

# Patient and Family GUIDE TO HOSPICE CARE



**In case of emergency,  
call Hospice 24 hours a day**

**707-445-8443**

**Evenings and weekends you will reach  
our answering service  
and a nurse will contact you  
within 30 minutes.**



**Call (707) 445-8443**

- Symptom Problems
- Concerns
- Falls

**Before calling  or going to the hospital, call Hospice first!**

# Hospice of Humboldt Patient and Family **GUIDE TO HOSPICE CARE**

**In case of  
emergency  
call Hospice  
24 hours a day**

**(707)  
445-8443**

Evenings and weekends you will reach our answering service and a Nurse will contact you within 30 minutes. Keep your phone line free for that call.



3327 Timber Fall Court  
Eureka, CA 95503  
(707) 445-8443  
hospiceofhumboldt.org

## Your Care Team

**RN Case Manager** \_\_\_\_\_  
\_\_\_\_\_

**Visit Nurse** \_\_\_\_\_  
\_\_\_\_\_

**Social Worker** \_\_\_\_\_  
\_\_\_\_\_

**Chaplain** \_\_\_\_\_  
\_\_\_\_\_

**Hospice Aide** \_\_\_\_\_  
\_\_\_\_\_

**Patient Care Volunteer** \_\_\_\_\_  
\_\_\_\_\_

**Clinical Manager** \_\_\_\_\_  
\_\_\_\_\_

# Hospice of Humboldt Patient Care

Calendar for: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat



# Guide to Hospice Care

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## **SECTION 1**

# **WHAT IS HOSPICE?**

- ◆ **Hospice philosophy and team members**
- ◆ **Patient plan of care**
- ◆ **What is included in Hospice services**
- ◆ **How patient care volunteers can help your family**

## **What is Hospice? Hospice is a philosophy of caring...**

Your experience as a person who is dying will be unique in its challenges and rewards. For some of you, illness has forced you and your family to make many difficult decisions. For others, the normal aging process has brought you to the end of your life.

It is our goal to support you as an individual and to respect you and your family's values and beliefs. Your Hospice team will listen carefully to your wishes and honor them as best we can. We are committed to helping you maintain control over your life and your medical care, and prepare for death in your own way. It is important to us that you are able to live life with a sense of personal worth in the time remaining for you.

You may find that the most challenging part of facing your own death is your concern for your family and friends. You may also be grieving over the loss of future dreams, loss of control over your physical condition, changes in your relationships, and changes in the relationships between other family members. We hope we can ease some of these concerns.

All of the staff at Hospice of Humboldt hopes you and your family, friends and caregivers will use our services to the fullest. We are honored to be invited into your home at such an important and intimate time of your life. We are dedicated to ensuring that you will die in comfort, with dignity and a sense of peacefulness.

The Patient and Family Guide to Hospice Care is information patients and caregivers will want to know when working with the Hospice care team. We recognize that patients and caregivers collaborate in care choices, however to simplify the information that follows we address the information to caregivers.

## **24-hour On-Call Nurse**

A Hospice Nurse is on-call 24 hours a day for symptom management or emergencies. Do not call 911. If symptoms are not managed, call Hospice at 707-445-8443.

**PLEASE NOTE:** Normal business hours are 8:30 am to 5:00 pm seven days a week. If it is after normal business hours, the answering service will take your call and assess your needs. If you are told the On-Call Nurse will call back, leave your phone line free. The nurse will provide guidance by phone or make a visit, if necessary. If you do not hear back within 15 minutes, call Hospice again.



## In Case of a Medical Emergency

**In an emergency do not call 911  
Call Hospice at 707-445-8443**

Hospice staff will help you decide what to do when you feel you need immediate assistance, such as when a patient has a fall, severe shortness of breath or increased pain. We ask that you call the 24-hour hospice number rather than 911. We know this can be a difficult change if you are used to calling for an ambulance for help.

