



Center for  
HospiceCare

choices to make the most of life™

# Patient/Family Handbook for Home Health

Toll Free: 1-800-HOSPICE  
(1-800-467-7423)

Only in CHC's service area

- Elkhart Office  
Phone: (574) 264-3321
- Plymouth Office  
Phone: (574) 935-4511
- Mishawaka Office  
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- La Porte Office  
Phone: (219) 575-7930

[cfhcare.org](http://cfhcare.org)

## **STATEMENT OF CONFIDENTIALITY**

This booklet may contain protected health information. Persons other than you and your health care providers must have your permission to view this booklet.

Revised August 2022

## OFFICE HOURS

Our office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. You may reach us by calling **the number checked on the front or back cover of this booklet.**

### **Issues that are handled during regular office hours:**

- Messages for the primary nurse:
  - You need the nurse to bring or order supplies (diapers, Chux, etc.)
  - Questions about your visit schedule
- Calls for social worker or other home health staff
- Lab or bloodwork results
- Questions about the home health aide

## SERVICE AREA

Center for Hospice Care's service area includes the counties of Elkhart, Fulton, Kosciusko, LaPorte, LaGrange, Marshall, Porter, St. Joseph, and Starke.

## ON-CALL GUIDELINE

**Center for Hospice Care (CHC)** wants you to know that you are never alone with your concerns. Because a patient's condition may change at any time and you may have important caregiving questions, we have nurses on call 24 hours a day, seven (7) days a week. After 5:00 p.m., on weekends and holidays, your call will be answered by our Triage Nurse. The Triage Nurse is available to answer questions, assist with symptom management, or have one of our on-call staff come visit you at your home. Please do not hesitate to call at any time.

**If it is an urgent matter, call 911.**

### **Calling the Physician**

- Patients and families are asked to call the CHC nurse before calling the physician. Our nurse can possibly answer your question, help you decide whether to call the physician, or can call the physician for you.
- **If you do speak with the physician** and have not talked to our nurse, please notify our nurse so we will know what has occurred.

### **Concerns about Re-hospitalization**

- We urge you to call us first when deciding if you need to go to the hospital. It is possible for our nurse to visit and handle the situation in your own home. Transporting a seriously ill person to an unfamiliar setting can be traumatic.

- **However**, if the situation cannot be dealt with in the home and you need to go to the hospital, the nurse can assist you to make sure the transition is as smooth as possible. Staff can also advise you on insurance requirements so that insurance coverage is not interrupted.

**Examples of after hour situations:**

- Pain that does not respond to pain medication on hand
- Difficulty breathing
- New onset of agitation or restlessness
- Falls where possible injury has occurred
- No urine in eight (8) hours associated with discomfort
- Uncontrolled nausea, vomiting or diarrhea
- Uncontrolled bleeding
- Temperature above **101°F** that does not respond to Tylenol®. **Note:** Patients on chemotherapy may be instructed to call before taking Tylenol®.
- Unable to awaken patient
- Catheter leaking
- Chest pain
- Patient taken to the hospital
- Patient death

**If the Triage Nurse is on another call, please leave your NAME and PHONE NUMBER on our voicemail and we will return your phone call as soon as possible.**

The Triage Nurse has access to your information in our electronic medical record. He/she receives daily updates on all patients we serve and will help answer your questions and concerns.



## **SECTION 1– Welcome, Mission and Philosophy**

**Center for Hospice Care (CHC)** is an independent community-based, not-for-profit organization providing comfort and support to all people. Our program provides an environment allowing a person with a progressive or incurable illness to live each day in his or her own way-in comfort and dignity, with hope, and with personal satisfaction and worth.

Licensed as both a hospice program and a home health care program, CHC:

- Allows patients to remain and live at home in dignity while providing support services to the family as well as the patient.
- Accepts Medicare, Medicaid, private insurance, and commercial insurance payments. No eligible patient is ever turned away due to an inability to pay for his or her care.
- Promotes an understanding of life and living, as well as death and dying, among patients, their families, health care professionals and the community.

CHC is licensed in the state of Indiana. We are committed to ensuring your rights and privileges as a home health patient. We have written this booklet to help you better understand home health care. If you have additional questions, please do not hesitate to ask us.

Respectfully,

The Staff of Center for Hospice Care



## **OUR MISSION**

*To improve the quality of living*

## **OUR VALUES**

*Compassion*

*Dignity*

*Innovation*

*Integrity*

*Quality*

*Service*

*Stewardship*

## **OUR VISION**

*To be the premiere hospice and palliative care organization for all end-of-life issues.*

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## SECTION 2 – Home Health Overview

### THE CHC TEAM

CHC works together as a team to meet the physical, emotional, and spiritual needs of the patients and families in our care. You, your caregiver and your physician are a part of this team. We want to be sensitive to the wide variety of needs that may develop during the time we are involved with you and your family. The following are the primary team members and how they can assist with your care and concerns.

#### **Nurse**

A Registered Nurse will admit you into our home health services. They will make sure that you understand how the on-call system works, as well as answer any other questions that you have. They will assess for symptoms and help manage them, document your medications, and complete a physical assessment. A case manager who is a Registered Nurse will be assigned following the first home visit. Your case manager will coordinate your care, along with other nurses participating in your care, family and/or significant other, your physician and the team.

Some practical areas of involvement may include:

- Initiating your plan of care.
- Monitoring your changing condition, especially in pain management, symptom control and reporting changes to the physician.
- Teaching your family to be confident caregivers through education about the disease process and proper use of medications.
- Coordinating care with the other team members.
- Supervising home health aides when assistance is needed for personal care.

#### **Social Work**

A social worker is part of every team and will meet with you and your family to assess your non-medical needs. The social worker is directly linked not only with you, but with all of your family members. This effort is to maximize the quality of life for you and to assist families in dealing with change.

Your social worker is an experienced individual who can help you talk about the changes that are happening, open up family communication, and work with you to find additional services you may need.

Some practical areas of involvement may include:

- Assisting the patient and family with grief issues and the adjustment to changes.
- Helping you and your caregiver recognize your abilities, despite increased limitations.

- Discussing ways for caregivers to care for themselves.
- Utilizing community resources that provide helpful services not provided by CHC.
- Explaining alternative options if home care becomes overwhelming.
- Resolving problems with insurance, Medicare or Medicaid.
- Obtaining general legal information or providing referrals for matters such as power of attorney, bank accounts, safety deposit boxes, death certificates, etc.
- Assisting with setting up a Health Care Representative and a Power of Attorney.

### **Home Health Aide**

The home health aides are skilled at assisting with personal care activities. They have been educated in hospice and home health care.

Some potential areas of involvement may include:

- Bathing, shampooing, and shaving.
- Assisting with mouth care.
- Providing skin care.
- Changing bed linens.
- Assisting in maintaining a safe and healthy environment.

### **Physical, Occupational and Speech Therapists**

Services are provided by a licensed therapist or licensed therapy assistant under the direction of the therapist.



## SECTION 3 – Symptom Management

Perhaps the greatest fear a person can have is to experience unbearable pain. Few realize that pain can be controlled and that many patients do not experience pain. The aim of CHC is to provide pain control and to allow you to live as comfortably and fully as possible. CHC nurses are highly skilled in assessment and management of pain, as well as many other symptoms that may arise.

### PAIN CONTROL

Good physical pain control is an important element of care. We will all work as a team toward comprehensive management of pain and other symptoms to maintain your maximum comfort.

#### **Describing Pain**

We rely on you to communicate your pain or discomfort as clearly as possible. The nurse will ask about the location, duration, onset and severity of the pain. The intensity of your pain is typically described on a scale ranging from 0 to 10. A rating of 0 means no pain, 1-3 is a range of mild pain, 4-6 is moderate pain, and 7-10 describes severe pain.

#### **Pain Management**

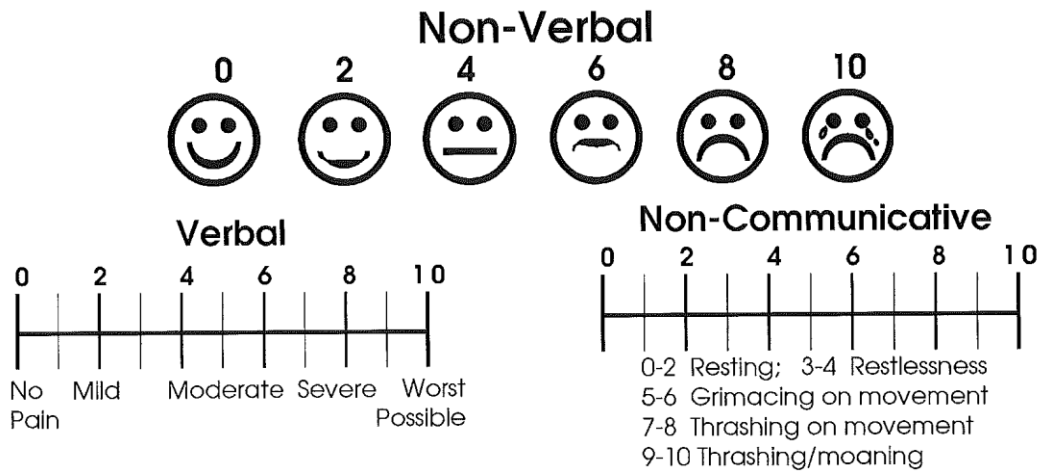
Your attending doctor will be the person in charge of prescribing all medications. The nurse will keep the doctor informed of your pain, symptoms and changing condition. Together we will work to keep you as comfortable as possible to enhance your quality of life.

In many instances, a non-prescription medication is used effectively for mild pain.

