has a dry mouth, tongue, or skin
- Loses more than five pounds in a week. You may notice the weight loss by loose fitting clothes or dentures
- Makes less urine
- Becomes confused or drowsy

What can be done?

If there is a problem that can be managed, your health care team will discuss possible treatment options. It is normal for the person to lose interest in food and drink as the illness progresses. Treatment choices will depend on the person's wishes and illness. Things you can do:

- Encourage favorite foods and drinks, never force a person to eat or drink
- Help family members and friends understand why eating and drinking may make the person uncomfortable as the body loses the ability to use nutrition and hydration
- Offer drinks or sips often – at least every two hours
- Clean the mouth often – a pleasant tasting mouth may make food taste better
- Support the person's decision if he/she refuses food and/or fluids
- Encourage the person to rest before and after a meal
- If dentures do not fit well, consult a dentist
- Make mealtime a quiet and pleasant time
- Offer small meals and use smaller dishes
- If nausea is a problem, serve small portions of salty (not sweet), dry foods and clear liquids
- Find other ways besides food and drink to show care and support. For example, offer the person a massage, apply lotion to his or her hands or feet, look through a picture album together



DYING: WHAT TO EXPECT

Dying: What to Expect

Below is a list of signs that may mean death will take place soon. Every person is unique, as is their dying process. People may show some or all of these signs at different times.

1-3 months

- Withdrawal from people and activities
- Talking less
- Eating and drinking less
- Sleeping more

1-2 weeks

- Confusion
- Talking to others not present
- Physical changes
- Heart beat speeds up or slows down
- Blood pressure goes down
- Skin color changes
- Irregular breathing
- Body temperature changes – hotter or colder
- Eating/drinking less or not at all

Days to hours

- Sleeping most of the time
- Possible sudden burst of energy (will not last long)
- Restlessness
- Having a hard time swallowing
- More skin color changes
- More irregular breathing, long pauses
- Rattling or wet sounding breaths
- Weak heartbeat
- Drop in blood pressure
- No urine, or little very dark urine
- Eyelids may not close

Minutes

- Short breaths with long pauses
- Mouth open
- Does not respond

How to know death has occurred

- No breathing
- Possible loss of bladder or bowel control
- Eyelids slightly open
- No blinking
- No heartbeat
- No response
- Jaw relaxed, mouth open

What to do when death occurs

- This is not a medical emergency; nothing needs to be done immediately
- Take a moment to be with your loved one and say goodbye
- Call Hospice of the Piedmont
- A Hospice of the Piedmont nurse is available 24 hours a day, 7 days a week who will come and assist with final care, contacting the funeral home, and providing any support needed.



GRIEF AND HEALING

Grief and Healing

Following a patient's death, Hospice of the Piedmont provides grief support through Grief & Healing. Anyone in the community who is grieving the loss of a loved one is eligible to receive our bereavement services, free of cost. Hospice of the Piedmont provides bereavement services for at least 13 months after the death of a patient.

Kids' Grief and Healing offers a safe place for children and adolescents to express the grief, anger and fear related to loss. Our programs are open to all children and adolescents in the Hospice of the Piedmont service area.

To refer someone to Grief and Healing, speak to your social worker, call us and ask for a member of the bereavement staff, or fill out the grief and healing referral form that was included with this booklet and give it to your social worker.



EMERGENCY PREPAREDNESS

Emergency Preparedness

In the event of a natural disaster, inclement weather or emergency (including emergencies that result in a state-ordered call for evacuation), we have an Emergency Operations Plan (EOP) to continue necessary patient services. We will make every effort to continue our visits to you as outlined in your plan of care. However, the safety of our staff must also be considered. When roads are too dangerous to travel, our staff will contact you by phone, if possible, to let you know that we are unable to make your visit that day and to address any needs we can with you by telephone. Every possible effort will be made to ensure that your medical needs are met.

Should you decide to stay in your home during a state-ordered evacuation, there may be a temporary disruption of services.

All patients are assigned a priority code upon admission which is updated as needed. The code assignment, which is based on the patient's condition and needs, determines our response time in case of a disaster or emergency. If necessary, this information will be shared with community Emergency Management Services, if the disaster/emergency is of a nature that requires assistance from them. Depending on your priority code, every effort will be made to contact you within the following time frame:

Priority Code 1 or 2	Within 24 hours
Priority Code 3 or 4	Within 24 – 48 hours
Priority Code 5 or 6	Within 48 – 72 hours

In cases of bad weather or other situations that might prevent our staff from reaching you, turn to your local radio and/or TV stations for information. You may also contact your local Emergency Management Office (a list of county offices is found on page 55).

PLEASE NOTIFY OUR OFFICE IF YOU EVACUATE TO ANOTHER LOCATION OR EMERGENCY SHELTER AND PROVIDE A TELEPHONE NUMBER FOR WHERE WE MAY CONTACT YOU.

Shelter Evacuation

If you need to evacuate your home and it is not possible to go stay with a relative or friend, evacuation to a designated shelter may be a consideration. Note: A shelter is intended to be an option of last resort, as you will not receive the same level of care as in your home (or the home of a relative or friend) and the conditions of the shelter may be stressful.

If you have a caregiver, the caregiver should accompany you and remain with you at the shelter. Caregivers who regularly assist a patient in the home are expected to continue to do the same in a shelter. The shelter will not have personnel to provide any necessary care to the patient. You should check with your local Emergency Management Office for the designated shelter in your area, as shelters are sometimes established specifically for a particular emergency. If you have a service animal or other pets you plan to take with you, be sure to check with the Emergency Management Office or shelter to see if they are allowed before going to the shelter.

The following is a recommended list of supplies to accompany you to a shelter:

- Bed sheets, blankets, pillows, folding lawn chair or cot, air mattress
- Cell phone and emergency numbers for
 - Hospice of the Piedmont
 - Physician
 - Pharmacy
 - Oxygen supplier (if applicable)
 - Supplier of your durable medical equipment (wheelchair, walker, other medical supplies)
- Copy of your Advance Directive and Durable Do Not Resuscitate Order (DDNR)
- Prescription and non-prescription medication needed for at least 3 days
- Other medical supplies (chux, briefs, dressing supplies, creams, etc.) for at least 3 days
- A copy of your hospice Plan of Care
- Patient identification with current address
- Personal snacks, drinks and any special non-perishable dietary foods for at least 3 days
- At least one gallon of water per person per day for at least 3 days
- Eye glasses, hearing aids and batteries, prosthetics and any other assistive devices
- Personal hygiene items for at least 3 days
- Extra clothing for 3 days
- Flashlight and batteries
- Books, magazines, quiet games, etc., as desired

Inclement Weather

The following are the most common types of inclement weather that could affect your area:

Flooding

Be aware of flood hazards, particularly if you live in a low-lying area, near water or downstream from a dam. Flooding can take days to happen, but flash floods can produce raging water in minutes. Six inches of moving water can knock you off your feet.

If a flood watch is issued:

- Be ready to evacuate (have a plan)
- If time allows, move important items upstairs
- Fill a clean bathtub with water in case the water supply becomes contaminated or is shut off
- Turn off utilities if instructed to do so
- Do not touch electrical equipment if you are wet or standing in water

Lightning and Thunderstorms

If you can hear thunder, you can be struck by lightning. Listen to local TV or radio for weather watches and warnings.

Know the Difference:

Severe Thunderstorm Watch: large hail, winds 58 mph or greater or a tornado are possible in your area in the next 3 to 6 hours.

Severe Thunderstorm Warning: large hail, winds 58 mph or greater or a tornado are happening in your area or are about to happen.

If a thunderstorm is likely in your area:

- Go indoors and use the 30/30 rule:
 - If the time between the flash of lightning and the sound of thunder is 30 seconds or less, then lightning is close enough to strike you. Go inside immediately.
 - Wait inside until 30 minutes have passed since the last flash of lightning.
- Plumbing, bathroom fixtures and corded telephones can conduct electricity and cause serious injury.
- Stay away from windows.
- Unplug computers or television sets to prevent power surges. If you have time, secure outdoor items that could blow away.

Winter Storm

Heavy snowfall and extreme cold can immobilize a region, making travel difficult if not impossible. Power outages are likely, especially when freezing rain is involved.

Ways to prepare for a winter storm:

- Have an updated emergency supply kit
- Have a plan for contacting people, stockpiling supplies, making arrangements for any needed in-home assistance
- Stay informed, listening to local media for weather-related information and instructions from emergency officials
- Have a battery-operated weather radio available
- Be safe when using generators and space heaters. Generators should not be placed indoors due to carbon monoxide poisoning. Never plug space heaters into extension cords; plug into wall outlets. Keep space heaters at least three feet from other objects, and be sure to turn off before going to bed.
- Avoid using candles during power outages. Many home fires in winter are caused by candles. Flashlights are much safer. Be sure to have plenty of extra batteries.
- If you have pets: Bring them inside. If they must stay outside, be sure they have shelter and insulation from the cold. Don't use electric heating pads or any other heating appliances that can potentially burn your pet. Make sure your pet has enough food and unfrozen water; they may need more during cold temperatures.
- Dress in layers and keep dry; have extra blankets on hand in case the heat goes out.

If you have a wood burning fireplace, consider storing wood to keep you warm if winter weather knocks out your heat. Also, make sure you have your chimney cleaned and inspected every year.

- Make sure you have a working carbon monoxide detector.
- Learn how to shut off water valves (in case a pipe bursts).

Hot Weather

When it is hot outside:

- Never leave anyone in a closed parked car – not even for a few minutes
- Drink plenty of water, even if you aren't thirsty. Avoid alcohol and caffeine
- Eat small, frequent meals
- Stay inside and out of the sun
- Stay on the lowest floor, pull shades on windows, use fans if you don't have air conditioning
- Use a spray bottle or sponge to mist or sponge yourself with cool water
- Use sunscreen if outdoors
- When outdoors wear a brimmed hat and loose, lightweight clothes
- If you take medication such as diuretics or antihistamines, talk to your doctor about how sun and heat may affect you
- Move to a cool place at the first sign of heat illness (dizziness, nausea, headache, cramps). Rest and slowly drink a cool beverage. Seek medical attention if you do not feel better.

