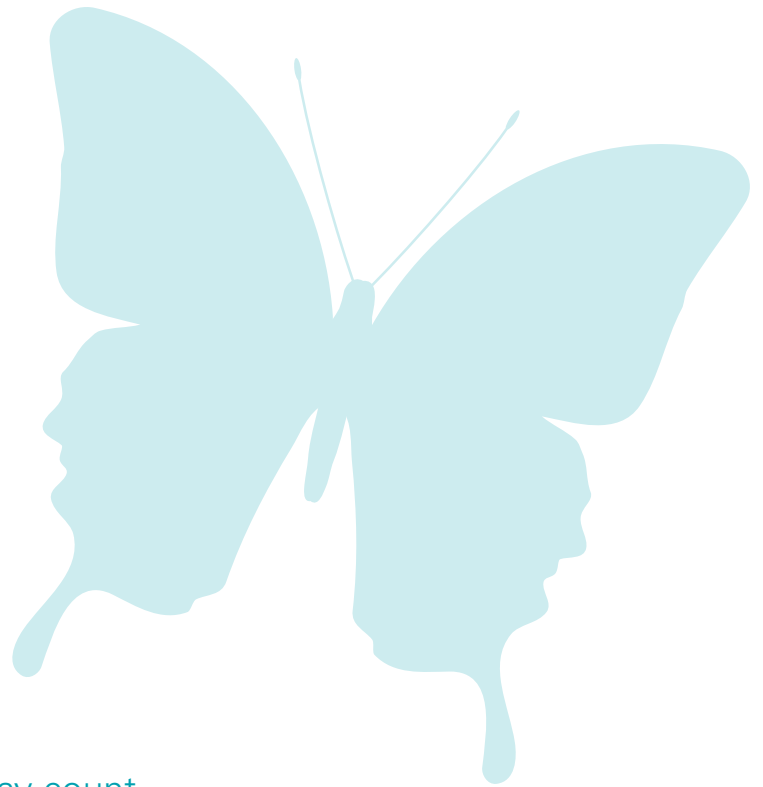




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Life... Making each day count

Hope... There's always HOPE in HOsPicE

Comfort... Relief from your pain and other symptoms

Dignity... Respect for you and your values

Compassion... We care about you

Support... A specialized team dedicated to meeting your needs

Family... Care and support for those who mean most to you

Choice... You have a voice in all decisions

**THE EMERGENCY ALTERNATE NUMBER
for Hospice (if no response at 634-4974)**

Try 1st: (516) 861-6110

Try 2nd: (866) 303-0762

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Patient/Family Bill of Rights

United Hospice of Rockland, Inc. (UHR) acknowledges and respects the following rights of you and your family:

1. The right to receive concerned, competent, individualized care without regard to race, creed, color, age, sex, national origins or handicap; to be treated with dignity, consideration and respect which includes respect for your privacy, property and safety.
2. The right to be informed, to the extent desired, of medical condition, prognosis, outcomes of care, treatment and services, including unanticipated or negative outcomes.
3. The right to participate to the extent desired in planning and carrying out care; (including any care that might be needed upon discharge);
4. The right to competent, appropriate and timely care for the illness which qualifies the patient for United Hospice of Rockland, Inc. services;
5. The right to privacy concerning matters which have no bearing on the patient's illness or care;
6. The right to strict confidentiality of all patient / family information including patient / family records;
7. The right to decide to change treatment course;
8. The right to withdraw from the United Hospice of Rockland, Inc. program at any time;
9. The right to be informed in a timely manner of significant changes in the agreed upon schedule of services;
10. The right to receive, upon admission, a statement of services available from United Hospice of Rockland, Inc. and related costs;
11. The right to refuse medication and / or treatments, and the right to be informed of the possible medical consequences of such refusal;
12. The right to recommend changes and offer complaints regarding services, policies and procedures, and / or staff of United Hospice of Rockland Inc., free from restraint, interference, coercion, discrimination or reprisal. These communications can be made directly to the program's Director of Clinical Services. If a satisfactory resolution is not found, you may contact the NYS Dept. of Health, 145 Huguenot Street, New Rochelle, NY. (914) 634-7000;

13. The right to refuse release of information from United Hospice of Rockland's Inc. records to any individual or agency;
14. The right to be informed of the names and function of any person/agency providing care and /or services and that personnel are qualified through education and experience;
15. The right to receive self determination information/formulate advance directives;
16. The right to be given information in a language or form that you can reasonably understand;
17. The right to choose whether or not to participate in experimental treatment, clinical trials or research and give documented voluntary consent if you so choose. All aspects of this treatment including but not limited to side effects and outcomes will be protected under the right of confidentiality;
18. The right to be referred to other organizations, services or individuals and be informed of any financial benefit to UHR;
19. The right to decide to withdraw or withhold life-sustaining treatment;
20. The right to be have access to, request amendment to and receive accounting of disclosures regarding his or her health information;
21. The right to be free from neglect, exploitation and any abuse including sexual, physical, verbal and mental;
22. The right to have his/her cultural, psychosocial, spiritual and personal values, beliefs and preferences respected;
23. Patients have the right to privately communicate with persons of their choice in the organization or the community;
24. The right to pain management.

Life... *Making each
day count*

You & Your Family's Responsibilities

Advance Care Planning

In an effort to work collaboratively, UHR expects that you and your family will:

1. Be respectful of staff and not discriminate against staff due to race, creed, color, sex, age, national origin or handicap.
2. To the best of your ability, share complete and accurate health information with UHR staff.
3. Inform staff of any change in your health.
4. Let us know if you do not understand or cannot follow instructions that have been given.
5. Participate in the development of a care plan to address your needs.
6. Notify UHR if you will not be home at the time of the scheduled visit.
7. Notify UHR if you are receiving services from another agency.
8. Be responsible for your actions if you refuse treatment or do not follow instruction that have been given.
9. Be responsible for assuring that prompt payment is made if you have any financial liability for services rendered.