Patients frequently use prescription pain medication for moderate to severe pain. It is most effective and can be taken in many forms and in varying amounts. The nurse will instruct you in the proper use and respond to your questions and concerns. Here are a few suggestions to keep in mind:

- Communicate your pain goal to your team. The team will initiate treatment and follow up until your goal is reached.
- Allow time for your body to adjust to the new medication and for the doctor and nurse to determine the best schedule of doses and amount of medication needed.
- It is extremely important to follow the medication schedule developed for the patient. Most patients find that the best pain control occurs when pain medications are taken on a regular schedule to stay "on top" of the pain. Do not wait until the pain becomes severe before administering another dose of pain medicine. If doses are skipped, maximum comfort cannot be maintained.
- Addiction from prescription medications should never be a problem for the patient. This medication is being given for pain control, not for an emotional high. Comfort is the primary concern.
- Narcotic medicine is very constipating. It is important to follow a bowel regime as outlined by your nurse and doctor.
- Pain control is often helped by a pleasant and peaceful environment. Companionship can be a positive distraction. Some individuals enjoy being read to or listening to music.
- When pain is managed, patients feel more alive and less "sick." CHC has many experts in the area of pain management. Our goal is your comfort.
- Contact CHC 24 hours a day, seven (7) days a week with new or unresolved pain. We have staff available to assist and make a home visit.

## Pain Scales:



## SHORTNESS OF BREATH

At times, a patient may have trouble breathing or feel like they are not getting enough air. Their heart rate (pulse) may increase, they may experience wheezing or sometimes air flow can even stop briefly. Staying calm is very important. Expressions of alarm may be frightening for your loved one.

Tips to help patients breathe easier:

- If the air is dry, try adding a humidifier to the room
- Use a fan to blow air directly on the face
- Open a nearby window to provide a breeze of fresh air
- Elevate the head as far as patient tolerates
- Sit upright and perform slow, deep breaths
- Cool the room and wear lightweight clothing, remove blankets
- Change or quiet the conversation
- Play relaxing music
- Apply massage or relaxing touch
- Provide support by listening and providing reassurance
- Limit the number of people in the room, if appropriate, which may lessen the feeling of claustrophobia
- Eliminate environmental irritants such as smoke and strong odors

## RESTLESSNESS AND AGITATION

Anxiety and agitation are different. Anxiety is usually a “feeling,” whereas agitation is an action typically involving constant movement such as pacing, frequently shifting positions, repeatedly trying to get out of bed, or fidgeting with bedding or clothing. Sometimes agitation is a nonverbal sign of pain.

### **Potential causes of agitation:**

- Constipation
- Urinary Retention
- Urinary tract infection (or other infection)
- Generalized pain
- Dehydration
- End-of-life restlessness

### **Tips for relieving restlessness and agitation:**

- Distraction
- A calm environment and decreased stimulation (such as loud noises or TV)
- Soothing music
- Emotional support, reassurance, and comforting words
- Gentle touch by a loved one
- Catheter for urinary retention
  - Your nurse can insert a special catheter to determine the volume of urine in the bladder, and if necessary, place a urinary catheter to allow free flow of urine and prevent retention.

### **Confusion and Hallucinations:**

- Your loved one may not know time or place and may not be able to identify people around them.
- Rather than asking them if they know who you are, gently announce who you are, and if you are giving care, let them know what you will be doing before you start.
- Your loved one may experience some hallucinations or distorted visions. These may include visions of loved ones that have already died.
- It is best not to try to correct them about these visions they experience, as doing so may cause additional distress. Just reassure them they are safe with you by their side.

## NAUSEA AND VOMITING

### **Potential Causes:**

- Side effects of certain medications. For example, some people report experiencing nausea upon taking the first few doses of morphine.
- The disease process. For example, diseases involving the liver or kidneys may cause nausea.

- Severe constipation. When movement through the intestines is slowed or blocked, the backup can cause a feeling of nausea.

## NUTRITION

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

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

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

### **When it is difficult to swallow liquids or solids:**

- Thin liquids are usually the most difficult to swallow, softer blended foods are sometimes easier to swallow. There is also commercial thickener available.
- If mucus is a problem, then cranberry, pineapple or citrus juice may be helpful in cutting or thinning the mucus. If milk products increase mucus production, a dairy-free nutritional supplement can be used.
- For further information on swallowing difficulties or for special products contact your case manager.

### **When you are just not hungry:**

- Keep snacks handy and in sight for nibbling.
- Drinks made with ice cream or frozen yogurt (such as milk shakes and smoothies) provide a large number of calories within a small volume. Also supplemental drinks such as Carnation® Breakfast Essentials provide nutrients.
- Breakfast foods are often well tolerated. Do not feel that a particular food should be eaten at a particular time. Eat whatever you like, whenever you like.
- Try eating small meals with snacks in between. Small meals may even be just one item.

### **When you are nauseated:**

- Eat frequent small meals.
- Choose bland foods that are not greasy or too sweet, such as chicken noodle soup with saltine crackers, gelatin with fruit and apple juice.
- Drink liquids between meals rather than at mealtimes. Clear, cool beverages are usually better tolerated. Popsicles® and flavored ice cubes are good choices.
- Dry foods such as toast and crackers are usually well tolerated.

- Do not lie down for at least two hours after eating. Sit up or recline with your head at least four inches above your feet.

**When your mouth or throat is sore or dry:**

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

<b>BOWEL MANAGEMENT INSTRUCTIONS</b>
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Many patients have some difficulty with their bowel movements. There are several reasons why you may be constipated. Changes in your diet, decreased fluid intake or decreased activity may contribute to constipation; however, the use of pain medications (narcotic analgesics) is usually the major cause of constipation.

Untreated constipation can lead to a more serious condition (impaction or bowel obstruction) and a daily bowel program can help to prevent such problems. The overall goal is to have a bowel movement approximately every three (3) days. The following guidelines should help you maintain normal bowel function.

- Drink plenty of liquids, especially in combination with high-fiber foods. Tea, hot lemon water and juices, such as prune juice, may be effective.
- Try to have a bowel movement at the same time of the day. Be sure to allow adequate time on the toilet or bedpan.
- Keep a record of your bowel movements and note whether they are hard or soft.
- Take your stool softener/laxative pill *as prescribed*. The dose can range from two to eight (2-8) pills per day or more if needed. Examples of such preparations are Peri-Colace®, Senokot S® or Doxidan®.
- Other laxative preparations can be added if the stool softener/laxative pill alone does not work. Examples of these are Dulcolax®, milk of magnesia, Phillips' M-O or lactulose.
- Call the nurse if you do not have a bowel movement in three (3) days. It might be necessary for you to have a rectal suppository, an enema, or be checked for a stool impaction.
- Call the nurse if you have any of the following symptoms:
  - Abdominal distention or bloating
  - Rectal pain with your bowel movement
  - The urge but inability to pass stool
  - Oozing of liquid stool after no bowel movement for several days
  - Rectal fullness and pressure

## SECTION 4– Caring for the Caregiver

We thank you for the privilege of assisting you with the care of your loved one. We salute you for all you have done to surround your loved one with understanding care, to provide your loved one with comfort and calm, and to enable your loved one to leave this world with a sense of peace and love. You have given your loved one the most wonderful, beautiful, and sensitive gifts we humans are capable of, and, in giving that gift, have given yourself a wonderful gift as well.

Caring in the home for a loved one who has a limited life expectancy and who is undergoing many physical, emotional, mental, and spiritual changes, can be a challenging and fulfilling experience. It can also be confusing and tiring.

CHC supports your willingness to undertake the role of primary caregiver for your loved one. In this way you permit him or her to be maintained in comfortable and familiar surroundings at this vulnerable time in his or her life's journey. We will do everything possible to help you do this effectively and appropriately. We see ourselves as a team with each of us having differing roles and responsibilities which, taken together, achieve maximum benefit for your loved one and for you.

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

Your home health team is pledged to support you in every possible way as you undertake this role. It will help you deal with your limitations and frustrations. It will help you arrange for all supportive services that are needed in the home. It will help facilitate utilization of respite care and inpatient care as needed. It will help you deal with your own feelings and how this situation is affecting your life, your needs, and your hopes. It will help you clarify your choices, your available alternatives and resources, and your values, priorities, and beliefs, and implement them in the most helpful manner.

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

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

**TO BE ABLE TO TAKE CARE OF ANOTHER, YOU MUST FIRST TAKE CARE OF YOURSELF.**

**Tips on taking care of yourself:**

- Love yourself at least as much as you love the one you are caring for.
- Get enough rest, perhaps naps during the day. Conserve your energy.
- Exercise. Even a short walk helps sleep and gives energy.
- Eat well. Choose a variety of foods from the five basic food groups. Drink plenty of water.
- Reduce stress. Think about what has helped in the past.
- Take breaks. Relax and think of other things.
- Pay attention to what your body is telling you. Is it tired, stressed, tense?
- Nurture your spiritual side. Pursue those things that are uplifting to you.
- Pamper yourself, especially on difficult days. Be patient and considerate of yourself.
- Avoid unrealistic expectations of yourself.
- Allow others to help you.
- Set limits. It's OK to say "no" sometimes.
- Recognize your needs and limitations.

**Tips on helping loved ones:**

- Allow them to talk. Listen without judgment. Only occasionally comment.
- Acknowledge and validate their feelings and let them express their feelings in many ways.
- Avoid taking any negative feelings personally.
- Let them have control over their situation as much as possible.
- Include them in decision making and discussions.
- Let them do as much as they want to and have the energy for, no matter how slow, painful, or difficult it seems to you.
- Don't underestimate their pains, symptoms, and fear. These are real and valid.
- Talk about subjects you used to discuss together, the times you shared.
- Laugh together.

Experience has shown that often the best patient care is provided by family and friends. Regardless of how capable and efficient a professional's care may be, the presence and touch of a person who has a close relationship with the patient will provide the greatest gift.

## SECTION 5 – Staying Safe at Home

### EMERGENCY PREPAREDNESS PLAN

In the event of a natural disaster, inclement weather or emergency, we have an emergency operations plan to continue necessary patient services. We will make every effort to continue home care visits; however, the safety of our staff must be considered. When roads are too dangerous to travel, our staff will contact you by phone, if possible, to let you know that they are unable to make your visit that day. Every possible effort will be made to ensure that your medical needs are met.