Tornado

Tornadoes are very dangerous and it is important to have a plan should you need to take shelter.

- Listen to radio or TV
- Look for approaching storms

Know the Difference:

A tornado watch: when tornadoes are possible in the area. Watch the weather and be prepared to take shelter immediately if conditions worsen.

A tornado warning: indicates that a tornado has been sighted in the area or is indicated on weather radar. Proceed to safe shelter immediately:

- Go to a safe room, or the center of an interior room on the lowest floor. Put as many walls as possible between you and outside. Good shelters are basements, rooms or halls with no outside wall, bathtubs, spaces under the stairs.
- Get under a sturdy object. Use your arms to protect your head and neck.
- Do not open windows.
- Stay away from windows, doors and outside walls

If a patient is bed-bound:

- Move the bed as far from windows as you can
- Use heavy blankets or pillows to protect the head and face

If you are in a vehicle, trailer or mobile home:

- Get out immediately and go to a sturdy structure.
- If there is no sturdy structure close by, lie flat in the nearest culvert or ditch and cover your head.
- Do not get under an overpass or bridge. You are safer in a low, flat location.
- Do not get under your vehicle.
- Do not try to outrun a tornado in your vehicle (tornadoes are erratic and move swiftly).

Earthquake

Know what to do during an earthquake – Most deaths and injuries are due to falling walls, flying glass or debris. The greatest danger is falling debris directly outside buildings, at exits and along exterior walls.

- During or immediately after an earthquake, the best protection is to get under heavy furniture, such as a desk, table or bench, staying away from glass.
- If you are in a wheelchair, move to a doorway or into the corner of an inside room, lock the wheels and cover your head and arms.
- If you are in bed, stay there. Cover your head with a pillow to protect yourself from falling objects and debris.

- If you are already outside, stay clear of buildings, power lines, overpasses and elevated expressways.
- Expect aftershocks—smaller quakes (and sometimes larger ones) that can often follow hours or days after the initial shake, causing further damage to weakened buildings and structures.
- Check for gas leaks. If you smell gas or hear a hissing or blowing noise, open a window and leave the building immediately; turn off the gas at the outside main valve, if possible, and call the gas company.

ADDITIONAL INFORMATION

We encourage all of our patients and their families to do the following in order to be prepared for an emergency or disaster:

Have an Emergency Supply Kit

The first step is to consider how an emergency might affect your individual needs. Plan to make it on your own, for at least three days. It's possible that you will not have access to a medical facility or even a drugstore. It is crucial that you and your family think about what kinds of resources you use on a daily basis and what you might do if those resources are limited or not available.

Basic Supplies: Think first about the basics for survival – food, water, clean air and any life-sustaining items you require. Consider two kits. In one kit put everything you will need to stay where you are and make it on your own for a period of time. The other kit should be a lightweight, smaller version you can take with you if you have to leave your home.

Recommended basic emergency supplies include:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, at least a three-day supply of nonperishable food and a can opener if kit contains canned food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Local maps
- Pet food, extra water and supplies for your pet

Note: Check your supply kit periodically and replace any perishable items (water, food) that may be out of date.

- Include Medications and Medical Supplies:
 - If you take medicine or use a medical treatment on a daily basis, be sure you have what you need on hand to make it on your own for at least a week. You should also keep a copy of your prescriptions as well as dosage or treatment information. If it is not possible to have a week-long supply of medicines and supplies, keep as much as possible on hand and talk to your hospice nurse, pharmacist or doctor about what else you should do to prepare.
 - If you use medical equipment in your home that requires electricity to operate, talk to your hospice social worker about what you can do to prepare for its use during a power outage.
- Additional Items:
 - In addition, there may be other things specific to your personal needs that you should also have on hand. If you use eyeglasses, hearing aids and hearing aid batteries, wheelchair batteries, and oxygen, be sure you always have extras in your home. Also have copies of your medical insurance, Medicare and Medicaid cards, Advance Directive and Durable Do Not Resuscitate Order readily available.
- Include Emergency Documents:
 - Include copies of important documents in your emergency supply kits such as family records, wills, power of attorney documents, deeds, social security numbers, credit card and bank information, and tax records. It is best to keep these documents in a waterproof container. Include the names and numbers of everyone in your personal support network, as well as your medical providers. Also be sure you have cash or travelers checks in your kits in case you need to purchase supplies.

Make a Plan for What You Will Do in an Emergency

The reality of a disaster situation is that you will likely not have access to everyday conveniences. To plan in advance, think through the details of your everyday life. If there are people who assist you on a daily basis, list who they are, and how you will contact them in an emergency. Create your own personal support network by identifying others who will help you in an emergency. Think about what modes of transportation you use and what alternative modes could serve as back-ups. If you require handicap accessible transportation, be sure your alternatives are also accessible. For every aspect of your daily routine, plan an alternative procedure. **Make a plan and write it down.** Keep a copy of your plan in your emergency supply kits and a list of important information and contacts in your wallet. Share your plan with your family, friends, Hospice of the Piedmont, other care providers, and others in your personal support network.

Create a Personal Support Network:

If you anticipate needing assistance during a disaster, make a list of family, friends and others who will be part of your plan. Talk to these people and ask them to be part of your support network. Share each aspect of your emergency plan with everyone in your group, including a friend or relative in another area who would not be impacted by the same emergency who can help if necessary. Make sure everyone (including Hospice of the Piedmont) knows how you plan to evacuate your home or workplace and where you will go in case of a disaster. Make sure that someone in your

personal support network has an extra key to your home and knows where you keep your emergency supplies. Practice your plan with those who have agreed to be part of your personal support network.

Develop a Family Communications Plan:

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency. It may be easier to make a long-distance phone call than to call across town, so an out-of-town contact, not in the impacted area, may be in a better position to communicate among separated family members. You may have trouble getting through, or the phone system may be down altogether, but be patient. For more information on how to develop a family communications plan visit www.ready.gov.

Deciding to Stay or Go:

Depending on your circumstances and the nature of the emergency, the first important decision is whether you stay or go. You should understand and plan for both possibilities. Use common sense and available information to determine if there is immediate danger. In any emergency, local authorities may or may not immediately be able to provide information on what is happening and what you should do. However, you should monitor television or radio news reports for information or official instructions as they become available. If you're specifically told to evacuate or seek medical treatment, do so immediately. If you require additional travel time or need transportation assistance, make these arrangements in advance.

Consider Your Pets:

Whether you decide to stay put in an emergency or evacuate to a safer location, you will need to make plans in advance for your pets and service animals. Keep in mind that what's best for you is typically what's best for your animals. If you must evacuate, take your pets with you, if possible. However, if you are going to a public shelter, it is important to understand that only service animals may be allowed inside. Plan in advance for shelter alternatives that will work for both you and your pets; consider loved ones or friends outside of your immediate area, pet-friendly shelters and veterinarians who would be willing to take in you and your pets in an emergency.

For more information about pet preparedness, visit www.ready.gov.

Staying Put:

Whether you are at home or elsewhere, there may be situations when it's simply best to stay where you are and avoid any uncertainty outside. Consider what you can do to safely shelter-in-place alone or with friends, family or neighbors. Also consider how a shelter designated for the public would meet your needs. There could be times when you will need to stay put and create a barrier between yourself and potentially contaminated air outside. This process is known as "sealing the room." Use available information to assess the situation. If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to take this kind of action. For more information about "sealing the room," visit www.ready.gov.

Evacuation:

There may be conditions in which you will decide to get away, or there may be situations when you may be ordered to leave. Plan how you will get away and anticipate where you will go. Choose several destinations in different directions so you have options in an emergency. Be sure to inform Hospice of the Piedmont of where you are going and how to contact you at that location. Ask about evacuation plans at the places where you spend time including work, community organizations and other places you frequent. If you typically rely on elevators, have a back-up plan in case they are not working.

Fire Safety:

Plan two ways out of every room in case of fire. Check for items such as bookcases, hanging pictures, or overhead lights that could fall and block an escape path. Check hallways, stairwells, doorways, windows and other areas for hazards that may keep you from safely leaving a building during an emergency. Secure or remove furniture and objects that may block your path. If there are aspects of preparing your home or workplace that you are not able to do yourself, enlist the help of your personal support network.

Contact Your Local Emergency Information Management Office:

Some local emergency management offices maintain registers of older people so they can be located and assisted quickly in a disaster. Contact your local emergency management agency to see if these services exist where you live (a list of county offices is found on page 55).

Be Informed

Some of the things you can do to prepare for the unexpected, such as assembling an emergency supply kit and making an emergency plan are the same regardless of the type of emergency. However, it's important to stay informed about what might happen and know what types of emergencies are likely to affect your region. For more information about specific types of emergencies, visit www.ready.gov or call 1-800-BE-READY.

Be prepared to adapt this information to your personal circumstances and make every effort to follow instructions received from authorities on the scene. Above all, stay calm, be patient and think before you act. With these simple preparations, you can be ready for the unexpected.