This policy statement is provided by United Hospice of Rockland, Inc. (UHR) in accordance with the Federal Patient Self-Determination Act of 1990 and the New York State laws governing health care decision making. These laws require United Hospice of Rockland, Inc. to distribute written information regarding our policies for implementing your right to make health care decisions and to execute advance directives. These rights are discussed in more detail in the accompanying materials.

UHR respects the right of each adult to participate in health care decision making to the maximum extent of his or her ability and respects all rights consistent with New York State law. To this end, UHR has instituted specific policies and procedures to ensure that your health care decisions are followed:

1. **Information to Patients** United Hospice of Rockland will provide the following written information at the time of admission to the UHR for care:
 - A. The following information prepared by the New York State Department of Health
 - Planning in Advance for Your Medical Treatment
 - Appointing Your Health Care Agent - New York State Proxy Law
 - Do Not Resuscitate Orders -A Guide for Patients and Families

B. An Advance Directive Form (includes Health Care Proxy, Living Will and DNR) The form is at the back of this guide.

2. **Definitions.** For purposes of this policy, an “advance directive” is a written instruction relating to the provision of health care when an adult is unable to make their own decisions.

Examples are:

A. Health Care Proxy. A document delegating to another adult known as a health care agent the authority to make health care decisions on behalf of the individual making the appointment if that individual in the future becomes incapable of making his or her own health care decisions.

B. Consent to or Request for the Issuance of and Order Not to Resuscitate (A “DNR” Order). Under such an order, health care providers are not to attempt cardiopulmonary resuscitation (“CPR”) in the event the patient suffers cardiac or respiratory arrest. A request for such an order can be expressed in a health care proxy or living will.

C. Living Will. A document which contains specific instructions concerning an individual’s wishes about the type of health care choices and treatments that he or she does or does not want to receive, but which does not designate an agent to make health care decisions.

3. **Documentation.** UHR shall document in the medical record whether or not you have completed an advance directive. If made available to the agency, a copy of such advance directive shall be included in the medical record.

4. **Compliance with Law.** UHR shall comply with all applicable New York State law regarding advance directives, including statutes and court decisions.

5. **Non-Discrimination.** UHR shall not condition the provision of care or otherwise discriminate against you based on whether or not you have executed an advance directive.

6. **Education.** UHR shall provide education to staff and the community on issues regarding patient decision making.

Planning in Advance for Your Medical Treatment

Your Right to Decide About Treatment

Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. Our Constitution and State laws protect this right. This means that you have the right to request or consent to treatment, to refuse treatment before it has started, and to have treatment stopped once it has begun.

Sometimes because of illness or injury people are unable to talk to a doctor and decide about treatment for themselves. You may wish to plan in advance to make sure that your wishes about treatment will be followed if you become unable to decide for yourself for a short or long time period. If you don't plan ahead, family members or other people close to you may not be allowed to make decisions for you and follow your wishes.

In New York State, appointing someone you can trust to decide about treatment if you become unable to decide for yourself is the best way to protect your treatment wishes and concerns. You have the right to appoint someone by filling out a form called a Health Care Proxy. A copy of the form and information about the Health Care Proxy are provided at the back of this guide.

If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

You should understand that general instructions about refusing treatment, even if written down, may not be effective. Your instructions must clearly cover the treatment decisions that must be made. For example, if you just write down that you do not want "heroic measures," the instructions may not be specific enough. You should specify the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse the treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering. You can also give instructions verbally by discussing your treatment wishes with your doctor, family members or others close to you .

Putting things in writing is safer than simply speaking to people, but neither method is as effective as appointing someone to decide for you. It is often hard for people to know in advance what will happen to them or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would have wanted or that are best for you, when needed. If you appoint someone and also leave instructions about treatment in a Living Will, in the space provided on the Health Care Proxy form itself, or in some other manner, the person you select can use these instructions as guidance to make the right decision for you.

Deciding About Cardiopulmonary Resuscitation

Your right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (CPR). CPR is emergency treatment to restart the heart and lungs when your breathing or circulation stops. Sometimes doctors and patients decide in advance that CPR should not be provided, and the doctor gives the medical staff an order not to resuscitate (DNR order). If your physical or mental condition prevents you from deciding about CPR, someone you appoint, your family members, or others close to you can decide.

Hope...◆◆◆

*There's
always HOPE
in HOsPicE*

Appointing Your Health Care Proxy

What is a health care proxy?

The New York State Health Care Proxy Law allows you to appoint someone you trust - for example, a family member or close friend - to decide about treatment if you lose the ability to decide for yourself. You can appoint someone by signing a form called a Health Care Proxy.

You can give the person you select, your “health care agent”, as little or as much authority as you want. You can allow your health care agent to decide about all health care or only about certain treatments. You may also give your agent instructions that he or she has to follow. Your agent can then make sure that health care professionals follow your wishes and can decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own.

Why should I choose a health care agent?

If you become too sick to make health care decisions, someone else must decide for you. Health care professionals often look to family members for guidance. Family members are only allowed to decide to stop treatment, when they are appointed as your healthcare agent. Appointing an agent lets you control your medical treatment by:

- Allowing your agent to stop treatment when he or she decides that is what you would want or what is best for you under the circumstances;
- Choosing one family member to decide about treatment because you think that person would make the best decisions or because you want to avoid conflict or confusion about who should decide; and choosing someone outside your family to decide about treatment because no one in your family is available or because you prefer that someone other than a family member decide about your health care.

How can I appoint a health care agent?

All competent adults can appoint a health care agent by signing a form called a Health Care Proxy. You don’t need a lawyer - just two adult witnesses. You can use the form provided for you at the back of this guide.



When would my health care agent begin to make treatment decisions for me?

Your health care agent would begin to make treatment decisions after doctors decide that you are not able to make health care decisions. As long as you are able to make treatment decisions for yourself, you will have the right to do so.

What decisions can my health care agent make?