All patients are assigned a priority level code that is updated as needed. The code assignment determines agency response priority in case of a disaster or emergency. These codes are maintained in the agency office, along with information which may be helpful to Emergency Management Services in case of an area disaster or emergency. You will be contacted for medical attention:

- **Level I** – Within 24 hours
- **Level II** – Within 24-48 hours
- **Level III** – Within 48-72 hours

In case of bad weather or other situations that might prevent our staff from reaching you, turn to your local radio and/or TV station(s). Please notify our office if you evacuate to another location or emergency shelter.

In the event of evacuation, have a plan for your pets. Will they evacuate with you? Do you have a carrier to put them in for evacuation?

### POWER OUTAGE

If you need help in a power outage and our phone lines are down:

- Call 911 or go to the emergency room if you have an emergency.
- Call your closest relative or neighbor if it is not an emergency.

### LIGHTNING

**If you are inside:**

- Avoid tubs, faucets and sinks because metal pipes conduct electricity.
- Stay away from windows.
- Avoid using phones with cords except for emergencies.

**If you are outside:**

- Avoid natural lightning rods such as tall trees in open areas.
- Get away from anything metal.



## FLOOD

Be aware of flood hazards, especially if you live in a low-lying area, near water or downstream from a dam. Flooding can take days to happen, but flash floods produce raging waters in minutes. Six inches of moving water can knock you off your feet. Avoid moving water if you must walk in a flooded area. Use a stick to test if the ground is firm enough to walk on.

Be ready to evacuate if a flood watch is issued. Move important items upstairs. Fill a clean bathtub with water in case water becomes contaminated or is shut off. Turn off your utilities at the main valves if you are instructed to do so. Do not touch electrical equipment if you are wet or standing in water.

## TORNADO

As soon as a tornado is sighted, go to the lowest floor, and find an interior room. Good shelters are basements, rooms and halls with no outside walls, bathtubs, and spaces under the stairs. Many public buildings have designated shelter areas. Stay away from windows, doors, and outside walls. Get under a sturdy item, such as a table, and protect your head. Stay until the danger passes.

If **the patient is bedbound**, 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 not one close by, lie flat in the nearest ditch and cover your head. Do not try to out-drive a tornado. They are erratic and move swiftly.

## HOT WEATHER

There is a higher risk for heat-related illness in the summer. When it is hot outside:

- Never leave anyone sitting in a closed, parked car.
- Drink lots of water even if you are not thirsty. Avoid alcohol and caffeine.
- Eat small, frequent meals.
- Stay inside and out of the sun. Stay on the lowest floor, pull shades over the windows, and use fans if you do not have air conditioning.
- Mist or sponge yourself frequently with cool water.
- Use sunscreen.
- Wear hats and clothes that are loose and lightweight. Clothes with light colors will deflect the sun's energy.
- Talk to your doctor about how sun and heat exposure will affect you if you take drugs such as diuretics or antihistamines.
- 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 immediately if you do not feel better.

## WINTER STORM

Heavy snowfall and extreme cold can immobilize a region, resulting in isolation. Icy and/or blocked roads and downed power lines can happen any time it is cold or snowy. Wear layers of loose, lightweight, warm clothes, rather than one heavy layer. Wear hats and outer layers that are tightly woven and water repellent. Mittens will keep your hands warmer than gloves.

## EMERGENCY KIT FOR THE HOME

Bad weather can be dangerous, so be prepared. Keep a kit with these items in case you have a weather emergency:

Battery-powered radio	Medications
Lamps and flashlights	Extra blankets
Extra batteries	Water in clean milk or soda bottles
Food that you don't have to cook	Rock salt or sand for walkways
Manual can opener	Extra fuel
Utensils, cups and plates	Cash in case of power outage

## SHELTER SUPPLIES

The following is a list of what to bring to a shelter during an evacuation:

Two-week supply of medications	Lightweight folding chair
Medical supplies and oxygen	Extra clothing, hygiene items, glasses
Wheelchair, walker, cane, etc.	Important papers
Special dietary foods/can opener	Valid ID with current name and address
Air mattress/ cot and bedding	Home Health folder

Most shelters have electric power from a generator. If you evacuate to a shelter, bring your electrical devices (such as an oxygen concentrator).

**NOTE:** Pets are not usually allowed in shelters.

All patients need to take special precautions to ensure a safe living environment. Most accidents in the home can be prevented by eliminating hazards. This list will help you find potential hazards in your home. Take note of each statement that you need to work on to make your home a safer place. **Please speak with your case manager or call the agency at any time if you have any concerns or questions about patient safety.**

## PREVENTING FALLS

At least half of all falls happen at home. Each year, thousands of older Americans experience falls that result in serious injuries, disability and even death. Falls are often due to hazards that are easily overlooked but easy to fix. Use the following **SELF ASSESSMENT**. Check all of the risk factors below that apply to you and your home. The more factors checked, the higher your risk for falling.

- History of Falling** - Two (2) or more falls in last six (6) months.
- Vision Loss** - changes in ability to detect and discriminate objects; decline in depth perception; decreased ability to recover from a sudden exposure to bright light or glare.
- Hearing Loss** - may not be as quickly aware of a potentially hazardous situation.
- Foot Pain/Shoe Problems** - foot pain; decreased sensation/feeling; skin breakdown; ill-fitting or badly worn footwear.
- Medications** - taking four or more medications; single or multiple medications that may cause drowsiness, dizziness or low blood pressure.
- Balance and Gait Problems** - decline in balance; decline in speed of walking; weakness of lower extremities.
- High or Low Blood Pressure** that causes unsteadiness.
- Hazards Inside Your Home** - tripping and slipping hazards; poor lighting; bathroom safety; spills; stairs; reaching; pets that get under foot.
- Hazards Outside Your Home** - uneven walkways; poor lighting; gravel or debris on sidewalks; no handrails; pets that get under foot; hazardous materials (snow, ice, water, oil) that need periodic removal and clean up.

## WALKING SAFETY

- Wear shoes that are flat, preferably low-heeled with non-skid soles.
- Keep shoes in good repair.
- Tack down carpeting. Do not use throw rugs unless non-skid backing is applied.
- Keep furniture, clothing, and electrical cords out of walkways.
- Keep walkways clear and well lit. Lamps and light switches should be conveniently located.
- Stairs should have non-slip treads and a securely mounted handrail.
- Wipe up spills. Make sure floors are dry before walking and avoid highly polished floors.
- Keep sidewalks and outdoor stairs shoveled, sanded and/or salted during cold, wet weather.

## **STAIRWAY SAFETY**

- Remove loose rugs around the entry or exit to a stairway.
- Storage of loose items such as newspapers, boxes or tools on stairways can cause you to trip or fall.
- Use a handrail and adequate lighting.
- Use non-slip strips securely fastened to the steps.
- Keep outdoor steps dry and free from ice and snow.

## **ELECTRICAL SAFETY**

- Use only three-pronged extension cords for equipment requiring electricity.
- Use a three-pronged adapter when required.
- Do not plug equipment into an electrical outlet that is already being used.
- Be sure electrical outlets have the required amperage and are appropriately grounded.
- Frequently check for exposed or faulty cords or wiring.
- Do not expose electrical equipment to water or other liquids.
- Be sure electrical cords do not interfere with walkways.

## **FIRE SAFETY**

- Never smoke in bed or near oxygen equipment.
- Have a fire extinguisher within easy reach where fires may occur (fireplace, kitchen stove, furnace area, etc.).
- Install smoke detectors on ceilings or high on walls and check them frequently. Place one on at least every floor of your home. If the detector starts to beep intermittently, replace battery immediately.
- Have a plan for evacuating the home in case of fire and have an alternate route available. Do not take anything with you - just leave the house immediately.
- Keep the bedroom doors closed at night to delay the spread of fire and deadly gases.
- Place an incapacitated patient in a room with multiple escape routes if at all possible. Prior to any emergency need, discuss a plan for assisting him or her out of the house.
- If you are unable to exit, stuff wet towels or clothing into door cracks. Stay near a slightly opened window. If the room is covered with smoke, cover your nose and mouth with a damp towel and get as low to the floor as possible.

## **BATHROOM SAFETY**

- Consider securely installing grab bars around the shower or tub to assist in entering and departing these areas.
- Utilize a tub or shower chair to increase stability.
- Attach a toilet safety to frame your toilet seat so use and transfer will be easier.
- Keep floors dry to prevent slippery conditions.
- Install non-slip carpeting to prevent slippery conditions.

## **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 medicines, why you take it, how to 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 medicine.
- Do not stop or change medicines without your doctor's approval, even if you are feeling better. If you miss a dose, do not double the next dose later.
- Use a chart or container system (washed egg carton or med-planner) to help you remember what kind, how much and when to take medicine.
- Take your medicine with a light on so you can read the label.
- Read medicine labels (including warnings) carefully and keep medicines in their original containers.
- Store medications safely in a cool, dry place according to instructions on the label of the medication.
- Keep medicines away from children and confused adults.

## **DISPOSAL OF CONTROLLED DRUGS**

Prescription medications no longer needed by the patient should be properly disposed of in accordance with state and federal drug disposal guidelines. Medications are the property of the patient and are not the property of the Agency. Agency nurse may only educate the POA/Responsible party on proper handling and disposal of medications. Agency staff shall not perform destruction and disposal.

Medication disposal will be documented in the clinical record by Agency staff, utilizing the Agency Medication Disposal form, in compliance with state and federal requirements.

Medications remaining in the patient's home after the death/discharge of the patient will be documented in the patient's medical record.

1. Upon a change of medication or death/discharge, the Agency staff will educate and offer guidance to the family members on the appropriate disposal methods of remaining medications. The patient/family has the right to refuse.
2. No medications, scheduled, unscheduled or over the counter, will be removed from the home under any circumstance by the Agency staff.
3. The U.S. Food and Drug Administration (FDA) and the White House Office of National Drug Control Policy issued the following guidelines in 2007 for the proper disposal of prescription medications:
  - Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet
  - If no instructions are given, throw the drugs in the household trash, but first remove the drugs from the original containers and mix them with water and with an undesirable substance, such as

used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who intentionally may go through your trash.