**Adapted from Prepare for Emergencies Now: Information for Older Americans, FEMA, 2006, updated 2014*

County Emergency Management Offices

(Hospice of the Piedmont Service Area)

Albemarle

Regional Emergency Communications
Center
(434) 977-9041

Augusta

Emergency Communications Center
(540) 245-5501

Buckingham

Emergency Services
(434) 969-4242

Culpeper

Emergency Management Services
(540) 727-7161

Fauquier

Fauquier County Office of Emergency
Management
(540) 422-8803

Fluvanna

Emergency Services
(434) 591-1927

Greene

Greene County Office of Emergency
Services
(434) 985-5232

Louisa

Louisa County Fire and EMS
(540) 967-3491

Madison

Emergency Management
(540) 948-7544

Nelson

Emergency Services
(434) 263-7045
(434)263-7050 after hours

Orange

Emergency Communications Center
(540) 672-1234

Rappahannock

Emergency Management Office
(540) 675-5322



CHARGES

Charges

Medicare Hospice Benefit

Covered — if part of your Plan of Care:

- Physician services
- Nursing care
- Medical appliances & supplies
- Medications for symptom management of the terminal illness and related conditions (must be pre-approved by Hospice of the Piedmont)
- Short-term general inpatient (GIP) care for symptom control
- Hospice aide
- Spiritual counseling
- Bereavement support
- Physical therapy, Occupational therapy, Speech therapy (must be pre-approved by Hospice of the Piedmont and appropriate to the plan of care)
- Medical social services
- Dietary counseling
- Volunteer services
- Short-term respite care

Not Covered:

- Treatment for the terminal illness which is not for palliative symptom management and is not within the hospice plan of care.
- Care provided by another hospice that was not arranged by Hospice of the Piedmont
- Ambulance transportation not included in the plan of care
- Medications not related to the terminal illness
- Visits to the emergency department without prior approval or arrangements by Hospice of the Piedmont.
- Inpatient care at non-contracted facilities
- Sitter services/hired caregivers
- Admission to the hospital without prior approval or arrangements by Hospice of the Piedmont
- Laboratory services, diagnostic testing, medical treatments not indicated by the plan of care and pre-approved by Hospice of the Piedmont

Levels of Hospice Care

Routine Home Care: This is the most common level of care for Hospice of the Piedmont. Visits are made to the home or resident's facility by members of the care team to provide care as required by the patient and family.

General Inpatient Care (GIP): When a patient's symptoms cannot be adequately managed in a home or resident facility setting, the patient may be moved to the Center for Acute Hospice Care or admitted as a hospice GIP patient to one of our area hospitals.

Respite Care: When family caregivers need to travel or need a rest, patients can be moved to a contracted residential nursing facility or the Center for Acute Hospice Care for up to five (5) days of respite care.

Crisis Care: During times of severe symptom crisis, a Hospice of the Piedmont nurse or hospice aide may provide several hours of continuous care at the bedside to assist with managing these symptoms. Crisis care is only for the management of these severe symptoms and the goal is to stabilize the patient and allow him/her to remain at home.

MEDICARE PART D

If you have Medicare Part D, Hospice of the Piedmont will work with your physician to determine which medicines will be covered under the hospice benefit or Medicare Part D. If a medicine is determined to be no longer medically necessary, but you choose to continue these medications, they will become your financial responsibility. If you disagree with any drug coverage determination, you may appeal the decision through the Medicare fee-for-service appeals process, Part D appeals process, or submit a complaint with a Medicare-contracted Quality Improvement Organization (QIO). Please ask one of your Hospice of the Piedmont team members if you need assistance with any of these steps.

CHARGE INFORMATION

Hospice of the Piedmont receives payment directly from Medicare, Medicaid, and most private health insurance companies. All insurances are billed for Hospice of the Piedmont services as appropriate. Hospice of the Piedmont never denies services to a patient based on the ability to pay. If requested, Hospice of the Piedmont can complete a financial screening to determine the level of your financial responsibility.

Refund Policy: In the event that an overpayment is received, Hospice of the Piedmont will refund that amount to your account in accordance with state law.

MEDICAL RECORDS

Your electronic medical record is maintained by our staff to document physician orders, assessments, progress notes, and treatments. All records are kept strictly confidential by our staff and protected against loss, destruction, tampering, or unauthorized use.

FY2024 Hospice Wage Index FINAL Rates Hospice of the Piedmont

Wage Index values posted on CMS Website - July 27, 2023

FINAL FY2024 Rates for Hospices Participating in Quality Reporting -- All rates calculated
for October 1, 2023 through September 30, 2024

Charts developed by the National Hospice and Palliative Care Organization based on rates posted by CMS

COUNTY NAME	URBAN/ RURAL	FY2024 FINAL Wage Index New CBSA Designation	FY2024 FINAL Routine Home Care Rate 1-60 days	FY2024 FINAL Routine Home Care Rate 61 + days	FY2024 FINAL Service Intensity Add-On (SIA)	FY2024 FINAL Continuous Care - 24 hours Rate	FY2024 FINAL Inpatient Respite Rate	FY2024 FINAL General Inpatient Rate
			October 1, 2023 - September 30, 2024	October 1, 2023 - September 30, 2024	October 1, 2023 - September 30, 2024	October 1, 2023 - September 30, 2024	October 1, 2023 - September 30, 2024	October 1, 2023 - September 30, 2024
ALBEMARLE	URBAN	0.8903	\$ 202.52	\$ 159.87	\$ 59.85	\$ 1,436.34	\$ 473.74	\$ 1,065.53
AUGUSTA	URBAN	0.9385	\$ 209.47	\$ 165.35	\$ 62.21	\$ 1,493.08	\$ 488.66	\$ 1,100.58
BUCKINGHAM	RURAL	0.8158	\$ 191.79	\$ 151.40	\$ 56.19	\$ 1,348.63	\$ 450.66	\$ 1,011.35
CHARLOTTESVILLE CITY	URBAN	0.8903	\$ 202.52	\$ 159.87	\$ 59.85	\$ 1,436.34	\$ 473.74	\$ 1,065.53
CULPEPPER	URBAN	1.0242	\$ 221.82	\$ 175.10	\$ 66.42	\$ 1,593.97	\$ 515.20	\$ 1,162.91
FAQUIER	URBAN	1.0242	\$ 221.82	\$ 175.10	\$ 66.42	\$ 1,593.97	\$ 515.20	\$ 1,162.91
FLUVANNA	URBAN	0.8903	\$ 202.52	\$ 159.87	\$ 59.85	\$ 1,436.34	\$ 473.74	\$ 1,065.53
GREENE	URBAN	0.8903	\$ 202.52	\$ 159.87	\$ 59.85	\$ 1,436.34	\$ 473.74	\$ 1,065.53
LOUISA	RURAL	0.8158	\$ 191.79	\$ 151.40	\$ 56.19	\$ 1,348.63	\$ 450.66	\$ 1,011.35
MADISON	URBAN	1.0242	\$ 221.82	\$ 175.10	\$ 66.42	\$ 1,593.97	\$ 515.20	\$ 1,162.91
NELSON	URBAN	0.8903	\$ 202.52	\$ 159.87	\$ 59.85	\$ 1,436.34	\$ 473.74	\$ 1,065.53
ORANGE	RURAL	0.8158	\$ 191.79	\$ 151.40	\$ 56.19	\$ 1,348.63	\$ 450.66	\$ 1,011.35
RAPPAHANNOCK	URBAN	1.0242	\$ 221.82	\$ 175.10	\$ 66.42	\$ 1,593.97	\$ 515.20	\$ 1,162.91
STAUTON CITY	URBAN	0.9385	\$ 209.47	\$ 165.35	\$ 62.21	\$ 1,493.08	\$ 488.66	\$ 1,100.58
WAYNESBORO CITY	URBAN	0.9385	\$ 209.47	\$ 165.35	\$ 62.21	\$ 1,493.08	\$ 488.66	\$ 1,100.58

Hospice House and Center for Acute Hospice Care

We at Hospice of the Piedmont are glad that you chose us to provide end-of-life care and bereavement services for you and your loved ones.

Charges at the Hospice House and Center for Acute Hospice Care

Core hospice services are generally covered by Medicare, Medicaid or private insurance. The additional expenses for room and board at our Hospice House or at the Center for Acute Hospice Care are not covered by insurance. The rate for room and board is \$250.00 per day. Families are asked to pay a one-week deposit at the start of routine care at the HH.

A word about General Inpatient Level of Care

Patients admitted to the General Inpatient (GIP) level of care at the Center for Acute Hospice Care will not be charged the room and board fee during the time they are requiring the high level of care to manage their symptoms.

Most patients experience a day or more of stability at the routine level of care prior to moving back to their homes. The \$250/day room and board fee becomes applicable once patients are determined to be at the routine level of care. Room and board fees are not charged for visits less than 24 hours.

This can be confusing for patients and families, so when your level of care has been changed to routine, the nurse or social worker will let you know and answer any questions you may have at that time.

Financial Services Department

Please contact the Financial Services Department at 434-817-6900 (Monday through Friday, 8:30am-5:00pm) with any questions about charges or to set up an appointment to discuss financial matters.

Schedule of Fees and Services

The schedule of fees and services summarizes the basic charge structure for self-pay (no insurance coverage) for available services provided by Hospice of the Piedmont to its patients and families.

Routine Care

Care provided to the patient and family in the location the patient calls home.

Home visits by:

Registered Nurse-Case Manager
Hospice Aide
Social Worker
Spiritual Care-Chaplain
Volunteer support

Other Support:

Durable medical equipment
Disposable supplies
Medications
Grief Support Services
Other services as determined by individual plan of care

Crisis Care - Continuous Care in the Home

Care provided in the home during brief periods when the patient requires continuous care which is primarily nursing care to achieve palliation or management of acute medical symptoms.

Respite Care

Care provided in a nursing facility or certified location on a short-term basis when necessary to relieve a patient's caregiver.

General Inpatient Care

Care provided in an inpatient facility for the purpose of pain control or acute symptom management which cannot be managed in the patient's home setting.



PRIVACY INFORMATION

Privacy Information

Notice of Privacy Practices

Hospice of the Piedmont understands that your health information is highly personal and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how Hospice of the Piedmont will use and disclose your Protected Health Information (PHI).

1. Hospice of the Piedmont ("Provider") Privacy Notice

This notice describes how we secure the Protected Health Information (PHI) that we have about you that relates to your medical information or personal health information. Protected Health Information refers to medical information and may include other information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

This Notice of Privacy Practices describes how we may use and disclose to others your Personal Health Information to carry out payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your Personal Health Information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all Personal Health Information that we maintain at that time. This notice may also be revised if there is a material change to the uses or disclosures of Personal Health Information, your rights, our legal duties, or other privacy practices stated in this notice. Within 60 days of a material revision to this notice we will provide you with a copy of the revised notice. Additionally, upon your request, we will provide you with any revised Notice of Privacy Practices by calling us at 1-800-975-5501 and requesting that a revised copy be sent to you in the mail.