Unless you limit your health care agent's authority, your agent will be able to make any treatment decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments, and decide that treatments should not be provided, in accord with your wishes and interests. If your health care agent is not aware of your wishes about artificial nutrition and hydration (nourishment and water provided by feeding tubes), he or she will not be able to make decisions about these measures. Artificial nutrition and hydration are used in many circumstances, and are often used to continue the life of patients who are in a permanent coma.

How will my health care agent make decisions?

You can write instructions on the proxy form. Your agent must follow your oral and written instructions, as well as your moral and religious beliefs. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interests.

Who will pay attention to my agent?

All hospitals, doctors and other health care facilities are legally required to obey the decisions by your agent. If a healthcare provider objects to some treatment options (such as removing certain treatment) they must tell you or your agent IN ADVANCE.

What if my health care agent is not available when decisions must be made?

You can appoint an alternate agent to decide for you if your health care agent is not available or able to act, when decisions must be made. Otherwise, health care providers will make treatment decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

What if I change my mind?

It is easy to cancel the proxy, to change the person you have chosen as your health care agent, or to change any treatment instructions you have written on your Health Care Proxy form. Just fill out a new form. In addition, you can require that the Health Care Proxy expire on a specified date or if certain events occur. If not, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent and you get divorced or legally separated, the proxy is automatically canceled unless you have made a designation otherwise.

Can my health care agent be legally liable for decisions made on my behalf?

No. Your health care agent will not be liable for treatment decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

Is a health care proxy the same as a living will?

No. A living will is a document that provides specific instructions about healthcare treatment. It is generally used to declare wishes to refuse life-sustaining treatment under certain circumstances.

In contrast, the health care proxy allows you to choose someone you trust to make treatment decisions on your behalf. Unlike a living will, a health care proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made. The health care proxy is just as useful for decisions to receive treatment as it is for decisions to stop treatment. If you complete a Health Care Proxy form, but also have a living will, the living will provides instructions for your health care agent, and will guide his or her decisions.

Where should I keep the proxy form after it is signed?

Keep the original for yourself. Give a copy to your agent, your doctor and any other family members or close friends you want. You can also keep a copy in your wallet or purse or with other important papers.

APPOINTING A HEALTH CARE AGENT IS A SERIOUS DECISION. MAKE SURE YOU TALK ABOUT IT WITH YOUR FAMILY, CLOSE FRIENDS AND YOUR DOCTOR.

DO IT IN ADVANCE, NOT JUST WHEN YOU ARE PLANNING TO ENTER THE HOSPITAL.

Do Not Resuscitate Orders - A Guide for Patients and Families

What is a do-not-resuscitate order?

A do-not-resuscitate (DNR) order in the patient's medical chart instructs the medical staff not to try to revive the patient if breathing or heartbeat has stopped. This means physicians, nurses and others will not initiate such emergency procedures as mouth-to-mouth resuscitation, external chest compression, electric shock, insertion of a tube to open the patient's airway, injection of medication into the heart or open chest heart massage.

If the patient is in a nursing home a DNR order instructs the staff not to perform emergency resuscitation and not to transfer the patient to a hospital for such procedures.

Can I request a DNR order?

Yes. Under New York law, all adult patients can request a DNR order. If you are sick and incapable of deciding about resuscitation, a family member or others close to you can decide on your behalf.

What are the advantages and disadvantages of CPR?

Cardiopulmonary resuscitation (CPR), when successful, restores heartbeat and breathing and enables a patient to resume his or her previous lifestyle. In other cases, CPR may fail to restore basic life functions or only partially succeed, leaving the patient brain-damaged or otherwise impaired.

The success of CPR depends on the patient's overall medical condition and level of functioning before hospitalization. Age alone is not a predictor of success, although illnesses and frailties associated with advanced age often result in less successful outcomes.

Is my right to request or receive other treatment affected by a DNR order?

It is widely recognized by health care professionals, clergy, lawyers and others that DNR orders are medically and ethically appropriate under certain circumstances. For some patients, CPR offers more burdens than benefits, and may be contrary to the patient's wishes. The issuance of a DNR order does not affect the other treatment you wish to receive.

Is my consent required for a DNR order?

Yes, your physician must obtain your consent (or that of your healthcare agent or family member if you are unable to consent) before entering a DNR order in your record. In an emergency, it is assumed that all patients would consent to CPR unless a DNR order is in the record.

How can I make my wishes about DNR known?

An adult patient in a hospital or nursing home can consent to a DNR order verbally, as long as two witnesses are present. One witness must be a physician. You can also make your wishes known before or during hospitalization in writing, before any two adults who must sign your statement as witnesses. A living will may be used to convey these wishes as long as it is properly witnessed. You can also request a DNR if you are at home. UHR staff will assist in arranging for its issuance.

You can specify that you want a DNR order only under certain circumstances (such as if you become terminally ill or permanently unconscious) or that you wish only specific CPR procedures performed such as mouth-to-mouth breathing but not open heart massage. Before making a decision about CPR you should speak with your physician about your overall health and the benefits and burdens CPR would provide for you. A full and early discussion between you and your doctor can avoid later misunderstandings.

If I request a DNR order, is my physician bound to honor my wishes?

If you don't want to be resuscitated and you request a DNR order, your physician must either:

- enter the order in your chart; or
- transfer responsibility for your care to another physician; or
- refer the matter to a dispute mediation system in the hospital or nursing home. The mediation system is only authorized to mediate disputes; it cannot overrule your decision.

If mediation has not resolved the dispute within 72 hours, your physician must enter the order or transfer you to the care of another physician.

What happens if I do not have the capacity to decide for myself?

You are presumed by law to be mentally capable of deciding about CPR unless two physicians, or a court, determines that you no longer have the capacity to make the decision. You will be informed of this determination if you are able to understand it, and no DNR order will be written if you object.

If I do not have the mental capacity to make a decision about CPR and do not leave instructions in advance, who will decide?