- Put the drugs (or the mixture of drugs with an undesirable substance) in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
- Remove any patient identification labels, or completely mark through patient identification information.
- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see the blue pages in the phone book) to determine if a take-back program is available in your community.

The Agency will comply with the Drug Enforcement Administration and adjust the policy as required to ensure total compliance with state and federal regulations. Failure to comply with this policy may result in disciplinary action.

**Patients and families may locate an authorized collection receptacle by calling the DEA Office of Diversion Control's Registration Call Center at 1-800-882-9539.**

## HAZARDOUS ITEMS AND POISONS

- Know how to contact your poison control team.
- Carefully store hazardous items in their original containers.
- Do not mix products that contain chlorine or bleach with other chemicals.
- Purchase insecticides for immediate need only and store excess properly.
- Keep hazardous items, cleaners, and chemicals out of reach of children and confused or impaired adults.
- Dispose of hazardous items and poisons only as directed.

## MEDICAL EQUIPMENT SAFETY

- Keep manufacturer's instructions with or near specialized medical equipment. Perform routine and preventive maintenance according to the instructions.
- Keep phone numbers available in the home to obtain service in case of equipment problems or equipment failure.
- Have backup equipment available, if indicated.
- Provide adequate electrical power for medical equipment such as ventilators, oxygen concentrators and other equipment.
- Test equipment alarms periodically to make sure that you can hear them.
- Have equipment batteries checked regularly by a qualified service person.
- Have bedside rails properly installed and use only when necessary. Do not use bed rails as a substitute for a physical protective restraint.
- If bed rails are split, remove or leave the foot-end down so the patient is not trapped between the rails.
- The mattress must fit the bed. Add stuffers in gaps between the rail and mattress or between the head and foot board and mattress to reduce gaps.
- Register with your local utility company if you have electrically powered equipment such as oxygen or ventilator.

## OXYGEN SAFETY

- Use oxygen only as directed.
- Oxygen creates a high risk for fire because it causes an acceleration of flame in the presence of flammable substances and open flames.
- **Do not smoke around oxygen.** Post "**No Smoking**" signs inside and outside the home.
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Keep oil/petroleum products (such as Vaseline®, oily lotions, face creams or hair dressings), grease and flammable material away from your oxygen system. Avoid using aerosols (such as room deodorizers) near oxygen.
- Dust the oxygen cylinder with a cotton cloth and avoid draping or covering the system with any material.
- Keep open flames (such as gas stoves and burning candles) at least 10 feet away from the oxygen source.
- Keep at least 6 inches of clearance around an oxygen concentrator at all times. Plug it directly into a wall outlet and limit the use of extension cords.
- Have electrical equipment properly grounded and avoid operating electrical appliances such as razors and hairdryers while using oxygen. Keep any electrical equipment (including e-cigarettes) that may spark at least 10 feet from the oxygen system.
- Use 100% cotton bed linens and clothing to prevent sparks and static electricity.
- Place oxygen cylinders in appropriate stand to prevent tipping or secured to the wall or placed on their side on the floor. Store in a well-ventilated area and not under outside porches or decks or in the trunk of a car.
- Have a backup portable oxygen cylinder in case of a power or oxygen concentrator failure.
- Alert property management of oxygen use when living in a multi-dwelling residence.

## INFECTION CONTROL AT HOME

Stay clean and use good hygiene to help stop the spread of infection. Items used in health care, such as bandages or gloves, can spread infection and harm the environment. They can harm trash handlers, family members and others who touch them if they are not disposed of properly. Be careful when you handle them. Please read the below information and talk to your healthcare team if you have questions.

Some illnesses and treatments (such as chemotherapy, dialysis, AIDS, diabetes, and burns) can make people more at risk for infection. Your nurse will tell you how to use protective clothing (such as gowns or gloves) if you need it.

Please tell your doctor or a home health staff member if you notice any of the following signs and symptoms of infection:

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| Pain, tenderness, redness or swelling | Inflamed skin, rash, sores or ulcers |
| Fever or chills                       | Sore throat or cough                 |
| Pain when urinating                   | Increased tiredness or weakness      |
| Confusion                             | Green or yellow pus                  |
| Nausea, vomiting or diarrhea          |                                      |

## WASH YOUR HANDS

**Wash your hands frequently and correctly, even if you wear gloves. It is the single most important step in controlling the spread of infection. Always wash hands before:**

**Always wash hands before:**

- |                          |                         |
|--------------------------|-------------------------|
| Tending to a sick person | Touching or eating food |
| Treating a cut or wound  |                         |

**Always wash hands after:**

- |                                 |   |
|---------------------------------|---|
| Tending to a sick person        | Touching soiled linens                  |
| Treating a cut or wound         | Touching garbage                        |
| Using the bathroom              | Changing diapers                        |
| Touching animals or their waste | Coughing, sneezing or blowing your nose |

If you have visibly dirty hands, or they are contaminated or soiled in any way, wash them with soap (liquid soap is best) and warm running water. Remove jewelry, apply soap, wet your hands and rub them together for at least 20 seconds. Wash all surfaces, including wrists, palms, back of hands, between fingers and under nails. Rinse off the soap and dry your hands with a clean towel that has not been shared. If one is not available, air-dry your hands. Use a towel to turn off the faucet. If you used paper towels, throw them in the trash. To avoid dry or chapped hands, pat them dry and use lotion after washing.

If you do not have visibly dirty hands, use an alcohol-based hand rub to clean them. Use a rub with 60-90% ethyl or isopropyl alcohol. Open the cap or spout and apply a dime-size amount (or the amount recommended on the label) in one palm, then rub hands vigorously, covering all surfaces of hands and fingers, until they are dry.



## 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. Throw your used tissue in the trash. You may be asked to wear a mask to protect others.

## DISPOSABLE ITEMS AND EQUIPMENT

**Some items that are not sharp:** paper cups, tissues, dressings, bandages, plastic equipment, catheters, diapers, Chux, plastic tubing, gloves, etc.

Store these in a clean, dry area. Throw away used items in waterproof (plastic) bags. Fasten the bags securely and throw them in the trash.

## NON-DISPOSABLE ITEMS AND EQUIPMENT

**Some items that are not thrown away:** dirty laundry, dishes, thermometers, toilets, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc.

**Wash dirty laundry separately** in hot, soapy water. Handle it as little as possible so you don't spread germs. If the patient has a virus, add a mix of one (1) part bleach and ten (10) parts water to the load.

**Clean equipment as soon as you use it.** Wash small items (not thermometers) in hot, soapy water, then rinse and dry them with clean towels. Wipe thermometers with alcohol before and after each use. Store them in a clean, dry place. Wipe off equipment with a normal disinfectant or bleach mix. Follow the cleaning instructions that came with the item and ask your nurse or therapist if you have questions.

**Pour liquids** in the toilet. Clean their containers with hot, soapy water, then rinse them with boiling water and let them dry.

## SHARP OBJECTS

**Some sharp items:** *needles, syringes, lancets, scissors, knives, staples, glass tubes and bottles, IVs, catheters, razors, etc.*

Put used **sharps** in a clean, hard plastic or metal container with a screw-on or tight lid. Seal it with heavy-duty tape and dispose of it in the trash or according to area regulations. Do not overfill sharps containers or re-cap used needles. **DO NOT use glass** or clear plastic containers. **Never** put sharps in containers that will be recycled or returned to a store.

## BODY FLUID SPILLS

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

## UNIVERSAL PRECAUTIONS AND PATIENT'S RIGHTS

Health care facilities providing services in which there is a risk of skin, eye, mucous membrane, or parenteral contact to human blood or other potentially infectious materials must practice universal precautions.

Universal Precautions means the prevention of disease transmission through the use of infection control practices with all patients.

CHC complies with the infection control practices required by Indiana State Department of Health (ISDH), which were adopted by Indiana law, Indiana Occupational Safety and Health Administration (IOSHA) standards and Centers for Disease Control and Prevention (CDC) recommendations. The following infection control practices include, but are not limited to, those required by the Universal Precautions Rule and are used to prevent transmission of bloodborne pathogens to patients and treating staff:

- Appropriate use of protective barriers, including gloves for hand contact, masks, gowns, laboratory coats and protective eyewear or face shields are used for procedures having the potential of creating a spray or splatter of blood or other potentially infectious materials.
- Gloves, when required, are changed and hands are washed after each patient.
- Heat stable, non-disposable instruments requiring sterilization that are contaminated with blood or other potentially infectious materials are heat sterilized after treatment of each patient.
- Precautions are taken to prevent injuries caused by needles, syringes and other contaminated sharp objects are discarded in puncture-resistant containers.
- Surfaces and equipment contaminated with blood or other potentially infectious materials that need not be sterilized are cleaned and disinfected after treatment of each patient. Disposable coverings may be used on some surfaces to prevent contamination.
- Infectious waste is placed in containers labeled with the biohazard symbol, impervious to moisture and of sufficient strength to prevent expulsion.
- Containers of infectious waste are stored in a secure area prior to treatment and final disposal.
- Patient care staff receives training on infection control.

The infection control procedures listed, and others that are not readily observable, protect you from disease transmission. Indiana law requires that health care facilities be committed to appropriate use of Universal Precautions. Any deviation from this commitment should be brought to the attention of CHC staff. If you are not satisfied with the explanation of Universal Precautions provided by this facility, you may file an official complaint with the Indiana State Department of Health by writing to the following address:

Indiana State Department of Health  
c/o Exposure Control Coordinator  
2 North Meridian St.  
Indianapolis, IN46204  
(317) 234-2804

# SECTION 6 – Home Health Benefit

## POLICIES

This book contains general information regarding your rights and responsibilities as a patient. As state and federal regulations change there may be additions or changes to this book as necessary.

## SERVICES

Home Health services include **Nursing, Social Services, Physician Services, Home health Aide, Physical, Occupational and Speech Therapy**. All services are provided under the direction of your attending physician.