Federal and state laws provide special protections for certain kinds of personal health information (mental health records, alcohol and drug treatment records, communicable disease records or genetic test records) and, therefore, calls for specific authorizations from you to disclose information to third parties. When your personal health information falls under these special protections, we will secure the required written authorization, pursuant to a valid court order or as otherwise required by law.

How We Will Use and Disclose Your PHI

To Provide Treatment.

Hospice of the Piedmont may use and disclose your PHI to coordinate care within the Hospice of the Piedmont program and with others involved in your care, such as your attending physician, members of the interdisciplinary team and other health care professionals who have agreed to assist us in coordinating your care.

Hospice of the Piedmont also may disclose your healthcare information to individuals outside of the hospice program which are involved in your care, including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment, and/or other health care professionals. For example, we may disclose your PHI to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose your PHI to another physician who may be treating you or consulting with us regarding your care.

To Obtain Payment.

Hospice of the Piedmont may also use and disclose your PHI, as needed, to obtain payment for services that we provide to you. This may include certain communications to your health insurer or health plan to confirm (1) your eligibility for health benefits, (2) the medical necessity of a particular service or procedure, or (3) any prior authorization or utilization review requirements. We may also disclose your PHI to another Provider involved in your care for the other Provider's payment activities. For example, this may include disclosure of demographic information to another physician practice that is involved in your care, or to a hospital where you were recently hospitalized, for payment purposes.

To Perform Health Care Operations.

Hospice of the Piedmont may also use or disclose your PHI, as necessary, to carry on our day-to-day health care operations and to provide quality care to all of our patients. The PHI disclosed will be imparted on a "need to know" basis. These health care operations may include such activities as: quality assessment and performance improvement activities; professional review and performance evaluation; activities designed to improve health or reduce health care costs; health professional training programs, including those in which students, trainees, or practitioners in health care learn under supervision; accreditation; certification; licensing or credentialing activities; compliance reviews and audits; defending a legal or administrative claim; business management; development; and other administrative activities. In certain situations, Hospice of the Piedmont may also disclose your PHI to another health care Provider or health plan to conduct their own particular health care operation requirements.

To Contact You.

To support our treatment, payment and health care operations, we may also, from time to time, contact you at home, either by telephone or mail, (1) to remind you of an upcoming activity date, (2) for bereavement activities or (3) to ask you to return a call to Hospice of the Piedmont unless you ask us,

in writing, to use alternative means to communicate with you regarding these matters. We may also contact you by telephone to coordinate interdisciplinary visits, inform you of specific test results or treatment plans.

Business Associates.

Hospice of the Piedmont provides some services through contracts with business associates, including but not limited to: accountants, consultants, and attorneys, so that they can perform the tasks that we have assigned to them. To protect your health information, we require the business associate to appropriately safeguard health information about you.

To Be in Contact with Your Family or Friends.

Additionally, Hospice of the Piedmont may also disclose certain of your PHI to your designated family member/primary caregiver or another relative, a close personal friend, or any other person specified by you, but only if the PHI is directly related (1) to the person's involvement in your treatment or related payments, or (2) to notify the person of your physical location or a sudden change in your condition.

According to Laws That Require or Permit Disclosure.

Hospice of the Piedmont may disclose your PHI when we are required or permitted to do so by any federal, state or local law, as follows:

1. When There Are Risks to Public Health.

We may disclose your PHI to (1) report disease, injury or disability; (2) report vital events such as births and deaths; (3) conduct public health activities; (4) collect and track FDA-related events and defects; (5) notify appropriate persons regarding communicable disease concerns; or (6) inform employers about particular workforce issues.

2. To Report Suspected Abuse, Neglect or Domestic Violence.

We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence, but only when specifically required or authorized by law or when the patient agrees to the disclosure.

3. To Conduct Health Oversight Activities.

We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight, but we will not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

4. In Connection with Judicial and Administrative Proceedings.

We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal. In certain circumstances, we may disclose your PHI in response to a subpoena if we receive satisfactory assurances that you have been notified

of the request or that an effort was made to secure a protective order.

5. For Law Enforcement Purposes.

We may disclose your PHI to a law enforcement official to, among other things, (1) report certain types of wounds or physical injuries, (2) identify or locate certain individuals, (3) report limited information if you are the victim of a crime or if your health care was the result of criminal activity, but only to the extent required or permitted by law.

6. To Coroners, Funeral Directors, and for Organ Donation.

We may disclose your PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties. We may also disclose PHI to a funeral director in order to permit the funeral director to carry out their duties. PHI may also be disclosed for organ, eye or tissue donation purposes.

7. In the Event of a Serious Threat to Health or Safety, or For Specific Government Functions.

We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or 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, or for certain other specified government functions permitted by law.

8. Marketing.

Hospice of the Piedmont must obtain your written authorization to use and disclose health information about you for most marketing purposes.

9. For Worker's Compensation.

We may disclose your PHI to comply with worker's compensation laws or similar programs.

10. Correctional Institutions.

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose health information about you. Such health information will be disclosed to the correctional institution or law enforcement official when necessary for the institution to provide you with health care and to protect the health and safety of others.

11. Information Not Personally Identifiable.

Hospice of the Piedmont may use or disclose health information about you in ways that do not personally identify you or reveal who you are.

12. With Your Prior Express Written Authorization.

Other than as stated above, Hospice of the Piedmont will not disclose your PHI, or more importantly, your Special PHI, without first obtaining your express written authorization. Please note that you may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

Your Individual Rights Concerning Your PHI

The Right to Inspect and Copy Your PHI.

You may inspect and obtain a copy of your PHI that Hospice of the Piedmont has created or received as we provide your treatment or obtain payment for your treatment. A copy may be made available to you either in paper or electronic format if we use an electronic health format. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law prohibiting access. Depending on the circumstances, you may have the right to request a second review if our Compliance Officer denies your request to access your PHI. Please note that you may not inspect or copy your PHI if your physician believes that the access requested is likely to endanger your life or safety or that of another person, or if it is likely to cause substantial harm to another person referenced within the information. As before, you have the right to request a second review of this decision. To inspect and copy your PHI, you must submit a written request to the Compliance Officer. Hospice of the Piedmont may charge you a fee for the reasonable costs that we incur in processing your request.

The Right to Request Restrictions on How We Use and Disclose Your PHI.

You may ask Hospice of the Piedmont not to use or disclose certain parts of your PHI but only if the request is reasonable. For example, if you pay for a particular service in full, out-of-pocket, on the date of service, you may ask us not to disclose any related PHI to your health plan. You may also ask us not to disclose your PHI to certain family members or friends who may be involved in your care or for other notification purposes described in this Privacy Notice, or how you would wish us to communicate with you regarding upcoming appointments, treatment alternatives and the like by contacting you at a telephone number or address other than at home. Please note that we are only required to agree to those restrictions that are reasonable and which are not too difficult for us to administer. We will notify you if we deny any part of your request, but if we are able to agree to a particular restriction, we will communicate and comply with your request, except in the case of an emergency. Under certain circumstances, Hospice of the Piedmont may choose to terminate our agreement to a restriction if it becomes too burdensome to carry out. Finally, please note that it is your obligation to notify us if you wish to change or update these restrictions by contacting the Compliance Officer directly.

Right to Request Alternative Method of Communication.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. We will accommodate all reasonable requests.

The Right to Request Amendments to Your PHI.

You may request that your PHI be amended so long as it is a part of our official Patient Record. All such requests must be in writing and directed to our Compliance Officer. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right

to file a statement of disagreement with us and we may respond to your statement in writing and provide you with a copy.

Right to Revoke Authorization.

You have the right to revoke your authorization to use or disclose health information, except to the extent that action has been taken in reliance upon your authorization. Your request must be in writing.

The Right to Receive an Accounting.

You have the right to request an accounting of those disclosures of your PHI that we have made for reasons other than those for treatment, payment and health care operations, which are specified above. The accounting is not required to report PHI disclosures (1) to those family, friends and other persons involved in your treatment or payment, (2) that you otherwise requested in writing, (3) that you agreed to by signing an authorization form, or (4) that we are otherwise required or permitted to make by law. As before, your request must be made in writing to our Compliance Officer. The request should specify the time period, but please note that we are not required to provide an accounting for disclosures that take place prior to September 01, 2007. Accounting requests may not be made for periods of time in excess of six years.

The Right to Receive Notice of a Breach.

You have the right to receive written notice in the event Hospice of the Piedmont learns of any unauthorized acquisition, use or disclosure of your PHI that was not otherwise properly secured as required by HIPAA. We will notify you of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered.

Right to Opt Out of Fundraising Communications.

Hospice of the Piedmont may contact you for fundraising purposes. You have the right to opt out of receiving any of these communications.

Right to Copy of Notice of Privacy Practices.

You have the right to a paper copy of our Notice at any time. Please contact Hospice of the Piedmont's Compliance Officer at the address or phone listed on the next page to obtain a copy.

The Right to File a Complaint.

You have the right to contact the Hospice of the Piedmont Compliance Officer at any time if you have questions, comments or complaints about our privacy practices or if you believe we have violated your privacy rights. You also have the right to contact our Compliance Officer or the Department of Health and Human Services' Office for Civil Rights in Richmond, VA regarding these privacy matters, particularly if you do not believe that we have been responsive to your concerns. We urge you to contact our Compliance Officer if you have any questions, comments or complaints, either in writing or by telephone as follows:

Effective date: This notice is effective November 29, 2016. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information we maintain. If we change the terms of this notice (while you are receiving service), we will promptly revise and distribute a revised notice to you as soon as possible by mail, hand delivery, or posting on our website.

Compliance Officer Hospice of the Piedmont
675 Peter Jefferson Parkway, Suite 300
Charlottesville, VA 22911
Phone: 434-817-6900

The Right to Non-Discrimination.