If you lose the capacity to decide and did not leave advance instructions, a DNR order can be entered only with the consent of someone chosen by you in advance, or by a family member or another person with a close personal relationship to you. The person highest on the following list will decide on your behalf:

- your healthcare agent;
- a court appointed guardian (if there is one);
- your closest relative;
- a close friend.

How can I select someone to decide for me?

If you are a patient in a hospital or nursing home, you can appoint a person verbally, with two witnesses present. You can also appoint someone during or in advance of hospitalization by stating your wishes in writing and signing that statement with any two adults present. The adults must also sign your written statement.

Under what circumstances can a family member or close friend consent to a DNR order?

A family member or close friend can consent to a DNR order only when you are unable to decide for yourself and:

- you have a terminal condition; or
- you are permanently unconscious; or
- CPR would be medically futile; or
- CPR would impose an extraordinary burden on you given your medical condition and the expected outcome of resuscitation.

Anyone deciding for you must base the decision on your wishes, including your religious and moral beliefs, or if your wishes are not known, on your best interest.

What if members of my family disagree?

They can ask for the matter to be mediated. Your physician will request mediation if he or she is aware of any disagreement among family members.



What if I lose the capacity to decide and do not have anyone who can decide on my behalf?

A DNR order can be issued only if two physicians conclude that CPR would be medically useless or if a court approves the DNR order. It would be best if you discussed the matter with your physician and left instructions in advance.

Who can consent to a DNR order for children?

A DNR order can be entered in the record for a patient under the age of 18 only with the consent of the patient's parent or guardian. If the minor has the capacity to decide, the minor's consent is also required for a DNR order.

What happens if I change my mind after I consent to DNR order?

You or anyone who consents to a DNR order on your behalf can withdraw that consent at any time by informing your physician/nurse of the decision.

What happens to a DNR order if I'm transferred from a nursing home to a hospital or vice-versa?

The health facility where you are sent may continue the DNR order but is not obligated to do so. If the order is not continued, you or anyone who decided on your behalf will be informed and can request that the order be entered again. A new order should be written within 24 hours of admission to the new facility.

Comfort...

*Relief from your pain
and other symptoms*

UHR has a staff of caring professionals and volunteers to work as a team to bring hope and comfort to you and your family. Working with your physician and loved ones, the Hospice team focuses on the whole person: body, mind and spirit. The goal is to make every day a celebration of life...enabling you to achieve the highest, most rewarding quality of life possible.

The Hospice Nurse

Following admission to our program, a nurse will visit on a regular basis. Most of our patients are seen once or twice a week by their primary nurse. These visits are scheduled as needed. The nurse's visits are flexible and are geared to meet your needs.

Physical changes are expected during an illness. The nurse will guide you and your family through this process, helping to ensure your comfort. Hospice works closely with your physician keeping him/her informed as to how you are doing. If your doctor orders a new medication or treatment, the nurse will give instructions concerning the change.

Hospice is aware that concerns or problems can arise at anytime. The UHR office is open 8:30 am - 4:30 pm., Monday through Friday. A hospice nurse is available 24 hours a day, seven days a week. If you have a problem and need to call a nurse when the office is closed, simply call our office number. An answering service will take your message and telephone number and have a hospice nurse call you back, usually within 5-10 minutes. In the event that there is no response when dialing our office number after regular work hours, please call our emergency alternate number and ask that the on call nurse contact you as soon as possible. For phone number, see inside front cover. This on-call nurse will give guidance and direction over the phone. If more assistance is needed, the nurse will make a visit to your home.

Hospice's goals are to promote your independence, increase your comfort and provide support to you and your family. Please discuss any problems or concerns with your nurse during her visits or call the UHR office.

At the time of any emergency or disaster situation for instance: ice/snow storm, hurricane or power failure, UHR has an Emergency Disaster Preparedness Plan which will be implemented. You will be advised if the emergency situation necessitates revision of UHR's staff schedules, i.e., UHR staff may not be able to make a visit if there is a safety risk due to snow, etc. A UHR nurse is always available for assistance by telephone to give you guidance and direction.

United
Hospice of
Rockland:
We're Here
For You

The Hospice Social Worker

The social worker is an important member of the UHR team. Beginning with the initial evaluation visit, the social worker provides information, support and assessment of needs. Visits are made to explore the need for, and then provide, any of the following: assistance with planning for your care, locating community and financial resources, and counseling you and your family to address the many issues that may arise at this stressful time. The social worker can also be very effective in helping families improve communication and in instructing you/your family in relaxation techniques to decrease anxiety and enhance pain control.

Home Health Aide and Therapy Services

The home health aide (HHA) provides direct personal care to the hospice patient under the supervision of the nurse. Personal care includes bathing, skin care, hair care, mouth care and nail care. An aide may also shave a male patient with an electric razor.

The nurse will give you a copy of the HHA care plan which is individualized for you. This care plan will tell you specifically what the aide will be doing for you.

Other care provided by the HHA may include: bedmaking, helping you from bed to chair, helping you while walking, turning you while in bed, straightening your area and changing simple, non-sterile dressings. The HHA may prepare a light meal for you, i.e., heat a can of soup, make a sandwich. Discuss specifics with the nurse.

If a family member will not be home when the aide is caring for you, and you require medication in their absence, the nurse will instruct the family to pre-pour the required medication. The aide can then give you the pre-poured medication. An aide cannot remove medicine from a bottle or administer a suppository.

Our home health aide coordinator will call to give you the aide's schedule for the following week. If you have a problem with the days or time scheduled, please discuss this with your nurse. We will make every effort to arrange the schedule according to your needs. If you need additional help or have any questions concerning the aide's care, please feel free to talk to a member of the team.

UHR contracts with individuals and agencies for the provision of physical, speech, occupational, nutritional, respiratory and music therapies.

The Hospice Spiritual Care Coordinator

The Spiritual Care Coordinator (SCC) is available to visit you and/or speak with the clergy of your congregation. The Hospice SCC emphasizes a person-centered approach to ministry that focuses on you and your loved one's definition of spirituality. The SCC provides support to individuals with/without a religious framework.