Every effort will be made to care for the patient at home. If we are unable to control our patient's symptoms at home, we can arrange for them to be directly admitted to the hospital or the Ida Emmerson Hospice House (IEHH) for symptom management. **This can avoid long stays in the emergency department and avoid additional medical expenses for your family.**

### Your Hospice Care Team

Your Hospice of Humboldt care team is an interdisciplinary team consisting of Nurses, Hospice Aides, Medical Social Workers, Chaplains, Bereavement Counselors, Volunteers, your Primary Care Physician (if the patient wishes), and the Hospice Physicians and Advanced Practice Clinicians supervised by the Hospice of Humboldt Medical Director. Your care team works together to address the patient's physical, emotional and spiritual needs and provides emotional, practical and spiritual assistance to family members. Each patient's individual needs determine how often each team member will visit.

The Hospice care team will schedule regular visits and a Nurse may visit in the case of an emergency. However, we do not stay in your home all day or night and we do not replace the patient's regular caregivers. We will teach caregivers how to take care of our patient and what to expect as the illness progresses. We will support and help our patients and their family at all times.

At the patient's request, their Primary Care Physician will be kept informed of their medical care provided by Hospice.

### NURSES

Hospice of Humboldt Nurses have extensive experience and training in pain control and symptom management. The nursing team consists of a Nurse Case Manager and Visit Nurses.

Your Nurses will manage medications and will provide whatever other medical care is needed. They also teach patients and their caregivers how to make patients comfortable.

Your Nurse Case Manager will be available during normal business hours for phone calls and some visits, and will coordinate the care provided by the Visit Nurses on your team.

The Nurse Case Manager may visit weekly to start with and more frequently as conditions change. The Nurse will also keep in touch by phone to check on how our patient is doing, and will communicate regularly with your physician.

An on-call Nurse is also available 24-hours a day by phone or to make a visit in case of an emergency.

## **MEDICAL SOCIAL WORKERS**

Hospice social workers provide emotional support to patients, family, and caregivers. They will also help your family understand how our patient's illness can affect a family emotionally, financially, and practically.

Social workers assist patients and families to access services provided by other agencies or government programs to ensure that needs are met.

## **HOME HEALTH AIDES**

Hospice aides provide personal care for our patients such as bathing, oral hygiene, and bowel care. They can teach caregivers how to safely and comfortably move our patient and care for their non-medical personal needs.

## **CHAPLAINS/SPIRITUAL CAREGIVERS**

Chaplains provide spiritual care for our patients and their family and they can help them explore issues that come up at this time such as questions about the meaning of life, death and relationships. This spiritual care is nondenominational and respects all beliefs without advocating any particular religion or belief system.

In addition, chaplains are available to perform rituals, administer sacraments, and facilitate connections with local clergy and other spiritual practitioners. If desired, Hospice chaplains can also facilitate or lead memorial or funeral services.

## **PATIENT CARE VOLUNTEERS**

Hospice Patient Care Volunteers are specially trained to be part of the care team. They can add to the comfort and quality of our patient's life by providing companionship, respite care,

and even help with family pets. They are also available to run errands, do light housekeeping, and other helpful tasks. All Patient Care Volunteers have screening background checks.

Volunteers are available to make regularly scheduled visits or can assist with special, short-term needs. They usually are scheduled for 2 to 4 hours a week. Volunteers may also be available on weekends.

Volunteers do not provide medical care or personal care, nor do they help move or lift patients. They are not available for extended periods of time. We encourage you to talk with your Hospice Social Worker if you want to explore the possibility of using our Patient Care Volunteer services.

## **PHYSICIANS**

The Hospice Medical Director oversees all medical care provided to our patients, and coordinates their care with other licensed medical providers. They consult with the Hospice of Humboldt care team on pain management, symptom control, and medication issues and they are available to make home visits when necessary.

## **GRIEF SUPPORT COUNSELORS**

Grief is a natural response to loss and frequently begins when someone learns of the terminal diagnosis and impending death. Hospice of Humboldt Grief Support Counselors are available to assist you with talking about your grief.