Treating hospice personnel with respect and refraining from discriminatory practices. Hospice of the Piedmont abides by the regulations outlined in Title VII of the Civil Rights Act of 1964 and our anti-discrimination policy is available upon request.

Experience Of Care And Satisfaction Survey

The Centers for Medicare and Medicaid Services (CMS) is charged with protecting consumer rights and ensuring that patients and families receive quality care. CMS requires all hospices to send out a Consumer Assessment of HealthCare Providers and Systems (CAHPS) survey to the primary caregiver of all hospice patients after the death of that patient. Hospice of the Piedmont has contracted with Strategic Healthcare Programs (SHP), an approved CMS vendor, to send and compile the results of those surveys. Your family member or primary caregiver will be contacted by phone or mail and asked about your experience of care and the services provided by Hospice of the Piedmont. Your answers to this survey will help us to continue to improve our care and ensure that we provide necessary services in the future.



RIGHTS AND RESPONSIBILITIES

Your Rights and Responsibilities as a Hospice Patient

Hospice providers have an obligation to protect and protect your rights and to provide these rights to you or your representative verbally and in writing in a language and manner you can understand, during the initial assessment visit before care is provided and on an ongoing basis as needed. This patient Bill of Rights is designed to recognize, protect and promote the rights of each patient to be treated with dignity and respect.

Patients have the right to:

- Exercise your rights and be protected from discrimination or reprisal for exercising your rights.
- Expect respect of personal dignity, privacy and security.
- Expect to receive services, products, and equipment to be used during care without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle.
- Be informed of Hospice's organization ownership and control.
- Receive disclosure information regarding any beneficial relationships the Hospice has that may result in profit for the Hospice.
- Expect to have your cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
- Be free from mistreatment such as mental, physical, sexual or verbal abuse, neglect and exploitation, including injuries of unknown source and misappropriation of patient property by anyone.
- All reports of such mistreatment or exploitation will be investigated and reported to Adult Protective Services or the appropriate State Licensing or Accreditation Agency immediately / within five (5) working days.
- Be informed of the names and professional qualifications of the disciplines that will provide care.
- Expect confidentiality of your medical record as well as information about your health, social and financial circumstances.
- Expect Hospice to release information only as required by law or authorized by you and to be informed of procedures for disclosure.
- Have access to, upon request to receive an accounting of disclosures regarding your own health information as permitted under applicable law.
- Be advised of Hospice's billing policies, payment procedures and changes in information provided on admission as they occur within fifteen (15) days from the date of the change.
- Be fully informed in advance and receive information about the scope of services that Hospice will provide and any specific limitation of Hospice services, including but not limited to disciplines that furnish care, frequency of visits as well as any modifications to the plan of care, whether provided by Hospice or by vendor contract.

- Be informed of rights under state law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- Participate in the development and periodic revision of the plan of care.
- Choose an attending physician.
- Be able to identify visiting personnel members through proper identification and photo ID.
- Be informed of anticipated outcomes of care and of any barriers in outcome achievement.
- Refuse care or treatment without fear of reprisal or discrimination and in accordance with law and regulations. If you are not legally responsible, our surrogate decision maker may refuse on your behalf, as permitted by law.
- Not receive any experimental treatment without your specific agreement and full understanding.
- Receive effective pain management and symptom control for conditions related to terminal illness.
- Be informed of patient rights under state law to formulate Advance Directives.
- Receive services without regard to whether or not an Advance Directive has been executed.
- Recommend changes in policies and procedures, personnel or care/service.
- Be referred to another provider or organization if the Hospice is unable to meet your needs.
- Be notified in advance of treatment options, transfers, when and why care will be discontinued.
- Participate in the decision regarding referral to other providers or organizations.
- Receive education, instructions and requirements for continuing care when the services of the Hospice are discontinued.

Patients have the responsibility to:

- Properly use and dispose of controlled substances and biologicals.
- Use and maintain equipment and supplies provided by Hospice of the Piedmont.
- Follow responsibilities that have been outlined in your IDG plan of care.
- Follow infection control procedures that are relevant to your care.
- Notify Hospice of any perceived risks in your care or unexpected changes in your condition.
- Provide a safe environment of care.
- Follow instructions and express any concerns you have about your ability to follow and comply with the proposed IDG plan of care. Hospice will make every effort to adapt the plan to your specific needs and limitations. If such changes are not recommended, Hospice will inform you of the consequences of care alternatives.
- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters related to the patient's health.
- Know that in the event of an emergency that disrupts Hospice's services to the patient that Hospice will make every effort to visit or telephone the patient. However, if a patient has a medical emergency and is not able to contact Hospice, the patient should access the nearest emergency medical facility.
- Ask questions about care or services when you do not understand your care or what you are expected to do.

- Show respect and consideration for Hospice personnel and property.

Advance Directives – Under Virginia Law “every human being of adult years and sound mind has a right to determine what shall be done with his/her own body.” It is the policy of Hospice of the Piedmont to provide all patients with written information about their right to formulate an Advance Directive, including the right to refuse or accept medical or surgical care and information on resuscitation prior to furnishing hospice services. Hospice of the Piedmont will not limit the provision of care based on whether an Advance Directive has been completed. Advance Directives are legal documents that allow you to plan and make your end of life wishes known. Advance Directives can include:

Preferences for End of Life Care – We want to make sure we understand your treatment preferences and that we communicate those treatment preferences to all members of the team. Your Hospice of the Piedmont team will be asking you about what you want for your end of life care. Specifically, we will be discussing:

Medical Power of Attorney – If you can no longer make decisions about your own health care, it is important for you to have designated someone to make those decisions for you. This person can be a family member, a close friend, or an attorney; someone you trust to make decisions that meet your values and are in your best interest. This person may also be called your “health care proxy,” “health care power of attorney,” or “durable power of attorney for health care.”

Financial Power of Attorney – This person will have the power to make financial decisions for you if you are no longer able to do so. This may be the same person as the medical power of attorney, or may be someone different. This role is different than medical power of attorney and does not automatically assume that role. It is important to tell us who you would like in each role, especially if this is not the same person.

Cardiopulmonary Resuscitation (CPR) – One of the most important decisions to discuss is whether you want any attempt to restart your heart or breathing if either stops suddenly. If you want the health care team to attempt to restart your heart, what outcomes are you seeking?

Durable Do Not Resuscitate Order (DDNR) – Emergency medical services personnel are required by law to initiate life prolonging measures including CPR unless there is a signed Durable Do Not Resuscitate form available for the patient. If you have a signed DDNR, your Hospice of the Piedmont team member will ask to make a copy of it so we can make sure it is available to all of your caregivers. If you do not have a DDNR but wish to sign one, we have the forms available and can assist you in having this discussion with your healthcare provider.

Hospitalization – There are many things to consider when thinking about whether or not you would want to be transferred to a hospital. Hospice of the Piedmont is able to manage the majority of your symptoms at home or your current place of residence. If you experience a sudden increase in symptoms or an acute event, hospitalization may be indicated. We ask that you call Hospice of the

Piedmont first, before calling 911 or seeking other medical interventions. We can help to make the decision about whether hospitalization is indicated and make sure that your preferences are known to all other health care providers.

Other Life-sustaining Treatments – Changes and complications will occur as your disease takes its natural progression. When someone has your condition, some treatments can help you to feel better - but there are treatments that can make you feel worse. We will talk about some of the treatments that could be considered if you have complications. This way you can make informed choices. We want to make a plan so your quality of life will be as good as it can be and you receive the care that helps you reach your goals.

Your team will request a copy of your Advance Directive which will be placed in your clinical record. Your directives, including resuscitation status, will be communicated to members of the Hospice Interdisciplinary Team to be included in your plan of care.

If you have not completed an advance directive at the time of your admission to the hospice program, you will be offered a copy of the Five Wishes booklet. The hospice social worker can assist you and your family to consider and/or complete the Five Wishes or another preferred Advance Directive format, approved for use in the state of Virginia.

If the patient is incapacitated at the time of their admission to hospice and is unable to receive information, the nurse will provide the Advance Directive information to the patient's legal representative (if one has been named), primary caregiver or designee. If the patient later regains their decision-making capacity, the hospice will provide information to the patient at that time.

If the patient does not have an Advance Directive, Hospice of the Piedmont will follow the Virginia Hierarchy of decision makers. In Virginia, the hierarchy of decision makers is first, legal guardian, then DPOA for Healthcare Decisions, spouse, adult children and finally, other available relatives. If no listed person is available to decide for you, a judge can decide what treatment is best. Life partners or friends are not eligible to make decisions for patients unless they have been designated in the advance directive as the durable power of attorney for healthcare decisions.

Problem Solving Procedure

Hospice of the Piedmont is committed to ensuring that your rights are protected. If you feel that staff members have failed to follow policy, your rights have been violated in any way, or you have a concern about the implementation of Advance Directive requirements, please follow these steps without fear of discrimination or reprisal:

- Notify the Chief Clinical Officer or Chief Executive Officer by phone at (434)817- 6900. You may also submit your complaint in writing to 675 Peter Jefferson Parkway, Suite 300, Charlottesville, VA 22911-8618. You will receive a response within 30 days of filing your complaint. Most problems can be solved at this level.
- You may also contact the Virginia Department of Health at 1-800-955-1819. Voice mail is available 24 hours per day. You may also submit your complaint in writing to: Virginia Department of Health, Office of Licensure and Certification. 99960 Mayland Drive, Suite 401, Henrico, VA 23233 or via email at OLC-Complaints@vdh.virginia.gov.
- The commonwealth's ombudsman is also available at 1-800-552-3402. Hours of operation are Monday – Friday; 8:30 – 5:00 PM (not holidays). Or your complaint can be submitted in writing to Virginia Office of Long Term Care Ombudsman, Department for Aging and Rehabilitative Services, 8004 Franklin Farm Drive, Richmond, VA 23229.
- You may also notify the Accreditation Commission for Health Care (ACHC) by phone at 1-855-937-2242, fax at (919)785-3011 or email at customerservice@achc.org. You may also submit your complaint in writing to: Accreditation Commission for Health Care, 139 Weston Oaks Ct., Cary, NC 27513.