Services provided include:

- Pastoral counseling with you and/or your loved ones based on your individual concerns.
- Sharing ritual, prayer, and pastoral ministry to those whose faith makes this a resource for them.
- Assisting in funeral planning and being available to conduct or assist in conducting funerals when appropriate.
- Helping with communication between you and your caregiver's faith community as desired.
- Lending spiritual and emotional support at the time of death.

The Hospice Volunteer

UHR is fortunate to have a group of men and women who volunteer their time to help patients and families. The volunteers complete a training course and work closely with the other team members.

Volunteers can offer companionship for you as well as respite for your caregivers. Volunteers can do light shopping, run errands, baby sit, drive car pools and more. The volunteer helps in many ways where a special touch is needed. Perhaps the most valuable gift they can offer is to listen and give support.

Some individuals prefer to have scheduled visits by the volunteers as the need arises. Volunteers and staff will make every effort to visit at the convenience of you and your family.

Volunteer services are offered upon admission. If at anytime following admission volunteer assistance is needed, please call the volunteer coordinator at the Hospice office.

The Hospice Medical Director

Prior to your admission to Hospice, the medical director contacted your primary physician to obtain needed medical information and history. This information is shared with the Hospice team members. Your primary physician continues to order appropriate services

and medications which are periodically reviewed by the medical director. The hospice medical director is available as a consultant for your primary physician and is available to cover for your physician at such times as vacation, etc.

If you need a primary physician, the hospice medical director will assume that role.

Equipment, Supplies & Medications

You may find, or a hospice team members may suggest, the need for medical equipment to increase your independence, comfort or safety. Equipment such as semi-electric bed, commode, wheelchair, oxygen, shower chair, walker or cane is provided by Hospice. Most equipment will be delivered by UHR contracted vendors within 24 hours following discussion with the nurse. If equipment such as oxygen, is needed on an emergency basis, UHR will make those arrangements.

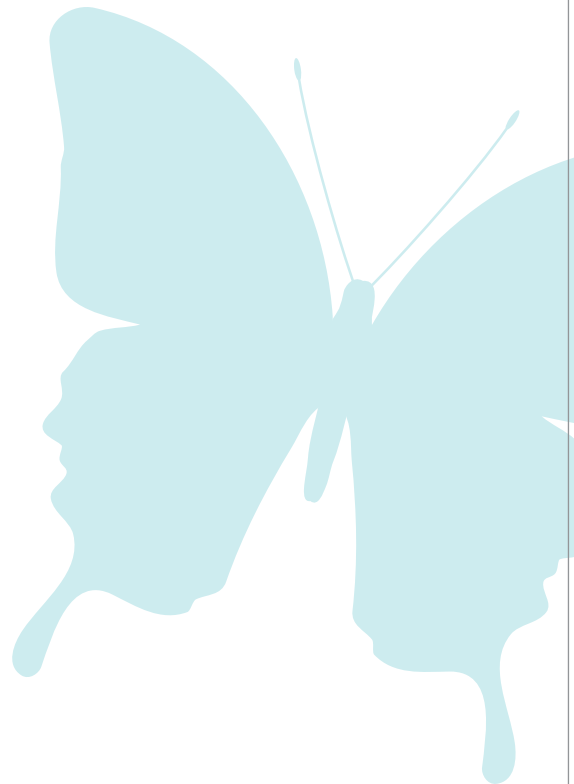
When equipment is delivered, it is you or your family's responsibility to make sure that there is space for it, i.e., a bed may need to be removed in order to have enough space for a semi-electric bed.

When oxygen is being used continuously, Orange & Rockland Utilities must be notified in writing of the need for this equipment. In the event of a power failure, O&R will make every attempt to restore service as quickly as possible in these situations. United Hospice of Rockland will also provide a portable back-up tank that does not require electricity. You will find a form letter to mail to O&R in the back of this guide. Please complete and mail to O&R as quickly as possible.

Other supplies such as gloves, dressings for a wound, bedpans, urinals, and bed protectors are also provided. They are usually brought to the home by a hospice team member but can also be picked up at the UHR office.

UHR covers the cost of medications related to the hospice diagnosis. Our contracted pharmacies provide needed medications 24 hours a day. Please check the amount of all medications. When you have approximately a three day supply of medicine, call the pharmacy to renew the medicine.

If you have any questions about equipment, supplies or medications, please discuss them with your primary nurse when she visits or call the office. Please notify UHR if there are any delays in delivery of above items.



Levels of Care

Hospice care can be provided across many levels of care and settings. The levels of care provided by UHR are:

1. Routine Home Care. This level of service includes the services previously described. These services are provided on an as needed basis.
2. Inpatient Care. UHR contracts with area hospitals to provide acute symptom management when symptoms cannot be managed in another setting. These hospitalizations are usually for brief periods of time. Upon admission to the inpatient setting, Hospice staff will assist you in developing a plan to meet your future needs.
3. Continuous Care. In the event of an acute medical crisis in the home, Hospice will offer to provide shifts of nursing and aide services. The purpose of this level of care is to stabilize symptoms so care can be managed by family / other caregivers. Continuous care is placed for brief periods of time. Once the symptoms are controlled, patients will resume receiving routine home care.
4. Respite Care. The goal of respite care is to maintain patient comfort while providing short-term relief to caregivers from responsibilities of caring for loved ones. Respite care is provided through the utilization of varied resources.

Hope and Healing

People who experience the loss of a loved one often feel that they have no place to turn. They might feel as though the loss isn't real, or they may feel confused and forgetful. They might cry at unexpected times. They might feel angry and are very often preoccupied with thoughts about the person who died. Sometimes they experience guilt or sleeplessness. They might have a need to tell and retell stories about the life and death of the deceased. Sometimes they worry that they are losing their mind. These are all natural and normal grief responses.