We know you may be very concerned about your loved ones and want you to know Hospice offers grief support, periodic mailings, and telephone calls to the families of our patients for thirteen months following their death. In addition, Hospice grief groups are available to friends and family and are facilitated by trained grief counselors and volunteers. Please ask your Hospice Social Worker about our bereavement services.

## **Our Patient's Plan of Care**

Hospice focuses on the goals and wishes of our patients and their family at all times. The Hospice care team, together with our patient and their family, will develop an individualized Plan of Care. The Plan of Care is a written document which outlines the actions the team will take to address patient and family concerns and goals. The Plan of Care will be updated as goals and needs change. All of the care provided will be consistent with this written Plan of Care.

# The Hospice Benefit

Hospice is paid for through the Medicare Hospice Benefit, Medi-Cal Hospice Benefit, and most types of private insurance. Veterans may be eligible for both VA coverage and the Medicare Hospice. Those with no health insurance may pay for our services themselves based on a sliding fee schedule which considers the family income. All patients and families receive exactly the same services, regardless of how they pay for our services.

## MEDICARE AND MEDI-CAL

Hospice of Humboldt is a licensed Medicare and Medi-Cal Hospice provider. We will bill Medicare or Medi-Cal directly for our services; there are no additional charges to the patient. We are paid a per diem rate, that is, we get the same fee for every day a patient is enrolled in Hospice care regardless of the specific set of services the patient receives.

## PRIVATE INSURANCE

Most private insurance policies cover Hospice services, though there may be a co-pay or deductible. It is important to continue to make regularly scheduled payments of your insurance premiums while on Hospice services. Our Patient Accounts Coordinator is available to work with you to ensure that you receive all private insurance benefits to which you are entitled.

## PATIENTS WITH NO INSURANCE

Patients with no insurance may pay for Hospice services themselves, according to a sliding fee scale based on family income. Hospice is paid a daily rate for services. No one is ever denied Hospice services because of their inability to pay.

## What is Included in Hospice Service?

### All patients enrolled in Hospice receive:

- medical services by Licensed Medical Providers,
- home visits from Nurses, Social Workers, Chaplains and Hospice Aides as needed and desired,
- medications related to the terminal illness,
- necessary medical equipment, such as hospital beds, wheelchairs, etc.,
- short stays in a hospital or the IEHH when necessary to provide respite to caregivers or to manage symptoms related to the terminal illness, and
- bereavement services to the family.

While a patient is receiving the Medicare Hospice benefit or other insurance, Medicare Part B and Part D or other health insurance programs may also continue to pay for:

- medical services by the patient's Primary Physician, and,
- medical care and medications unrelated to the terminal illness.

## **MEDICATIONS**

Hospice provides all of the medications for the patient's terminal illness that are necessary to make the patient comfortable. We use a "Preferred Drug List" to find the best medication or combination of medications. It may be necessary to switch the medications the patient was taking prior to enrolling in Hospice to an equivalent medication from our Preferred Drug List. If so, your Nurse will explain the difference to you.

Under special circumstances medications not on the Preferred Drug List may be prescribed to control the patient's symptoms. Please discuss any questions you may have regarding coverage of medications with your Hospice Nurse.

## **LEAVING AND RETURNING TO HOSPICE SERVICE**

Occasionally, a Hospice patient will stabilize or their prognosis will improve and they are no longer eligible for services. In that event, Hospice will discharge our patient with a plan for follow-up. A former Hospice patient can always be re-enrolled at a later date when they meet admission criteria.

Every patient also has the right to revoke or discontinue Hospice care at any time for any reason. There is no penalty to coming on and off of Hospice service. If you have questions about re-enrollment contact our Admissions Office. In some cases, a patient may need to have a visit by our medical provider before re-enrollment, but you can call our Admissions Department at 707-445-5042 to schedule this visit.