All durable medical equipment, example oxygen, beds, wheelchairs, etc., will be ordered by your physician and you must meet certain Medicare/Medicaid/Commercial guidelines.

## LICENSED HOME HEALTHCARE PROGRAM

The Home Health Care Program is for patients who have made the choice to pursue aggressive or life-extending treatment for a progressive or incurable illness, and desire pain management and symptom control in their own home. The individuals seeking life-prolonging treatment have an undetermined life expectancy. Many aspects of this Home Health Care Program are applicable in the early course of illness. The goal is achievement of the highest quality of life for patients and their families. Components of the Home Health Care Program include, but are not limited to:

- Making skilled, compassionate, caring intermittent visits by nurses and home health aides.
- Managing pain and other physical symptoms through the appropriate use of medications and teachings.
- Training, advising and skill-building for those persons who will assist in providing patient care.
- Providing palliative care (comfort care) and management of pain or symptoms for persons with a life expectancy of more than six months.
- Providing emotional support and spiritual counseling for the patients, families and caregivers.
- Providing integrated therapies (occupational, physical and speech therapy) as medically necessary.

### Homebound Requirement

If you receive **Medicare Home Health Care**, CHC is required to inform you of the requirement to be confined to the home. You may also hear this referred to as being homebound. The Centers for Medicare and Medicaid Services (CMS) defines homebound as:

- Your illness or injury, leaving home is either contraindicated or requires the aid of assistive devices, special transportation, or assistance from another person. In addition, a normal inability to leave your home must exist, and leaving your home takes a considerable and taxing effort. You can still be considered homebound if your absences are infrequent or of relatively short duration. You can leave home to attend a religious service, or a state licensed, certified and/or accredited adult day-care program; to receive therapeutic, psychosocial, or medical treatment such as outpatient dialysis, chemotherapy, or radiation therapy; or to attend unique or infrequent special events (family reunion, funeral, graduation, etc.). If you are able to drive, then you probably do not meet the homebound requirement. Your physician must certify that you are homebound.

### **How is the Medicare Home Health Care Program different from the Hospice Care Program?**

- The Home Health Care Program offers comfort care for patients who may be seeking life-prolonging therapies for progressive or incurable illnesses and may have a life expectancy of more than six months.
- Patients must have a skilled nursing need. This can include assessment and management of pain or symptoms, a need of a skilled procedure, or teaching and training caregivers.
- Patients must be homebound as defined above.
- The patient's personal physician must agree to manage the patient's care.
- Patients will get and pay for their medications, durable medical equipment and supplies from their local pharmacies/ supplies as they have in the past.

### **How is the Hospice Care Program different from the Home Health Care Program?**

- The Hospice Care Program offers comfort care for patients with a terminal diagnosis, that have stopped life-prolonging treatment and that may have a life expectancy of six months or less.
- Medications, supplies and durable medical equipment related to the terminal diagnosis will be ordered and paid for by CHC.
- The patient's personal physician will be a part of the care team, along with the CHC medical director.
- There is no homebound condition.
- CHC offers four different levels of care for patients and caregivers.

Emergency care is available 24 hours a day, seven (7) days a week.

We hope the materials in this handbook will be of help to you and serve as a guide.

Please remember that the services of CHC are always just a phone call away.

<b>CHARGES</b>
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In most cases, your insurance company will pay CHC directly; however, not all insurance plans provide full coverage for home health care and some home health services may not be covered under your plan. We receive our reimbursement from Medicare, Medicaid, and private health insurance for services. All third-party payers are billed for home health services as appropriate.

All patients, who meet the requirements, are accepted regardless of ability to pay. Medicare or Medicaid

patients will not be refused care or have their home health care discontinued or reduced due to their inability to pay for that care. Our social worker will meet with the patient/family to determine concerns and needs.

Should any change be made in this policy regarding services or charges, you or your responsible party will be advised. Please call our office if you have questions about charges or insurance billing.

## PLAN FOR CARE, TREATMENTS, AND SERVICES

On admission, you and a nurse will create a list of your current medications (including any over-the-counter medications, herbal remedies, and vitamins). We will compare this list to the medications ordered by your physician. Our staff will continue to compare the list to the medications that are ordered, administered, or dispensed to you while under our care. This will be done to resolve any discrepancies (such as omissions, duplications, contraindications, unclear information, potential interactions, and changes).

We fully recognize your right to dignity and individuality, including privacy in treatment and in the care of your personal needs. We will always notify you if an additional individual needs to be present for your visit for reasons of safety, education, or supervision. Prior to anyone visiting your home, we **will ask your permission. You have the right to refuse any visitors, and this** will not compromise your care in any way.

We do not participate in any experimental research connected with patient care except under the direction of your physician and with your written consent.

There must be a willing, able, and available caregiver to be responsible for your care between home health visits. This person can be you, a family member, a friend, or a paid caregiver.

## MEDICAL RECORDS

Your medical record is maintained by our staff to document physician orders, assessments, progress notes and treatments. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering or unauthorized use. Our Notice of Privacy Practices describes how your protected health information may be used by us or disclosed to others, as well as how you may have access to this information.

## TRANSFER OR DISCHARGE FROM HOME HEALTH

The patient & representative (if any), have a right to be informed of CHC's policies for transfer and discharge. Center for Hospice Care may only transfer or discharge the patient if:

- The transfer or discharge is necessary for the patient's welfare because the Home Health Agency (HHA) and the physician who is responsible for the home health plan of care agree that the HHA can no longer meet the patient's needs, based on the patient's acuity.

- The **HHA must arrange a safe and appropriate transfer** to other care entities when the needs of the patient exceed the HHA's capabilities.
- The patient or payer will no longer pay for the services provided by the HHA.
- The transfer or discharge is appropriate because the physician who is responsible for the home health plan of care and the HHA agree that the measurable outcomes and goals set forth in the plan of care in accordance with § 484.60(a)(2)(xiv) have been achieved, and the HHA and the physician who is responsible for the home health plan of care agree that the patient no longer needs the HHA's services
- The patient refuses services, or elects to be transferred or discharged
- The HHA determines, under a policy set by the HHA for the purpose of addressing **discharge for cause that meets the requirements** of paragraphs (d)(5)(i) through (d)(5)(iii) of this section, that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the HHA to operate effectively is seriously impaired. **The HHA must do the following before it discharges a patient for cause:**
  - Advise the patient, rep (if any), the physician(s) issuing orders for the home health plan of care, & the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) that a discharge for cause is being considered;
  - Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation;
  - Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care; and
  - Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records
- The patient dies; or
- The HHA ceases to operate

## EXPERIENCE OF CARE / PATIENT SATISFACTION SURVEYS

Our agency has contracted with Press Ganey Associates, a vendor approved by the Centers for Medicare and Medicaid Services (CMS) to perform mandatory Consumer Assessment of Health Care Providers and Systems (CAHPS) surveys. The survey considers you and your primary caregiver as a unit of care. Press Ganey Associates may contact your caregiver or family member by mail or telephone after your death to evaluate the experience of care and services you and your loved ones received from our agency.

Our patients are very important to us. Please ask questions if something is unclear regarding our services or the care you receive or fail to receive. Our agency may also contact you, your caregiver or family at intervals to assess your satisfaction with the care and services we are providing. We will not ask the same questions included in the CAHPS survey. Your answers will help us to improve our services and ensure that we meet the needs and expectations of our patients and families.

## PROBLEM SOLVING PROCEDURE

We are committed to ensuring that your rights are protected. If you feel that our staff has failed to follow our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal:

1. If a patient, his/her family or his/her legal representative disagrees with a service provided or action taken by CHC, or if an individual wishes to register a complaint regarding the quality or nature of the care and/or supplies received, a patient and/or his/her family may call the CHC office at **(574) 243-3100 or toll-free at 1-800-413-9083**, Monday through Friday, 8:00 a.m. to 5:00 p.m. and ask to speak to any administrator to have his/her complaint documented.

Once CHC administration receives the formal complaint, it will initiate an internal investigation. Based on that investigation, a brief report of the allegations will be written, whether those allegations were substantiated, and what action, if any, CHC will take as a result. This report will be made available to the individual initiating the complaint.

If an individual disagrees with the findings or the actions taken, he/she may appeal the issue to CHC administration. The findings and actions will be reviewed, and a written statement will be issued either confirming the initial findings or reversing the findings and ordering new actions to be taken.

2. CHC is part of a regulated community, overseen by the Indiana State Department of Health. Any questions or complaints that are not addressed to an individual's satisfaction by CHC may be addressed by calling the Department's toll-free hotline number at **1-800-227-6334**. The state's home care hotline operates from 8:00 a.m. to 4:30 p.m. If voicemail answers, please leave a message and your call will be returned. The purpose of the hotline is to receive complaints or questions about local home health/hospice agencies and to lodge complaints concerning the implementation of advance directive requirements.

## NOTICE OF NON-DISCRIMINATION / FILING A GRIEVANCE

CHC complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, religion, sexual orientation, gender identity, national origin, age, or disability with regard to admission, access to treatment or employment.

CHC provides free aids and services to people with disabilities to communicate effectively with us, including free language services to people whose primary language is not English. If you need these services, please contact the nurse or social worker on your home health team.

If you believe that CHC has failed to provide these services or discriminated in any other way, you may file a grievance in person or by mail or email by using the contact information listed below. Please contact our Chief Operating Officer, Lance Mayberry at: Chief Operating Officer, 501 Comfort Place, Mishawaka IN 46545, 574-243-3100, or email [nondiscrimination@cfhcare.org](mailto:nondiscrimination@cfhcare.org).

It is the law for CHC not to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Grievances must be submitted to CHC within 60 days of the date you become aware of the possible discriminatory action and must state the problem and the solution sought. We will issue a written decision on the grievance based on preponderance of evidence no later than 60 days after its filing, including a notice of your right to pursue further administrative or legal action. You may also file an

appeal of our decision in writing to our President/CEO, Mark Murray, administrator, within 15 days. Our CEO will issue a written response within 30 days after its filing. Contact: President/CEO, 501 Comfort Place, Mishawaka IN 46545.