Hospice recognizes that it is important to express feelings after the death of someone close. We remain available to families who grieve by offering the following bereavement support services:

- Support Groups - These groups are a professionally led journey through the grief process.
- Individual assessments, counseling, and referrals if necessary
- Healing Hearts Program - Support groups are provided for children. These groups are professionally led and are designed for children of all ages and their parent or guardian to help them acknowledge and work through their grief.
- Educational and support meetings - These sessions have speakers who focus on different aspects of grief, such as "Understanding Grief and Loss," "Coping with the Holidays," and "Financial Concerns of the Bereaved." The group shares feelings and information and lends support to one another.

Compassion...

We care about you

Support...

*A specialized team dedicated
to meeting your needs*

Family...

*Care and support for those
who mean most to you*

Choice...

You have a voice in all decisions

Home Safety and Infection Control

Home Safety Precautions

1. Perhaps placing a bed pan, urinal or commode near you, may assist you during times that you are not feeling well or that you are alone.
2. If you have been instructed to use an assistive device, i.e. walker, cane, etc., please comply for your safety.
3. If you fall at home, please notify Hospice immediately at 634-4974.
4. If you are feeling dizzy, weak or short of breath: a) Do not go up or down stairs b) Sit down in the nearest chair or get back to bed. Notify Hospice. c) Notify Hospice if dizziness occurs after taking a particular medication.
5. Do not use the shower or bathtub when you are home alone.
Do not lock your bathroom door.
6. Let your family or significant other know whenever the bathroom is to be used.
7. Put a bell near you to use if you need help.
8. Keep a night light by your bed and bathroom.
9. Do not keep loaded firearms in the house. Unloaded firearms should be kept in a secure place out of reach of children.

Controlling Infection at Home

“**Handwashing**” is the most important way that you can protect yourself and your loved one from infection. Antiseptic soap is recommended.

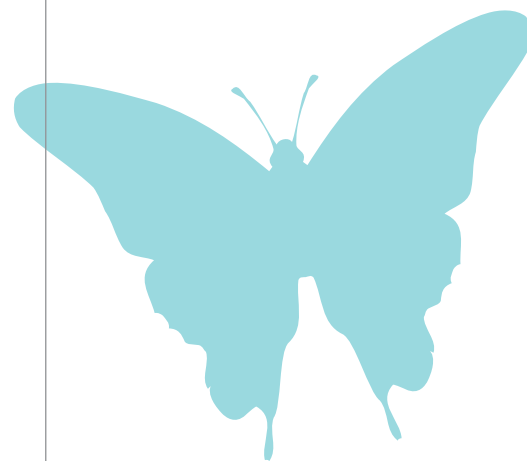
Hands should be washed (in the bathroom):

1. Before and after giving personal care to your loved one
2. Before meal preparation
3. After toileting
4. After sneezing or coughing

Individuals should wear gloves in the following situations;

1. When caring for open skin lesions or wounds
2. When handling secretions or excretions, such as vomit, urine, stool, blood or wound secretions
3. When handling soiled diapers, disposable pads, linens or clothing
4. When providing oral care, if contact with oral lesions or blood is likely

Your nurse or home health aide will provide gloves to you.



For floor or counter surfaces soiled by secretions or excretions, cleanse with hot soapy water, followed by disinfecting with a 10% bleach solution (one part bleach; nine parts water) is adequate. The bleach solution also can be used to disinfect the toilet, tub and shower after routine cleaning.

Bedpans and commodes should also be cleaned regularly with the bleach solution. Soiled linens or clothing may be laundered in the household or laundromat washing machine.

Gas Safety

- All homes should have a carbon monoxide detector.
- When natural gas comes out of the ground, it has no smell or color. An odor is added so you can smell it in case there is a leak.

If you smell a strong odor;

- Everyone should get out of the home
- Don't risk a fire by lighting a match, touching an electrical switch, or using a flashlight or telephone
- Call your gas company from a neighbor's home
(DO NOT USE YOUR PHONE.)

Remember: When in doubt - get out! Call Orange and Rockland at 800-533-5325 for gas leaks only

If the smell of gas is **very faint**, a pilot light may be out. If so:

- Make sure the appliance is off
- Open a window near the appliance
- Wait five (5) minutes for the gas to clear
- Follow manufacturer's instructions for re-lighting
- If a pilot light goes out often, have a professional check the appliance.
- Keep the area around your appliance clean and litter free. Keep flammables away.
- Make sure the pressure relief valve on the top of your water heater is not blocked. If water or steam ever comes out of the valve, shut the water off and have it serviced.
- Don't install any energy saving device on a flue or vent without first contacting your gas company.

Don't use your range as a space heater. Read instructions carefully. Learn how to shut your appliance off in case of emergency. Have appliances installed and serviced by qualified professionals.

Disposal Tips for Home Health Care

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

You should place: **Needles, Syringes and other sharp objects** in a hard-plastic or metal container with a screw on or tightly secured lid. Keep container in an upright position. Fill no more than two thirds full. You may decontaminate by pouring bleach solution over container contents. **AVOID SPLASHING!!!**

If you live in Rockland County, please refer to the brochure “Rockland County Sharps Program” in the pocket at the back of this booklet.

A coffee can or a detergent bottle can be used for sharps, but you should be sure to reinforce the plastic lid with heavy-duty tape. Do not put sharp objects in any container that will be recycled or returned to a store. Do not use glass or clear plastic containers. Finally, make sure that you keep containers with sharp objects out of the reach of young children.

We also recommend that **soiled bandages, disposable sheets, and medical gloves** be placed in securely fastened plastic bags before you put them in the garbage can with your other trash.

Home Fire Safety

Fire is perhaps the most dangerous and deadly of all home emergencies. Protecting your home from accidental fire is one of the most important things you will ever do for yourself and your family. Let this checklist be your guide for making sure that your home is safe from accidental fire.

1. Keep burnable material away from heat sources such as chimneys, water-heaters radiators, portable heaters, etc.
2. Store burnable materials away from stairways and walkways. (If a fire did break out they could block the exit.) Do not store, use or carry flammable liquids in open containers.
3. Clean ovens, range tops and exhaust fans to keep them free of grease.
4. Make sure that a testing lab (such as Underwriters Laboratory) has approved all electrical appliances.