## **Feedback or Complaints**

Hospice of Humboldt makes every effort to immediately resolve concerns or issues that arise. If you have any concerns or questions about the medical care our patient is receiving, you are encouraged to address them with the Medical Social Worker or Nurse Case Manager caring for our patient. If there are still concerns, please call the Director of Patient Care Services at 707-445-8443. If you are not satisfied after speaking with the Director of Nursing, please contact the Chief Executive Officer at 707-445-8443. We will also send family members a satisfaction survey to gather feedback for improving our services.

Complaints can also be given anonymously through our complaint hot-line number at 707-267-9888. If your concerns are not resolved in five working days, you may wish to contact the Department of Public Health at 866-784-0703.

# How Patient Care Volunteers Can Help Your Family



Hospice Patient Care Volunteers receive specialized training in end of life care. All our patient volunteers receive screening background checks.

Volunteers are available to help patients and their families who are on Hospice service whether they live in their own residence or a facility, providing practical help and emotional support. You may request two to four hours of volunteer help a week. Volunteers may also be available on the weekend.

Volunteers can add to the comfort and quality of patient's lives through the following activities:

- **Companionship** – sitting with the patient and engaging in conversation; reading to the patient; visiting by telephone; joining a patient for lunch, shopping, or watching a movie
- **Caregiver respite** – staying with the patient while the caregiver takes a break
- **Errands** – shopping for groceries; picking up the mail; walking the dog; writing letters
- **Light housework** – doing laundry; vacuuming; washing dishes
- **Light meal preparation** – making snacks or simple meals
- **Garden/yard work** – watering the garden, yard, or flowers; mowing the lawn
- **Music** – performing live music or playing music of patient's choice
- **"Life Review"** – writing down or tape/video-recording the patient's history, fond memories, and life experiences
- **Enjoy mutual hobbies** – working together on art projects, crossword or picture puzzles; playing cards or board games
- **Pet Partner team visits** – visiting with a pet from the Pet Peace of Mind program

## **SECTION 2**

# **MEDICATIONS**

- ◆ **Controlled substance policy and procedure**
- ◆ **Medication box**
- ◆ **PRN medication log**
- ◆ **Use of syringe for medications**
- ◆ **Disposing of unused medications**
- ◆ **Sharps disposal**



## 12.21 Home Care Use and Disposal of Controlled Substances

### Policy

Hospice of Humboldt instructs patients/caregivers in the safe use and disposal of controlled substances in accordance with State and Federal regulations.

Position responsible: Director of Patient Care Services (DOPCS)

**Controlled substances** are defined as drugs that are regulated by state and federal laws that aim to control the danger of addiction, abuse, physical and mental harm, the trafficking by illegal means, and the dangers from actions of those who have used the substances. Such drugs may be declared illegal for sale or use, but may be dispensed under a physician's prescription.

### Procedure

1. At the time when controlled substances are first ordered, the Hospice Nurse will:
  - a. reviews hospice's written policies and procedures on the management and disposal of controlled drugs with the patient or patient representative and family
  - b. discusses the hospice's policies and procedures for managing the safe use and disposal of controlled drugs with the patient or representative and the family in a language and manner that they understand to ensure that these parties are educated regarding the safe use and disposal of controlled drugs
  - c. documents in the patient's clinical record that copies of policies and procedures for managing controlled drugs were provided (in patient handbook) and discussed
  - d. initiate Care Plan for management of controlled substances, including:
    - i. Narcotics to be counted and documented at each routine visit (i.e. Initial Visit, Comprehensive Visit, and subsequent Routine SNVs)
    - ii. Tracking tool(s) to be used by patient/caregiver to document doses and administration times, as appropriate (i.e. PRN Medication Log or Narcotics Tracking Form)
2. Patient/caregiver education regarding controlled substances may be in the form of written educational information on the safe use and disposal of controlled substances.
3. Ongoing education/information provided to the patient/caregiver related to controlled substances will be documented in the patient's clinical record.