Notice of Non-Discrimination / Filing a Grievance

Hospice of the Piedmont complies with applicable Federal civil rights laws and does not discriminate on the basis of gender, race, color, national origin, age, disability, or sexual orientation. Hospice of the Piedmont does not exclude people or treat them differently because of gender, race, color, national origin, age, disability, religion, or sexual orientation.

Hospice of the Piedmont provides free language services to people whose primary language is not English, such as qualified interpreters, information written in other languages, qualified sign language interpreters, and other resources. If you need these services, contact your hospice team or 1-800-975-5501.

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. You can file a grievance in person or by mail, or fax. If you need help filing a grievance, the Hospice of the Piedmont Patient Advocate/Compliance Officer is available to help you:

Compliance Officer
675 Peter Jefferson Parkway, Suite 300
Charlottesville, VA 22911-8618
Phone: (434) 817-6900
Fax: (434) 245-0187

Hospice of the Piedmont may not by law retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Grievances submitted to Hospice of the Piedmont must state the problem and the solution sought. Hospice of the Piedmont will issue a written decision on the grievance based on a preponderance of the evidence no later than 30 days after its filing, including a notice of your right to pursue further administrative or legal action.

You may also file an appeal of the decision to the Chief Executive Officer. The Chief Executive Officer will issue a written response within 30 days after filing.

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, 800-537-7697 (TDD)

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

APPENDIX

Admission Consent

INSTRUCTIONS: This form acknowledges my receipt of the orientation booklet and my consent for hospice care. My hospice services and consent have been discussed with me and I acknowledge, understand and am in complete agreement with receiving hospice services. I agree to call hospice with any changes in my health status and inform Hospice of the Piedmont of any other medical appointments and treatments I may have. My signature below indicates my approval.

Patient Name: _____ Patient ID: _____

PATIENT RIGHTS AND RESPONSIBILITIES - I acknowledge that I have been provided with a written copy of my rights and responsibilities as a patient. A hospice representative has discussed them with me and I understand them. The state home care/hospice hotline number, its purpose, how to report a concern and hours of operation have been provided and explained to me. I acknowledge that I have chosen Hospice of the Piedmont ("Hospice") to provide my hospice care without solicitation or coercion from the hospice agency.

CONSENT FOR CARE - I hereby give my permission for authorized personnel of Hospice to perform all necessary procedures and treatments as prescribed by my physician for the delivery of hospice care. I waive my rights to standard Medicare benefits related to my terminal illness while enrolled in the Medicare hospice program. I can change from one Hospice to another, if I wish to do so. To change programs, I will inform Hospice of my wishes so arrangements for transfer can be made. I understand that I may revoke the Hospice benefit any time and re-elect in the next certification period. I understand that Hospice will supervise the services provided and that I may refuse care or terminate services at any time and Hospice may terminate services to me as explained in my initial visit. It has been explained to me and I understand that hospice care is palliative not curative in nature as it relates to the care of my terminal illness. I agree and consent to the care plan and payment as outlined.

RELEASE OF INFORMATION - I acknowledge receipt of the Notice of Privacy Practices and was given an opportunity to ask questions and voice concerns. I understand that Hospice may use or disclose protected health information about me to carry out treatment, payment, health care operations and social services. Hospice may release information to or receive information from insurance companies, health plans, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing any portion of my bill for services; any entity affiliated with or representing for purposes of administration, billing and quality and risk management; any health care facility to which I may be/have been admitted; any personal care facility of which I am a resident; any physician providing my care; family members and other caregivers who are part of my plan of care; licensing and accrediting bodies and other health care providers in order to initiate and continue treatment.

FINANCIAL RESPONSIBILITY/AUTHORIZATION FOR PAYMENT - I understand that while I am under the hospice plan of care, the Hospice will coordinate all medically necessary therapies, services and medical supplies related to my terminal illness that are reasonable and necessary for the palliation of my terminal illness and related conditions. I understand that I will be responsible for payment of medications and services outside of the hospice plan of care. Those charges may include treatments related to my terminal illness not authorized by Hospice and non-formulary or unnecessary medications. I understand that it is my right to call 911 to seek health services; however, I may incur all of the cost for such action if the services are not included in my approved hospice plan of care. Should I arrange for these services on my own, I understand that my Insurance may not reimburse me or my supplier and I will be responsible for the cost. As a hospice patient, I have the right to be informed at admission, verbally and in writing, of my payment responsibilities. I will be responsible for any deductible, co-pays and items not covered by my Insurance, if applicable. I authorize Hospice of the Piedmont to bill my hospice care to my Reimbursor:

- Medicare Hospice Benefit** - Medicare reimbursement is taken as payment in full for services provided.
- Medicaid Hospice Benefit** - Medicaid reimbursement is taken as payment in full for services provided.
- Medicaid Pending** - I am responsible for providing proof of approval to Hospice of the Piedmont.
- Private Insurance** - I understand that payment is based on coverage limitations of my individual policy.
- Self-Pay** - I may be placed on a sliding scale to cover hospice services, if applicable.

Admission Consent

Patient Name: _____ Patient ID: _____

I understand any questions about my financial responsibility can be addressed by my team or Hospice of the Piedmont's billing office at (434) 817-6900. I certify that the information given by me in applying for payment is correct.

SPECIAL SERVICES - I understand that if I need symptom management that cannot be achieved at home, short-term inpatient hospice care is only provided at a Hospice of the Piedmont facility or one approved by my physician and Hospice of the Piedmont. If I need hospitalization or special services not provided by Hospice, I or my legal representative must make arrangements for these services and inform my Hospice team. Hospice of the Piedmont shall in no way be responsible for failure to provide the same and is hereby released from any liability arising from the fact that I am not provided with such additional care.

ADVANCE DIRECTIVES - I understand it is required that I be made aware of my right to make my own healthcare decisions, and I have been given information about Virginia Advance Directives. I will provide a copy of my Advance Directive to the Hospice when it is completed. I understand that I may express my wishes in an Advance Directive so that my wishes may be known when I cannot speak for myself.

I have made an Advanced Directive: **No** **Yes** (if yes, one must be provided to the Hospice agency)

Name of Durable Power of Attorney: _____ Phone: _____

I understand that in the absence of a living will or an Advance Directive, Hospice of the Piedmont will provide appropriate palliative care according to the plan of treatment authorized by my attending physician and the Hospice interdisciplinary team and will not discriminate against me based on whether or not I have executed an advance directive.

I have read and understand the above statements. I agree to the terms and conditions stated above. I understand a copy of this consent form shall be as valid as the original and shall remain in effect until I am discharged from the agency. I also understand that I may revoke this consent in writing at any time.

Service to begin on (date): _____

Patient Signature/date

Responsible Person or Legal Guardian Signature/date

Hospice Representative/date

Printed Name of Relationship of Person Above

Patient unable to sign due to: _____

Patient Name: _____ Patient ID: _____

CONSENT FOR ELECTION OF MEDICARE HOSPICE BENEFIT

By electing hospice care under the Medicare hospice benefit, I acknowledge that:

- I was given an explanation and have a full understanding of the palliative rather than curative nature of hospice care. The purpose of hospice care is to relieve pain and other symptoms related to my terminal illness and related conditions and such care will not be directed toward cure. The focus of hospice care is to provide comfort and support to both me and my family/caregivers.
- I was provided information on which items, services, and drugs the hospice will cover and furnish upon my election to receive hospice care.
- I was provided with information about potential cost-sharing for certain hospice services, if applicable.
- I understand that by electing hospice care under the Medicare hospice benefit, I waive (give up) the right to Medicare payments for items, services, and drugs related to my terminal illness and related conditions. This means that while this election is in force, Medicare will make payments for care related to my terminal illness and related conditions only to the designated hospice and attending physician that I have selected.
- I understand that items, services, and drugs unrelated to my terminal illness and related conditions are exceptional and unusual and the hospice will be providing virtually all of my care while I am under a hospice election. The items, services, and drugs determined to be unrelated to my terminal illness and related conditions continue to be eligible for coverage by Medicare under separate benefits.
- I understand that the Medicare hospice program consists of two 90-day periods and unlimited 60-day periods if no revocations or discharges occur. Before each benefit period begins, my medical condition will be evaluated for continued hospice appropriateness by my physician and the hospice interdisciplinary team.
- I can choose to revoke hospice care at any time by signing a written revocation statement with Hospice of the Piedmont. I can return to regular Medicare coverage on the effective date of the revocation. I can return to hospice, starting a new benefit period, at any time, if eligible.
- I understand I may transfer to another Medicare certified Hospice program once during any election period without having a break in service and it is not considered a revocation.

Hospice Coverage and Right to Request: Patient Notification of Hospice Non-Covered Items, Services, and Drugs

As a Medicare beneficiary who elects to receive hospice care, I have the right to request at any time, in writing, the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs" addendum that lists conditions, items, services, and drugs that the hospice has determined to be unrelated to your terminal illness and related conditions, and that will not be covered by the hospice. The hospice must furnish this notification within 5 days, if you request this form on the start of care date, and within 72 hours (or 3 days) if you request this form during hospice care.

I have the right to contact the Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO) to request Immediate Advocacy if you disagree with any of the hospice's determinations. The BFCC-QIO that services your area is: BFCC-QIO: Livanta ; 1-888-396-4646; 1-888-985-2660 (TTY).

DMAS 420 Request for Hospice Services

NAME: _____ ADDRESS: _____	DATE OF BIRTH: ____/____/____
MEDICAID BENEFIT PROGRAM: FFS <input type="checkbox"/> CCC Plus Program <input type="checkbox"/>	MEDICAID #: _____ (12 digits)
OTHER INSURANCE: _____ POLICY NO. _____	MEDICARE # _____

SECTION I: ELECTION OF HOSPICE SERVICES

I, _____, elect to participate in the Medicaid Hospice Services.