Additionally, you may 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, DC 20201. 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## SECTION 7 – Patient Rights and Responsibilities

All patients under the care of CHC have a right to be notified verbally and in writing of their rights prior to initiation of services. Consistent with the laws of the State of Indiana, the patient's family, guardian, or legal representative may execute these rights when the patient is no longer able to do so. CHC has an obligation to protect and promote these rights and will keep a copy of this signed executed form on file as documentation that these rights have been received, understood, and discussed with the patient and/or family.

### YOUR RIGHTS

#### **DIGNITY AND RESPECT - YOU HAVE THE RIGHT TO:**

- Have your property and person treated with respect
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property.

#### **COMPLAINTS- YOU HAVE THE RIGHT TO:**

- Patients have the right to file complaints with the home health agency:
  - Regarding their treatment and/or care that is provided
  - Regarding treatment and/or care that the agency fails to provide
  - Regarding the lack of respect for property and/or person by anyone who is providing services on behalf of the home health agency.

#### **DECISION MAKING, CONSENT, AND SERVICES PROVIDED - YOU HAVE THE RIGHT TO:**

- Participate in and be informed about the services CHC and consent or refuse care in advance of and during treatment with respect to:
  - Completion of all assessments
  - The care to be furnished, based on the comprehensive assessment
  - Establishing and revising the plan of care
  - The disciplines that will furnish the care
  - The frequency of visits
  - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits
  - Any factors that could impact treatment effectiveness
  - Any changes in the care to be furnished
- Receive all services outlined in the plan of care.

#### **PRIVACY and ACCESS TO MEDICAL RECORDS - YOU HAVE THE RIGHT TO:**

- Patients have the right to a confidential clinical record
- Patients have the right to access and to the release of patient information and clinical records.

#### **FINANCIAL - YOU WILL BE ADVISED OF:**

- The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA
- The charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA

- The charges the individual may have to pay before care is initiated
- Any changes in the information regarding payment for service as soon as possible, in advance of the next home visit.

Patients have the right to receive proper written notice, in advance of specific service being furnished, if the HHA believes that the service may be non-covered; or in advance of the HHA reducing or terminating ongoing care.

**FREE FROM REPRISAL - YOU HAVE THE RIGHT TO:**

- Patients have the right to be free from any reprisals for exercising his or her rights of for voicing grievances to the HHA or an outside entity.

**LANGUAGE SERVICES AND AUXILLARY AIDES - YOU HAVE THE RIGHT TO:**

- Patients have the right to be informed of the right to access auxiliary aids and language services and how to access these services.

**DISCHARGE/TRANSFER POLICY- YOU HAVE THE RIGHT TO:**

- Patients have the right to be informed of and receive a copy of the hoe health agency's policy for transfer and discharge.

**PATIENT RESPONSIBILITIES - YOU HAVE THE RESPONSIBILITY TO:**

- Notify the provider of changes in their condition (e.g., hospitalization, changes in the plan of care, symptoms to report)
- To follow the plan of care
- To ask questions about care or services
- To notify the home health agency if the visit schedule needs to be changed
- To inform the home health agency of changes made to advanced directives
- To promptly advise the home health agency of any concerns with the services provided
- To provide a safe environment for the home health agency staff
- To carry out mutually agreed responsibilities
- To accept the consequences for the outcomes if the patient does not follow the plan of care.

**RIGHTS OF THE PATIENT**

You will be advised of the names, addresses, and telephone numbers of the following Federally funded and state-funded entities that serve the area where the patient resides:

- Agency on Aging,
- Center for Independent Living,
- Protection and Advocacy Agency,
- Aging and Disability Resource Center; and
- Quality Improvement Organization.

## NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **I. Our Pledge to You.**

Your health information -- which means any written or oral information that we create or receive that describes your health condition, treatment, or payments - is personal. Therefore, the Practice pledges to protect your health information as required by law. We give you this Privacy Notice to tell you (1) how we will use and disclose your "protected" health information, or "PHI" and (2) how you can exercise certain individual rights related to your PHI as a Patient of our practice. Please note that if any of your PHI qualifies as mental health records, alcohol and drug treatment records, communicable disease records or genetic test records, we will safeguard these records as "Special PHI" which will be disclosed only with your prior express written authorization, pursuant to a valid court order or as otherwise required by law. We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices.

### **II. How We Will Use and Disclose Your PHI**

- A. To Provide Treatment.** We may use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the management or coordination of your health status and care with another health care Provider. 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.
- B. To Obtain Payment.** We 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.
- C. To Perform Health Care Operations.** We 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, but only on a "need to know" basis. These health care operations may include such activities as: quality improvement; physician and employee reviews; 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, we may also disclose your PHI to another health care Provider or health plan to conduct their own particular health care operation requirements.
- D. To Contact You.** To support our treatment, payment, and health care operations, we may also contact you at home, either by telephone or mail, from time to time (1) to remind you of an upcoming appointment date, or (2) to ask you to return a call to the Practice 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 inform you of specific test results or treatment plans, but only with your prior written authorization.

**E. To Be in Contact with Your Family or Friends.** Additionally, we may also disclose certain of your PHI to your family member or other relative, a close personal friend, or any other person specified by you from time to time, 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, while receiving treatment at our facility. Although you have a right to request reasonable restrictions on these disclosures, we will only be able to grant those restrictions that are reasonable and not too difficult to administer, none of which would apply in the case of an emergency.

**F. To Conduct Research.** Under certain circumstances, we may use and disclose certain of your PHI for research purposes, but only if the research is subject to special approval procedures and the necessary rules governing uses and disclosures are agreed to by the researchers. For example, a research project may compare two different medications used to treat a particular condition in two different groups of patients by comparing the Patients' health and recovery in one group with the second group. Any other research will require your written authorization.

**G. According to Laws that Require or Permit Disclosure.** We 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; and (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 Tissue Donation.** We may disclose 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 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. **For Workers' Compensation.** We may disclose your PHI to comply with workers' compensation laws or similar programs.
9. **To Conduct Fundraising.** Under certain circumstances, we may use and disclose certain of your PHI to communicate with you and conduct fundraising activities on our behalf, but only when permitted by HIPAA. Please note that you always have the right to "opt out" of receiving any future fund-raising communications and any such decision will have no impact on your treatment or payment for services.
10. **To Communicate with You Regarding Your Treatment.** We may also communicate information to you, from time to time, that may encourage you to use or purchase a particular product or services, but only as it relates to your treatment and only when permitted by HIPAA.

**H. With Your Prior Express Written Authorization.** Other than as stated above, we 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.

1. Uses and disclosures of Special PHI (if recorded by us in the medical record) except to carry out your treatment, payment or health care operations, to the extent permitted or required by law;
2. Uses and disclosures of PHI to conduct certain marketing activities that may encourage you to use or purchase a particular product or services for which HIPAA requires your prior express written authorization;
3. Disclosures of PHI that constitutes a sale of your PHI under HIPAA;
4. Uses and disclosures of certain PHI for fundraising purposes that are not otherwise permitted by HIPAA;
5. Psychotherapy notes; and
6. Other uses and disclosures not described in this Notice.

### **III. Your Individual Rights Concerning Your PHI**

- A. The Right to Inspect and Copy Your PHI.** You may inspect and obtain a copy of your PHI that we have 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 Privacy 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 Privacy Officer. We may charge you a fee for the reasonable costs that we incur in processing your request.
- B. The Right to Opt Out of Fundraising.** We may use or disclose your name, address, telephone number or email information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information, or outcome information, to a business associate or institutionally related foundation, for the purpose of raising money for our benefit. Although we may contact you to raise funds for us, you have the right to opt out of receiving future fundraising communications and your decision will have no impact on your treatment or payment for services by us.
- C. The Right to Receive Confidential Communications of PHI.** You may request to receive communications of PHI from us by alternative means or at alternative locations, and we will work with you to reasonably accommodate your request. For example, if you prefer to receive communications of PHI from us only at a certain address, phone number or other method, you may request such a method.
- D. The Right to Request Restrictions on How We Use and Disclose Your PHI.** You may ask us 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 like 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, we 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 after your visit by contacting the Privacy Officer directly.
- E. 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 Privacy

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.

**F. The Right to Receive an Accounting of Disclosures of PHI.** 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 in Section II (A-C) above. The accounting is not required to report PHI disclosures 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 Privacy 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 April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**G. The Right to Receive Notice of a Breach.** You have the right to receive written notice in the event we learn 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.

**H. The Right to File a Complaint.** You have the right to contact our Privacy 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 Privacy Officer or the Department of Health and Human Services' Office for Civil Rights in Baltimore, Maryland regarding these privacy matters, particularly if you do not believe that we have been responsive to your concerns. We urge you to contact our Privacy Officer if you have any questions, comments, or complaints, either in writing or by telephone as follows:

Center for Hospice Care  
501 Comfort Place  
Mishawaka IN 46545  
Attn: Privacy Officer  
Phone: (574) 243-3100

Please note that we will not take any action, or otherwise retaliate, against you in any way as a result of your communications to the Practice or to the Department of Health and Human Services' Office for Civil Rights. As always, please feel free contact us. We look forward to serving you as a Patient.

**I. Your Right to Revoke Authorization.** Any other uses and disclosures not described in this Notice will be made only with your 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.

# SECTION 8 – Advance Directives



Indiana State  
Department of Health

YOUR RIGHT TO DECIDE  
2 North Meridian Street • Indianapolis, Indiana 46204

March 1999; Revised May 2004,  
Revised July 2013, Revised November 2018

The purpose of this information is to inform you of ways that you can direct your medical care and treatment in the event that you are unable to communicate for yourself. This information covers:

- What is an advance directive?
- Are advance directives required?
- What happens if you do not have an advance directive?
- What are the different types of advance directive?