5. Replace worn or frayed cords, plugs or wiring immediately or have them repaired by a licensed electrician.
6. Turn off gas pilots when working with flammable adhesives.
7. Never overload circuits.
8. Inspect chimneys and flues regularly to be sure they are in working order.
9. Never leave an open flame unattended.
10. Quench fireplace and barbecue fires completely before retiring. (Even if there is no visible flame, embers can re-ignite.)
11. Never smoke in bed or when drowsy.
12. Never empty ashtrays into a wastebasket. Keep a can filled with baking soda to dispose of burning waste and douse them first with water.

Safe Practices

1. Install at least one smoke detector in each floor of your home.
2. Vacuum smoke detectors monthly to keep them dust free.
3. Inspect detector monthly to ensure that batteries and lights work.
4. Make sure that all security gates and window guards can be opened easily from within the home.
5. Establish escape routes from every door of your home and know where to meet outside. (see brochure)
6. If you do not have a fire escape, keep portable escape ladders on the upper floors of your home.
7. Have regular home fire drills.
8. Keep a multi-purpose fire extinguisher on each level of your home and learn how to use it.
9. To operate a fire extinguisher: pull the pin, aim nozzle at the base of fire, squeeze the handle, sweep nozzle side to side
10. In the event that your clothing should catch fire, stop what you are doing drop to the floor and roll over and over until the flames are extinguished.

Emergency Plan Check list

- [] Meet with household members to discuss the dangers of fire, severe weather, earthquakes and other emergencies. Explain how to respond to each.
- [] Find the safe spots in your home for each type of disaster.
- [] Discuss what to do about power outages and personal injuries.
- [] Draw a floor plan of your home. Mark two (2) escape routes from each room.
- [] Show family members how to turn off the water, gas and electricity at main switches when necessary.
- [] Post emergency telephone numbers near telephones
- [] Teach children how and when to call 911, Police and Fire.
- [] Review the “Planning for Emergencies: Radiation, Hazardous materials, Weather” booklet mailed to you by the NYS Disaster Preparedness Commission. If you do not have this booklet, call in Rockland County 1-800-942-1450 or in Orange County 1-800-942-7136.
- [] Instruct household members to turn on the radio for emergency information.
- [] Pick one out-of-state and one local friend or relative for family members to call if separated during a disaster (it is often easier to call out-of-state than within the affected area).
- [] Teach children your out-of-state contact’s phone number.
- [] Pick two (2) emergency meeting places;
 1. A place near your home in case of a fire.
 2. A place outside your neighborhood in case you cannot return home after a disaster.
- [] Take a basic first-aid and CPR class.
- [] Keep family records in a water and fire-proof container.

Dignity...

Respect for you and your values

United Hospice of Rockland, Inc. has adopted a compliance program in order to embody its commitment to conducting business in compliance with applicable laws, rules, regulations and other directives of the federal, state and local governments and agencies. An expression of this commitment is the Code of Conduct described in the compliance manual, which is applicable to all directors, officers, employees and agents of UHR. This manual is available for review on request at UHR's offices. The Code of Conduct is intended to provide general guidelines to assist UHR employees and agents to understand and appreciate the manner in which UHR wishes to conduct its business. Although it cannot cover every situation in the daily conduct of our many and varied activities, nor substitute for common sense, individual judgement or personal integrity, it is the duty of every employee or agent of UHR to adhere the code. The code requires that UHR staff members:

- Maintain high principles of business ethics and integrity. Any relationship or interest that might impede the exercise of this duty must be disclosed to UHR, and examined to determine potential or actual conflict of interest.
- Establish honest communications and hold with respect all confidential, medical, and proprietary information. All reports and records must accurately reflect and clearly represent the relevant facts of the nature of the transaction.
- Refrain from conduct that violates fraud and abuse laws, tax laws, and anti-trust laws and regulations. Individual political activity by any individual employed by UHR is encouraged, however, this activity may not involve the use of UHR resources nor include any implication of benefit to any government official or agency.
- Avoid the appearance of impropriety by discouraging the acceptance of gifts, gratuities, and honoraria. Never use "insider knowledge" for any business activity conducted by or on behalf of UHR.
- Prohibit offering, giving, soliciting or receiving any form of bribe or kickback.
- Protect the assets of UHR and of the environment by conducting business in a way that is respectful of the use of all resources. Travel and entertainment expenses must be consistent with the responsibilities and UHR's needs and resources for each individual. Use of UHR's resources for personal benefit without express permission is prohibited.
- Treat all persons with respect. Discrimination, harassment and inequitable treatment of any person will be promptly investigated.

Reprisal shall not be taken against anyone who reports suspected violations of the Code of Conduct or any other UHR policies and procedures in good faith.

**UNITED HOSPICE OF ROCKLAND, INC.
HOSPICE BENEFIT ELECTION FORM**

I, _____, hereby consent to admission to the United Hospice of Rockland, Inc. (UHR) and agree to participate fully in the Hospice plan of care. I acknowledge and consent to the following:

1. That the Hospice program is palliative, not curative, in its goals and techniques, and that the program emphasizes the alleviation of physical symptoms, including pain, and the identification and meeting of psychosocial needs and provision of spiritual support, when requested.

Interventions that are determined not to be palliative include (but are not limited to):

- a. Cardiopulmonary resuscitation
- b. Dialysis
- c. Respirators

UHR will not provide nor accept financial responsibility for the above services.