The hospice that I have chosen is Hospice of the Piedmont.

I am aware of the prognosis of my illness and I understand that treatment is palliative rather than curative. I consent to the management of the symptoms of my disease as prescribed by my Attending Physician and/or the Hospice Medical Director. My family and I will help to develop and will participate in a plan of care based on our needs.

I may receive benefits that include home nursing visits, counseling, medical social work services, drugs and biologicals, and medical supplies and equipment. If needed, I may also receive home health aides/homemakers, physical therapy, occupational therapy, speech/language pathology, inpatient care for acute symptoms, medical procedures ordered by my physicians and hospice, and continuous nursing care in the home during acute medical crises. I may request volunteer services, when available and appropriate. I realize that my family and I have the opportunity for limited respite in an approved inpatient facility.

In accepting these services, which are more comprehensive than regular Medicaid Services, I waive my right to regular Medicaid services that are duplicative of services required to be provided by the Hospice except for payment to my Attending Physician or treatment for medical conditions unrelated to my terminal illness. I understand that I can revoke these services at any time and return to regular Medicaid services. I understand that Hospice consists of two ninety-day periods and subsequent sixty-day periods extending until I am no longer in Hospice. I may be responsible for hospice charges if I become ineligible for Medicaid services.

I understand that at the end of either the first ninety-day period or the second, because of an improvement in my condition, I may choose to save the remainder of the benefit period(s). I may revoke the Hospice Benefit at that time. I also understand that if I choose to do so, I am still eligible to receive the remaining benefit period(s). I am aware, that if I choose to revoke Hospice Services during a benefit period, I am not entitled to coverage for the remaining days of that benefit period.

I understand that if I choose to do so, once during each election period, I may change the designations of the particular hospice from which hospice care is provided by filing a statement with the hospice from which care has been provided and with the newly designated hospice. I understand that a change of hospice providers is not a revocation of the remainder of that election period.

I understand that, unless I revoke Hospice services, hospice coverage will continue.

I understand that if I am a Medicare recipient, I must elect to use the Medicare Hospice Services.

Check one:

I am a Medicare recipient and have elected the Medicare Hospice Services.

My Medicare eligibility for hospice benefits begins _____ (date).

I am not a Medicare recipient.

Witness' Signature/Date

Hospice Recipient Signature/Date

Hospice Recipient's Authorized Representative Signature/Date (If applicable)

Change of Attending Physician Request

Patient Name: _____

I (or my representative) request to change my attending physician. My choice for my new attending physician is:

First and Last Name of New Attending Physician - **PLEASE PRINT CLEARLY**

Effective Date: _____

The effective date of the change in attending physician cannot be earlier than the date the statement is signed.

Signature of Patient or Representative

Date of Signature

Printed Name of Patient or Representative

Consent for Care: Zoom Video Conferencing Program

Patient Name: _____

Acct#: _____

Your care team would like to communicate with you via a video conferencing platform called Zoom. Zoom is a secure platform that allows real-time, easy to use video conferencing on a computer or mobile device between you and your nurse, social worker, or chaplain. The goals of these visits include, but are not limited to:

- Close monitoring of symptoms in coordination with you and your hospice care team
- Psychosocial and spiritual support
- Education for you and your primary caregiver
- Counseling and emotional support for you and your family

Benefits: The perceived benefits of using this technology as part of your plan of care include:

- Provides your nurse with the ability to monitor your needs, symptoms and overall well-being more closely between visits
- Provides an opportunity for more real-time communication between you and your care team
- Provides an alternative to in-person visits with your care team when necessary

Scope of services to be provided: The primary technology that will be used to provide this service is a secure, easy-to-use application (app) called Zoom that will keep you connected with your care team between face-to-face visits.

Financial Responsibility: Video conferencing services will be provided to you at no cost. These services include installing an application (app) on your personal smartphone or tablet, and teleconferencing sessions with your primary nurse and/or other members of the hospice care team. Any charges as a result of cellular data usage will be your responsibility.

Notice of Privacy Practices: You received a copy of Hospice of the Piedmont's Notice of Privacy Practices and Rights & Responsibilities upon your admission, which provides an explanation of the ways in which your health information may be used or disclosed by Hospice of the Piedmont and of your rights with respect to your health information.

By signing below, you authorize Hospice of the Piedmont to begin services and agree to and understand the above.

Patient Signature

Date Signed

Responsible Party Signature

Date Signed

Reason patient unable to sign: _____

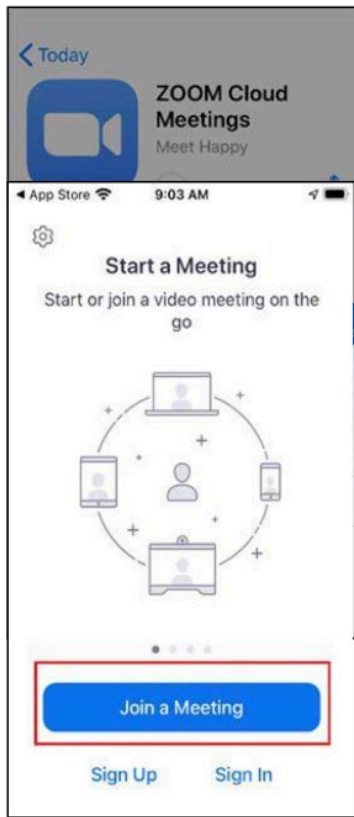
Zoom Guide for Patients and Families

From a mobile device

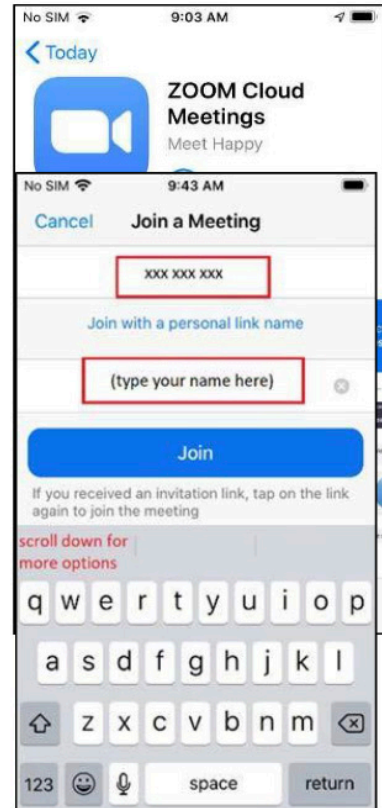
1. Download the Zoom Cloud Meeting app from the app store or other application downloading site / store for your mobile device.



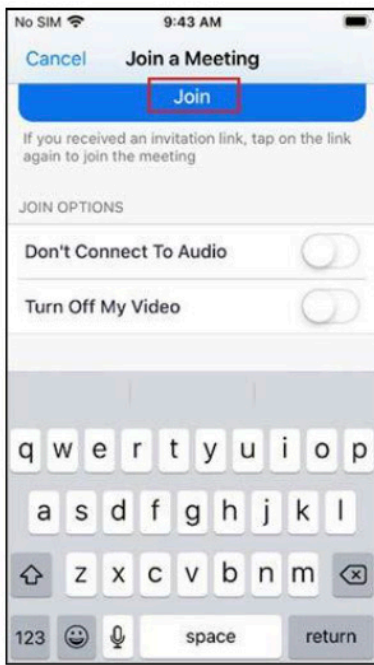
2. Open the app



3. Click "join a meeting"



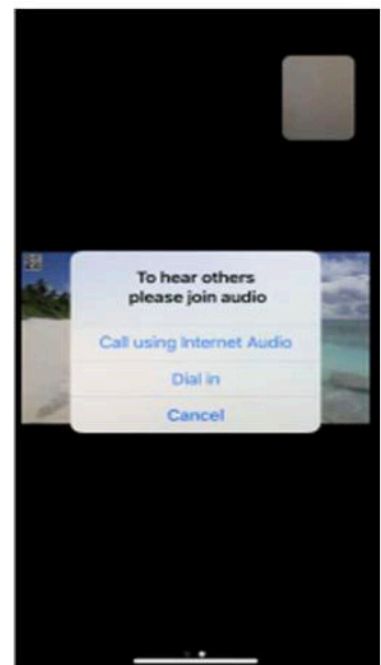
4. Enter the meeting ID and your name



5. Click "join" to join the meeting



6. Input password when prompted

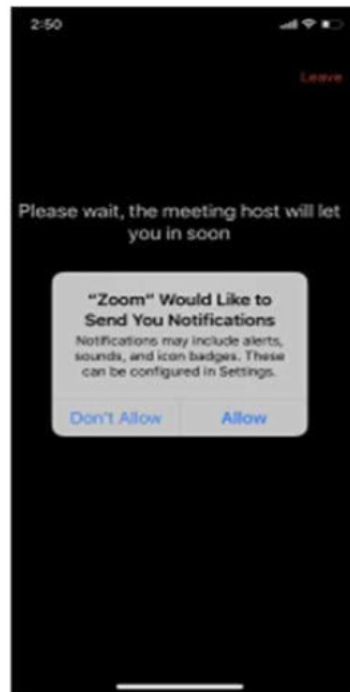
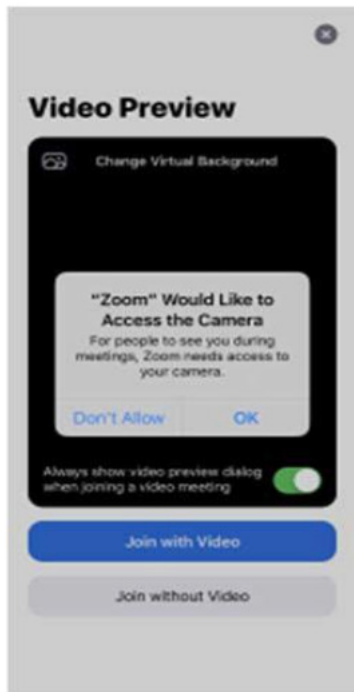