**THE IMPORTANCE OF ADVANCE DIRECTIVES:** Each time you visit your physician, you make decisions regarding your personal health care. You tell your doctor (generally referred to as a “physician”) about your medical problems. Your physician makes a diagnosis and informs you about available medical treatment. You then decide what treatment to accept. That process works until you are unable to decide what treatments to accept or become unable to communicate your decisions. Diseases common to aging such as dementia or Alzheimer’s disease may take away your ability to decide and communicate your health care wishes. Even young people can have strokes or accidents that may keep them from making their own health care decisions. Advance directives are a way to manage your future health care when you cannot speak for yourself.

**WHAT IS AN ADVANCE DIRECTIVE?** "Advance directive" is a term that refers to your spoken and written instructions about your future medical care and treatment. By stating your health care choices in an advance directive, you help your family and physician understand your wishes about your medical care. Indiana law pays special attention to advance directives.

Advance directives are normally one or more documents that list your health care instructions. An advance directive may name a person of your choice to make health care choices for you when you cannot make the choices for yourself. If you want, you may use an advance directive to prevent certain people from making health care decisions on your behalf.

Your advance directives will not take away your right to decide your current health care. As long as you are able to decide and express your own decisions, your advance directives will not be used. This is true even under the most serious medical conditions. Your advance directive will only be used when you are unable to communicate or when your physician decides that you no longer have the mental competence to make your own choices.



**ARE ADVANCE DIRECTIVES REQUIRED?** Advance directives are not required. Your physician or hospital cannot require you to make an advance directive if you do not want one. No one may discriminate against you if you do not sign one. Physicians and hospitals often encourage patients to complete advance directive documents. The purpose of the advance directive is for your physician to gain information about your health care choices so that your wishes can be followed. While completing an advance directive provides guidance to your physician in the event that you are unable to communicate for yourself, you are not required to have an advance directive.

**WHAT HAPPENS IF YOU DO NOT HAVE AN ADVANCE DIRECTIVE?** If you do not have an advance directive and are unable to choose medical care or treatment, Indiana law decides who can do this for you. Indiana Code § 16-36 allows any member of your immediate family (meaning your spouse, parent, adult child, brother, or sister) or a person appointed by a court to make the choice for you. If you cannot communicate and do not have an advance directive, your physician will try to contact a member of your immediate family. Your health care choices will be made by the family member that your physician is able to contact. The order of priority is:

1. A judicially appointed guardian of the person or a representative appointed by a probate court.
2. A spouse (unless legally separated or there is a pending petition for separation, dissolution, annulment, protective order, or no contact order [Indiana Code § 16-36-1-9.5])
3. An adult child
4. A parent
5. An adult sibling
6. A grandparent
7. An adult grandchild
8. An adult friend (special conditions apply)
9. The nearest other adult relative in the next degree of kinship not listed in 2 through 7

Note 1: If there are multiple individuals in any priority group and the group cannot achieve consensus, then a majority of the available individuals at the same priority level controls.

Note 2: You may disqualify one or more individuals. The disqualification must be in writing, designates those disqualified and signed by you [Indiana Code § 16-36-1-9].

### **WHAT TYPES OF ADVANCE DIRECTIVES ARE RECOGNIZED IN INDIANA?**

- Talking directly to your physician and family
- Organ and tissue donation
- Health care representative
- Living Will Declaration or Life-Prolonging Procedures Declaration
- Psychiatric advance directives
- Out of Hospital Do Not Resuscitate Declaration and Order
- Physician Orders for Scope of Treatment (POST)
- Power of Attorney

**TALKING TO YOUR PHYSICIAN AND FAMILY:** One of the most important things to do is to talk about your health care wishes with your physician. Your physician can follow your wishes only if he or she knows what your wishes are. You do not have to write down your health care wishes in an advance directive. By discussing your wishes with your physician, your physician will record your choices in your medical chart so that there is a record available for future reference. Your physician will follow your verbal instructions even if you do not complete a written advance directive. Solely discussing your wishes with your physician, however, does not cover all situations. Your physician may not be available when choices need to be made. Other health care providers would not have a copy of the medical records maintained by your physician and therefore would not know about any verbal instructions given by you to your physician. In addition, spoken instructions provide no written evidence and carry less weight than written instructions if there is a disagreement over your care. Writing down your health care choices in an advance directive document makes your wishes clear and may be necessary to fulfill legal requirements.

If you have written advance directives, it is important that you give a copy to your physician. He or she will keep it in your medical chart. If you are admitted to a hospital or health facility, your physician will write orders in your medical chart based on your written advance directives or your spoken instructions. For instance, if you have a fatal disease and do not want cardiopulmonary resuscitation (CPR), your physician will need to write a "do not resuscitate" (DNR) order in your chart. The order makes the hospital staff aware of your wishes. Because most people have several health care providers, you should discuss your wishes with all of your providers and give each provider a copy of your advance directives.

It is difficult to talk with family about dying or being unable to communicate. However, it is important to talk with your family about your wishes and ask them to follow your wishes. You do not always know when or where an illness or accident will occur. It is likely that your family would be the first ones called in an emergency. They are the best source of providing advance directives to a health care provider.

**ORGAN AND TISSUE DONATION:** Increasing the quality of life for another person is the ultimate gift. Donating your organs is a way to help others. Making your wishes concerning organ donation clear to your physician and family is an important first step. This lets them know that you wish to be an organ donor. Organ donation is controlled by the Indiana Uniform Anatomical Gift Act found at Indiana Code § 29-2-16.1. A person that wants to donate organs may include their choice in their will, living will, on a card, or other document. If you do not have a written document for organ donation, someone else will make the choice for you. A common method used to show that you are an organ donor is making the choice on your driver's license. When you get a new or renewed license, you can ask the license branch to mark your license showing you are an organ donor.

**HEALTH CARE REPRESENTATIVE:** A "health care representative" is a person you choose to receive health care information and make health care decisions for you when you cannot. To choose a health care representative, you must fill out an appointment of health care representative document that names the person you choose to act for you. Your health care representative may agree to or refuse medical care and treatments when you are unable to do so. Your representative will make these

choices based on your advance directive. If you want, in certain cases and in consultation with your physician, your health care representative may decide if food, water, or respiration should be given artificially as part of your medical treatment.

Choosing a health care representative is part of the Indiana Health Care Consent Act, found at Indiana Code § 16-36-1. The advance directive naming a health care representative must be in writing, signed by you, and witnessed by another adult. Because these are serious decisions, your health care representative must make them in your best interest. Indiana courts have made it clear that decisions made for you by your health care representative should be honored.

**LIVING WILL:** A "living will" is a written document that puts into words your wishes in the event that you become terminally ill and unable to communicate. A living will is an advance directive that lists the specific care or treatment you want or do not want during a terminal illness. A living will often include directions for CPR, artificial nutrition, maintenance on a respirator, and blood transfusions. The Indiana Living Will Act is found at Indiana Code § 16-36-4. This law allows you to write one of two kinds of advance directive.

**Living Will Declaration:** This document is used to tell your physician and family that life-prolonging treatments should not be used so that you are allowed to die naturally. Your living will does not have to prohibit all life-prolonging treatments. Your living will should list your specific choices. For example, your living will may state that you do not want to be placed on a respirator but that you want a feeding tube for nutrition. You may even specify that someone else should make the decision for you.

**Life-Prolonging Procedures Declaration:** This document is the opposite of a living will. You can use this document if you want all life-prolonging medical treatments used to extend your life.

Both of these documents can be canceled orally, in writing, or by destroying the declaration yourself. The cancellation takes effect only when you tell your physician. For either of these documents to be used, there must be two adult witnesses and the document must be in writing and signed by you or someone that has permission to sign your name in your presence.

**PSYCHIATRIC ADVANCE DIRECTIVE:** Any person may make a psychiatric advance directive if he/she has legal capacity. This written document expresses your preferences and consent to treatment measures for a specific diagnosis. The directive sets forth the care and treatment of a mental illness during periods of incapacity. This directive requires certain items in order for the directive to be valid. Indiana Code § 16-36-1.7 provides the requirements for this type of advance directive.

**OUT OF HOSPITAL DO NOT RESUSCITATE DECLARATION AND ORDER:** In a hospital, if you have a terminal condition and you do not want CPR, your physician will write a "do not resuscitate" order in your medical chart. If you are not in a hospital when an emergency occurs, the emergency personnel or the hospital where you are sent likely would not have a physician's order to implement your directives. For situations outside of a hospital, the *Out of Hospital Do Not Resuscitate Declaration and Order* is used to state your wishes. The *Out of Hospital Do Not Resuscitate*

*Declaration and Order* is found at Indiana Code § 16-36-5. The law allows a qualified person to say they do not want CPR given if the heart or lungs stop working in a location that is not a hospital. This declaration may override other advance directives. The declaration may be canceled by you at any time by a signed and dated writing, by destroying or canceling the document, or by communicating to health care providers at the scene the desire to cancel the order. Emergency Medical Services (EMS) may have procedures in place for marking your home, so they know you have an order. You should contact your local EMS provider to find out their procedures.

**PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST):** A "Physician Orders for Scope of Treatment" (also referred to as a POST form) is a direct physician order for a person with at least one of the following:

- An advanced chronic progressive illness.
- An advanced chronic progressive frailty.
- A condition caused by injury, disease, or illness from which, to a reasonable degree of medical certainty there can be no recovery and death will occur from the condition within a short period without the provision of life-prolonging procedures.
- A medical condition that, if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period the person would experience repeated cardiac or pulmonary failure resulting in death.

In consultation with you or your legal representative, your physician will write orders that reflect your wishes with regards to cardiopulmonary resuscitation (CPR), medical interventions (comfort measures, limited additional interventions or full treatment), antibiotics and artificially administered nutrition. You additionally have the option on the POST form to designate a "Health Care Representative" (see the section "Health Care Representative" above for additional information). Note that if you have previously designated a health care representative and you name a different person on your POST form, the person designated on the POST form replaces (revokes) the person named in the previous health care representative advance directive.