Hospice home care services are provided as deemed necessary by an Interdisciplinary Team (on an as-needed basis):

- | | |
|--|---|
| a. Consultation by Hospice Medical Director,
as appropriate | e. Pastoral counseling services |
| b. Professional nurse visits | f. Dietary counseling |
| c. Home health aide/homemaker | g. Physical, occupational & speech |
| d. Medical social worker & volunteer
services therapies. | h. Medical supplies, equipment, laboratory
services and prescription drugs (relating
to the admitting diagnosis.) |

2. That UHR accepts commercial insurance, Medicare and Medicaid assignments. I authorize UHR to bill my insurance company for services provided and I assign all benefits directly to UHR.
3. That Hospice inpatient services, if needed, are available at Nyack Hospital, Good Samaritan Hospital and Summit Park Hospital. These services are for acute short-term care (symptom management). **These services MUST be pre-approved by UHR in order to guarantee payment.**
4. That the UHR team is not intended to take the place of the family or attending physician, but to enable and to support the family in caring for the patient.
5. That I designate _____ as my primary physician with whom the Hospice team will consult concerning my case. **Consultant physician services MUST be pre-approved by UHR in order to guarantee payment.**
6. That my election of Hospice care goes into effect on _____, and will remain in effect unless I revoke the election in writing and/or that the physician responsible for my care no longer considers my condition to warrant further Hospice care.
7. That I have received/read the UHR Patient/Family Bill of Rights and responsibilities.
8. That I have received/read the UHR Notice of Privacy Practices.
9. That there will be bi-weekly conferences regarding my care in terms of physical, psychosocial and spiritual needs.
10. I can choose to discontinue Hospice care at any time. To do so, I must sign a revocation statement, which can be obtained from any UHR employee.
11. I can choose to receive hospice care from another hospice program at any time. To do so, I must inform UHR of my desire to change programs. I must sign the document with the date I wish to discontinue care from UHR and the name of the hospice from which I wish to receive care, and the date that care shall start.

UNITED HOSPICE OF ROCKLAND, INC.

Advance Directives: My Health Care Proxy, Living Will and Other Wishes

I, _____, make this statement as a directive regarding my medical care.
(print name)

Part I. My Health Care Proxy

I appoint the person listed below to be my health care agent to make decisions about my medical care if there ever comes a time when I cannot make those decisions myself.

(print name)

(phone #)

(address, city, state, zip)

If the person above cannot or will not be my health care agent, I appoint this person:

(print name)

(phone #)

(address, city, state, zip)

I want my health care agent, my doctors, my family and others to be guided by the choices I have indicated below or as he/she otherwise knows. (In New York State, your agent **MUST KNOW** your wishes in order to make decisions about artificial nutrition and hydration).

Part II. My Living Will

Put the initials of your name by the choices you want.

These are my wishes if I am terminally ill:

Life Sustaining Treatments

_____ I do not want life-sustaining treatments (including but not limited to CPR, respirators, etc.) started. If life sustaining treatments are started, I want them stopped.

_____ I want life sustaining treatment that my agent (or loved ones if no agent appointed) thinks is best for me.

Artificial Nutrition and Hydration

_____ I do not want artificial nutrition and hydration started. If artificial nutrition and hydration is started, I want it stopped.

_____ I want artificial nutrition and hydration, if it is necessary to keep me alive.

Comfort Care

_____ I want to be kept as comfortable and pain free as possible.

Part III. Other Wishes

You have the right to be involved in all decisions about your health care, even those not dealing with terminal conditions. If you have any wishes not covered in other parts of this document, put them here: _____

Organ Donation

_____ I do not want to donate any of my organs or tissues.

_____ I want to donate any usable organs and tissues.

_____ I only want to donate the organs and tissues listed below:

Autopsy

_____ I do not want an autopsy.

_____ I agree to an autopsy if my doctors/family wish it. (Please note: There may be a cost incurred if the autopsy is not felt to be medically necessary).

Signatures: You and **two (2) witnesses** must sign this advance directive in order for this to be a legal document.

a. By my signature below I show that I understand the purpose and the effect of this statement.

Signature: _____ Date: _____

Address: _____

b. Your witness' signatures: (Your witness **cannot be your agent** or alternates listed on page 1.)

I declare that the person(s) who signed this document is personally known to me and appears to be of sound mind and acting of is/her own free will. He/she signed this document in my presence. I am at least eighteen (18) years of age and NOT the person appointed as agent by this document.

1. Signature: _____ Date: _____

Address: _____

2. Signature: _____ Date: _____

Address: _____

Date : _____

Customer Policy & Compliance
Orange and Rockland Utilities
390 West Route 59
Spring Valley, NY 10977-5300

To Whom it May Concern,

This letter will confirm that the patient indicated below has a serious illness which necessitates the use of a electrical equipment.

The use of this equipment is needed on a continuous basis and we request that Orange and Rockland be aware of this situation in order to protect the individual should services be suspended for any reason.

Name _____ Device(s) in use _____

Acct no. _____

Address _____

Thank you for your assistance and cooperation in this matter.

If you have any questions, please call United Hospice of Rockland at 634 - 4974.

Sincerely,

George Cox MD
Medical Director

There's Still So Much More You Can Do

Because of the outstanding support from our community, Hospice has been able to offer care and support to many individuals and their families.

Many of us will, at some time be faced with a situation that could be made easier and less painful by Hospice's specially trained and dedicated staff. There are many ways that you can help us to continue providing these valuable services to other families.

- Families can become "Hospice Ambassadors." Tell your friends about the quality of care and how helpful the support is. Someone else in need can benefit from this information.
- Later, when you are ready, become a Hospice volunteer. Some volunteers work with patients and families. Many support Hospice by performing administrative tasks, running errands, or helping with special events.
- Suggest that a speaker from Hospice make a presentation at your church, temple, school, civic organizations, or place of employment.
- Set up a memorial so that family and friends can make donations to Hospice in memory of your loved one. Be sure to tell your funeral director to add this information to the obituary notice and to have Hospice envelopes available for your family and friends.
- Become a Hospice donor yourself by sending your own gift. Ask to be placed on the guest list for special events.
- Help to ensure long term security for Hospice in the community by naming Hospice as a beneficiary in your will.
- Ask your employer if he or she will make a matching gift.
- Write a letter to the local newspaper sharing your thoughts about the value that our services held for you.



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email: info@hospiceofrockland.org • www.hospiceofrockland.org