7. Touch "Call Using Internet Audio"



8. Touch "leave" at the top and then touch "Leave Meeting"

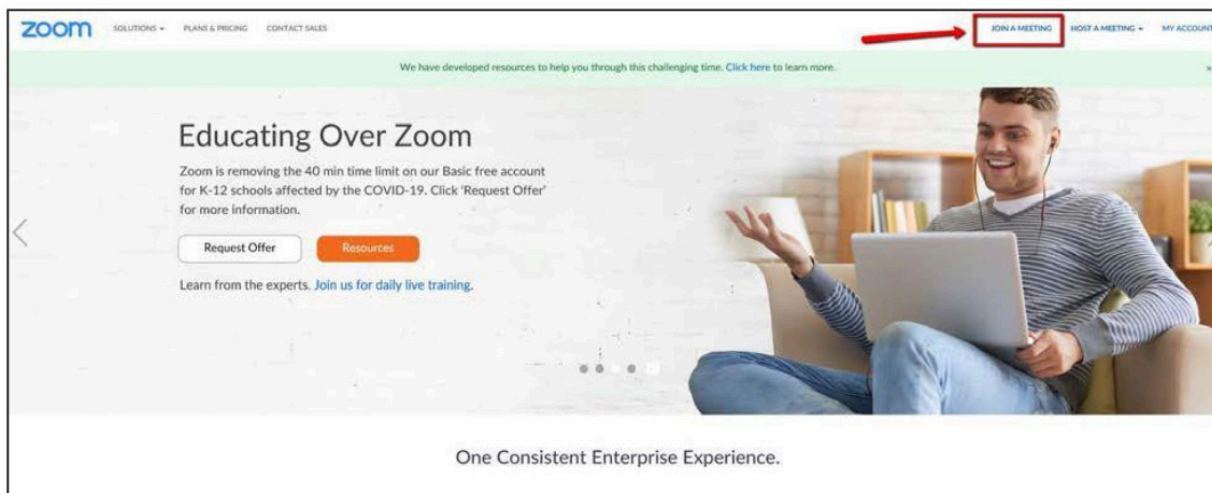
First time use prompts



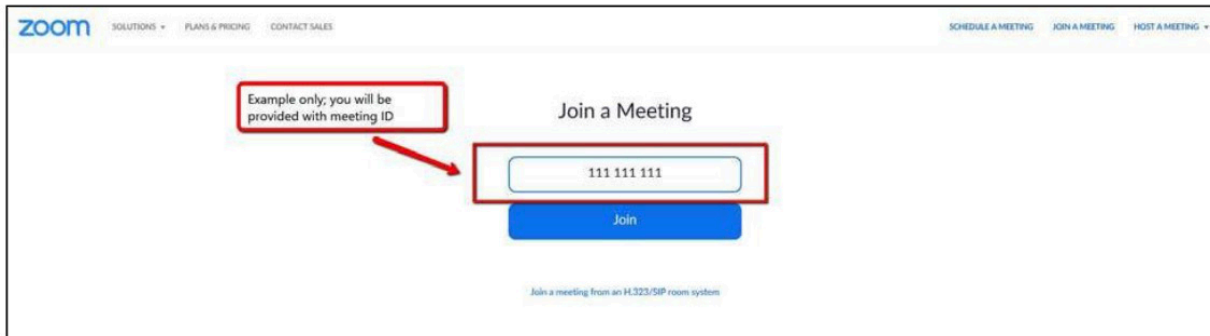
1. Touch OK to allow access to the camera.

2. Touch Allow to allow Zoom to send notifications.

From the website



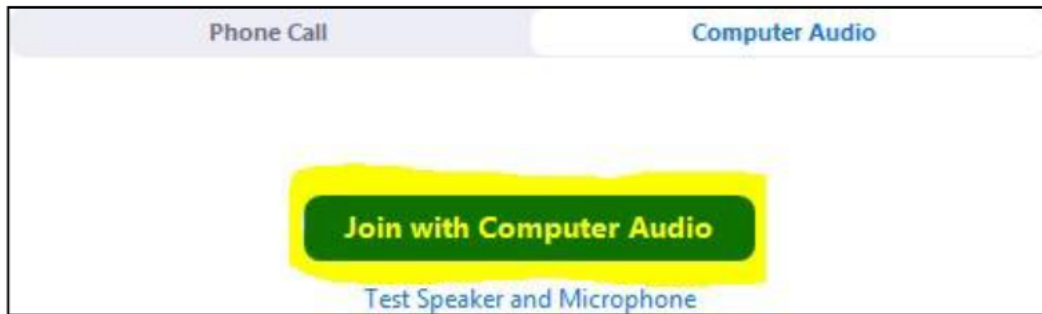
1. Go to zoom.us and click "join a meeting".



2. Enter meeting ID and click "join"
3. You may be prompted for your name or a password. Enter, if prompted. There are some extra steps you may need to walk through only once. These can be found on the next page.



4. You will see a pop up. Click on the "Open URL:Zoom Launcher" pop up



5. When your meeting loads you will need to confirm your audio source. (computer audio is the default choice) – Click the "Join with Computer Audio" button.

6. Ensure video is enabled. You will find this icon on the bottom left of the screen. Click the icon to toggle on and off.



First time Zoom user steps:

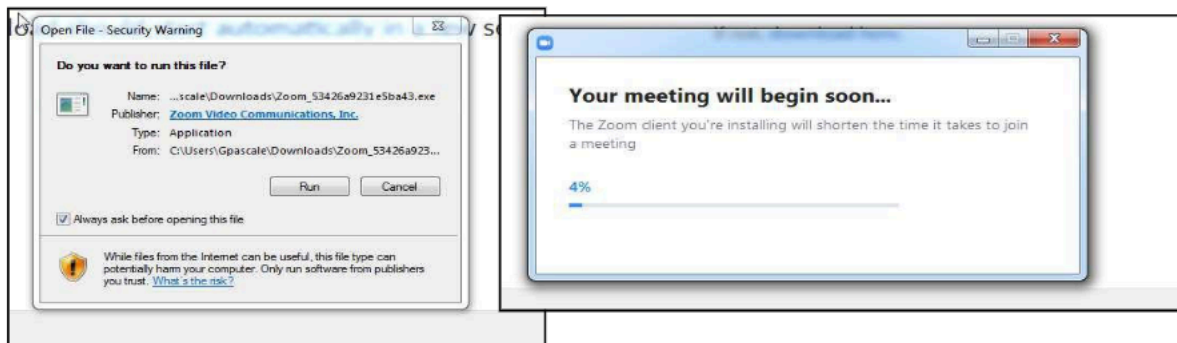
When entering a Zoom meeting for the first time from a computer, you will need to download a small application file. The following steps will only need to be done once. This is for first time users.

Follow Steps 1 through 3 from the instructions above. This example is for Google Chrome. Other browsers will be similar.



4. Once you're in the Zoom website and you have entered the Meeting ID, a file should automatically download as shown above.

5. Click on the downloaded file.



5. Click "Run." The installation will begin shortly after.

Discharge, Transfer, Referral

Discharge, transfer, or referral from Hospice of the Piedmont may result from several types of situations including the following:

- Hospice of the Piedmont determines you are no longer terminally ill.
- You move outside of our geographic service area.
- You are receiving treatment for a medical condition unrelated to the terminal illness or related conditions in a facility with which Hospice of the Piedmont does not have a contract and is unable to access you to provide services.
- You transfer to another hospice.
- Situations including disruptive, abusive, or uncooperative behaviors result in Hospice of the Piedmont being unable to deliver care safely or effectively.
- You or your family request to end (revoke) hospice service. You will be asked to sign a revocation of hospice benefits form that will result in your discharge from Hospice of the Piedmont. You may elect to re-enroll in HOP services at any time after revoking.

You will receive an oral and written notice five days before you are transferred or discharged by Hospice of the Piedmont except in the case of an emergency or the welfare of you, other patients, or our employees is at stake.

Notice of Medicare Non-Coverage

You or your authorized representative will be asked to sign and date a notice of Medicare non-coverage at least two days before your Medicare hospice services end. If you do not agree that your covered services should end, please contact the Quality Improvement Organization (QIO) at the phone number listed on the form no later than noon of the day before your services are to end and ask for an immediate appeal.

Support Hospice of the Piedmont with a Gift

Your gift to Hospice of the Piedmont will help us deliver on our mission to positively transform the way people view and experience serious illness, dying and grief. Thanks to generous community philanthropy, we are able to provide care for all who seek end-of-life services, regardless of their ability to pay.

Hospice of the Piedmont believes that all end-of-life patients should have access to competent, compassionate hospice care. Using a holistic approach of treating not only medical, but physical, psychological, social and spiritual health, we partner with our patients and their families throughout the entire journey. We are also committed to our patient families and offer comprehensive grief support after the death of a loved one. Your gift allows us to continue offering these comprehensive services at no charge to the patients and their families.

Your gift will have an impact on the care of our future patients and their families. You can create a lasting legacy that will touch many in the community for years to come.

Should you wish to establish a more permanent legacy such as a bequest, please contact the Hospice of the Piedmont Development Department (434-817-6900).

Donations can be mailed to:

Hospice of the Piedmont, c/o Development Department
675 Peter Jefferson Parkway, Suite 300
Charlottesville, VA 22911

Make a gift online today at hopva.org/give

Please return this page with your gift

Designate my gift to the following:

- Hospice of the Piedmont's Greatest Need
- Hospice House
- Grief and Healing
- Kids' Grief and Healing
- Other: _____

Enclosed is my tax-deductible gift of: \$ _____

Name of donor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

My gift is In honor of: In memory of: _____

Relationship: _____

Please send my acknowledgment to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



**NOTES
AND
REFLECTIONS**

Medications Prescribed To You For Symptom Relief

Pain / trouble breathing (long acting)	
Pain / trouble breathing (short acting)	
Anxiety	
Nausea	
Constipation	
Other	

Date	Time	Rating (number 0 to 10) before medication	Name of Medication given and dose amount	Rating one hour after medication	Comments	Last Bowel Movement

Journal