Information for Patients about POST can be found at:

<https://www.in.gov/IDOH/files/POST%20Form%20Information%20for%20Patients.pdf>

The Indiana POST form is available on the Indiana Post Form website:

<https://www.indianapost.org/wp-content/uploads/2018/10/2018-IN-POST-form.pdf>

The POST form must be signed and dated by you (or your legal representative) and your physician to be valid. The original form is your personal property, and you should keep it. Paper, facsimile (fax) or electronic copies of a valid POST form are as valid as the original. Your physician is required to keep a copy of your POST form in your medical record or if the POST form is executed in a health facility, the facility must maintain a copy of the form in the medical record. The POST form may be used in any health care setting. The Physician Orders for Scope of Treatment statute is found at Indiana Code § 16-36-6.

Executed POST forms may be revoked at any time by any of the following:

1. A signed and dated writing by you or your legal representative.
2. Physical cancellation or destruction of the POST form by you or your legal representative.

3. Another individual at the direction of you or your legal representative.
4. An oral expression by you or your legal representative of intent to revoke the POST form. The revocation is effective upon communication of the revocation to a health care provider.

**POWER OF ATTORNEY:** A "power of attorney" (also referred to as a "durable power of attorney") is another kind of advance directive. This document is used to grant another person say-so over your affairs. Your power of attorney document may cover financial matters, give health care authority, or both. By giving this power to another person, you give this person your power of attorney. The legal term for the person you choose is "attorney in fact." Your attorney in fact does not have to be an attorney. Your attorney in fact can be any adult you trust. Your attorney in fact is given the power to act for you only in the ways that you list in the document.

The document must:

1. Name the person you want as your attorney in fact;
2. List the situations which give the attorney in fact the power to act;
3. List the powers you want to give; and
4. List the powers you do not want to give.

The person you name as your power of attorney is not required to accept the responsibility. Prior to executing a power of attorney document, you should talk with the person to ensure that he or she is willing to serve. A power of attorney document may be used to designate a health care representative. Health care powers are granted in the power of attorney document by naming your attorney in fact as your health care representative under the Health Care Consent Act or by referring to the Living Will Act. When a power of attorney document is used to name a health care representative, this person is referred to as your health care power of attorney. A health care power of attorney generally serves the same role as a health care representative in a health care representative advance directive. Including health care powers could allow your attorney in fact to:

1. Make choices about your health care;
2. Sign health care contracts for you;
3. Admit or release you from hospitals or other health facilities;
4. Look at or get copies of your medical records; and
5. Do a number of other things in your name.

The Indiana Powers of Attorney Act is found at Indiana Code § 30-5. Your power of attorney document must be in writing and signed in the presence of a notary public. You can cancel a power of attorney at any time but only by signing a written cancellation and having the cancellation delivered to your attorney in fact.

**WHICH ADVANCE DIRECTIVE OR DIRECTIVES SHOULD BE USED?** The choice of advance directives depend on what you are trying to do. The advance directives listed above may be used alone or together. Although an attorney is not required, you may want to talk with one before you sign an advance directive. The laws are complex, and it is always wise to talk to an attorney about questions and your legal choices. An attorney is often helpful in advising you on complex family matters and making sure that your documents are correctly done under Indiana law. An attorney may be helpful if you live in more than one state during the year. An attorney can advise you whether advance directives completed in another state are recognized in Indiana.

**CAN I CHANGE MY MIND AFTER I WRITE AN ADVANCE DIRECTIVE?** It is important to discuss your advance directives with your family and health care providers. Your health care wishes cannot be followed unless someone knows your wishes. You may change or cancel your advance directives at any time as long as you are of sound mind. If you change your mind, you need to tell your family, health care representative, poser of attorney, and health care providers. You might have to cancel your decision in writing for it to become effective. Always be sure to talk directly with your physician and tell him or her your exact wishes.

**ARE THERE FORMS TO HELP IN WRITING THESE DOCUMENTS?** Advance directive forms are available from many sources. Most physicians, hospitals, health facilities or senior citizen groups can provide you with forms or refer you to a source. These groups often have the information on their web sites. You should be aware that forms may not do everything you want done. Forms may need to be changed to meet your needs. Although advance directives do not require an attorney, you may wish to consult with one before you try to write one of the more complex legal documents listed above.

Several of the forms are specified by statute. State specific advance directives are available at <http://www.caringinfo.org/files/public/ad/Indiana.pdf>. The following forms are available on: [www.in.gov/IDOH/25880.htm](http://www.in.gov/IDOH/25880.htm). Living Will Proclamation, Life-Prolonging Procedures Declaration, Out of Hospital Do Not Resuscitate Declaration and Order and Physician Orders for Scope of Treatment (POST).

**WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE IF I CHOOSE TO HAVE ONE?** Make sure that your health care representative, immediate family members, physician, attorney and other health care providers know that you have an advance directive. Be sure to tell them where it is located. You should ask your physician and other health care providers to make your advance directives part of your permanent medical chart. If you have a power of attorney, you should give a copy of your advance directives to your attorney in fact. You may wish to keep a small card in your purse or wallet that states that you have an advance directive, where it is located, and who to contact for your attorney in fact or health care representative, if you have named one.

**ADDITIONAL INFORMATION:** For additional information on advance directives, visit the Indiana Department of Health Advance Directives Resource Center located at [www.in.gov/IDOH/25880.htm](http://www.in.gov/IDOH/25880.htm). The site includes links to state forms, *Your Right to Decide* brochure, links to Indiana statutes and links to other websites.

The IDOH website contains a wealth of information about public health. Visit the IDOH Home Page at [www.in.gov/IDOH](http://www.in.gov/IDOH).

## SUMMARY OF ADVANCE DIRECTIVES

- You have the right to choose the medical care and treatment you receive. Advance directives help make sure you have a say in your future health care and treatment if you become unable to communicate.
- Even if you do not have written advance directives, it is important to make sure your physician and family are aware of your health care wishes.
- No one can discriminate against you for signing, or not signing, an advance directive. An advance directive is, however, your way to control your future medical treatment.
- This information was prepared by the Indiana Department of Health as an overview of advance directives. The Indiana Department of Health attorneys cannot give you legal advice concerning living wills or advance directives. You should talk with your personal lawyer or representative for advice and assistance in this matter.

## AGENCY POLICY ON ADVANCE DIRECTIVES

Our agency complies with the Patient Self-Determination Act of 1990, which requires us to:

- Provide you with written information describing your rights to make decisions about your medical care;
- Document advance directives prominently in your medical record and inform all staff;
- Comply with requirements of state law and court decisions with respect to advance directives; and
- Provide care to you regardless of whether or not you have executed an advance directive.

An ethics committee is available to serve in an advisory capacity when ethical issues, such as the withdrawal or withholding of life-sustaining treatments arise during the care of patients with or without an advance directive. Discussion shall involve the patient and/or designated representatives, the home care staff involved in the patient's care and the patient's physician.

Unless the physician has written a specific **Do Not Resuscitate (DNR)** order, it is our policy that every patient will receive cardiopulmonary resuscitation (CPR). If you do not wish to be resuscitated, you, your family or your Health Care Representative or Power of Attorney must request DNR orders from your physician. These orders are documented in your medical record and routinely reviewed; however, **you may revoke your consent to such an order at any time.**

## LANGUAGE ASSISTANCE SERVICES

Attention: Language assistance services are available free of charge. Please call your nurse or social worker at 574-243-3100.

### Spanish

Atención: Los servicios de asistencia lingüística están disponibles de forma gratuita. Llame a su enfermera o trabajador social al 574-243-3100.

### Chinese

注意：语言协助服务是免费提供的。请致电 574-243-3100 联系您的护士或社会工作者。

### German

Achtung: Sprachassistentendienste stehen kostenlos zur Verfügung. Bitte rufen Sie Ihre Krankenschwester oder Ihren Sozialarbeiter unter 574-243-3100 an.

### Arabic

تنبيه: تتوفر خدمات المساعدة اللغوية مجانًا. يرجى الاتصال بالممرض أو العامل الاجتماعي على 574-243-3100.

### Korean

주의: 언어 지원 서비스는 무료로 제공됩니다. 간호사나 사회복지사에게 574-243-3100으로 전화하십시오.

### Vietnamese

Lưu ý: Các dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí. Vui lòng gọi y tá hoặc nhân viên xã hội của bạn theo số 574-243-3100.

### French

Attention : Les services d'assistance linguistique sont disponibles gratuitement. Veuillez appeler votre infirmière ou travailleur social au 574-243-3100.

### Japanese

注意：語学支援サービスは無料でご利用いただけます。574-243-3100であなたの看護師またはソーシャルワーカーに電話してください。

### Dutch

Let op: Taalhulpdiensten zijn gratis beschikbaar. Bel dan uw verpleegkundige of maatschappelijk werker op 574-243-3100.

### Russian

Внимание: Услуги языковой помощи предоставляются бесплатно. Пожалуйста, позвоните медсестре или социальному работнику по телефону 574-243-3100.

### Punjabi

Dhī'āna dī'ō: Bhāśā sahā'itā sēvāvā mufata upalabdhā hana. Kirapā karakē āpa ī narasa jā sōśala varakara nū 574-243-3100'tē kāla karō.

### Hindi

dhyaan den: bhaasha sahaayata sevaen nihshulk upalabdh hain. krpaya apane nars ya saamaajik kaaryakarta ko 574-243-3100 par kol karen.



## Your Professional Home Health Staff

Nurse: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Home Health Aide: \_\_\_\_\_

Social Worker: \_\_\_\_\_



Center for  
Hospice Care

choices to make the most of life™

- Toll Free: 1-800-HOSPICE (1-800-467-7423)**  
Only within CHC's service area
- Elkhart Office**  
22579 Old US 20 East  
Elkhart, IN 46516  
**Phone: (574) 264-3321**
- Mishawaka Office**  
501 Comfort Place  
Mishawaka, IN 46545  
**Phone: (574) 243-3100**
- Plymouth Office**  
112 S Center Street,  
Suite C  
Plymouth, IN 46563  
**Phone: (574) 935-4511**
- La Porte Office**  
309 W Johnson Road  
Suite A  
La Porte, IN 46350  
**Phone: (219) 575-7930**