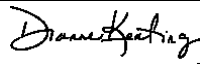
4. The hospice nurse identifies and documents any misuse of controlled substances and notifies the Hospice Physician (and patient's attending physician if there is one) and their Clinical Manager (or Director of Patient Care Services) for further intervention. Report of misuse should include the following information:
  - a. The name and location of the patient
  - b. The medication and quantity
  - c. How the suspected diversion was discovered
  - d. Any patient outcomes related to the suspected diversion
  - e. The name of person(s) suspected of diversion
5. A Medication Event Report form is completed for suspected or actual diversion of controlled substances and includes above information (4a-e).
6. The IDG, in consultation with the hospice physician (and patient's attending physician if there is one) determines the appropriate course of action, including reporting the diversion to appropriate authorities. Other corrective actions may include:
  - a. Inventory all controlled substance in the home/facility
  - b. Implement steps to safeguard medications:
    - i. Place a lockbox in the home
    - ii. Limit quantity dispensed
    - iii. Request bubble packing if applicable
    - iv. Alter medications routes as appropriate (i.e. switch to patch or pump)
    - v. Consider alternate locations for safe storage
    - vi. Increase visit frequency
    - vii. Ensure controlled substance counts and document at each visit
    - viii. Initiate medication administration record to be used in home to document all doses and times that controlled substances were administered
    - ix. If above interventions are not effective additional interventions may be necessary: notification of local authorities, alternate placement of the patient, and potential discharge from hospice services.

### **Disposal of Controlled Substances**

1. Controlled substances no longer needed by the patient are disposed of in compliance with State and Federal regulations and disposal instructions are clearly given upon admission (included in patient handbook).
2. Unused controlled substances are considered personal property and the patient's caregiver is responsible for appropriate disposal.
3. Controlled substances prescribed and used in the Ida Emmerson Hospice House (IEHH) are the responsibility of HOH, including drug disposal (see Policy 12.18 IEHH Controlled Substance Management).

## Associated Documents

None

12.21	Use and Disposal of Controlled Substances	Created	7/25/16
Responsible Director: Director of Patient Care Services		Last Policy Review/Revision	05/23/22
Chief Executive Officer: Dianne Keating			07/11/23
Policy Approved	Board of Directors		07/11/23
Reviewed By	n/a		

Last Procedure Review/Revision: 9/12/19	Responsible Director: Director of Patient Care Services	E signature of Director: 
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### MEDICATION BOX

Patient Name \_\_\_\_\_ HoH # \_\_\_\_\_ Date \_\_\_\_\_ RN \_\_\_\_\_

<b>Medicine</b>	<b>Morning</b>	<b>Noon</b>	<b>Evening</b>	<b>Bedtime</b>

**Any Questions? Call Hospice of Humboldt at (707) 445-8443**

### MEDICATION BOX

Patient Name \_\_\_\_\_ HoH # \_\_\_\_\_ Date \_\_\_\_\_ RN \_\_\_\_\_

Medicine	Morning	Noon	Evening	Bedtime

**Any Questions? Call Hospice of Humboldt at (707) 445-8443**

### MEDICATION BOX

Patient Name \_\_\_\_\_ HoH # \_\_\_\_\_ Date \_\_\_\_\_ RN \_\_\_\_\_

Medicine	Morning	Noon	Evening	Bedtime

**Any Questions? Call Hospice of Humboldt at (707) 445-8443**

### MEDICATION BOX

Patient Name \_\_\_\_\_ HoH # \_\_\_\_\_ Date \_\_\_\_\_ RN \_\_\_\_\_

Medicine	Morning	Noon	Evening	Bedtime

**Any Questions? Call Hospice of Humboldt at (707) 445-8443**

**Hospice of Humboldt  
Medication Log**

This is a log for "as needed" (PRN) medications. **It is important to record the date, time, and effectiveness of PRN medications to help ensure effective symptom management.** Any questions? Call Hospice of Humboldt at (707) 445-8443.

<b>Date/Time Given</b>	<b>Medication Name</b>	<b>Dose</b>	<b>Symptom/Pain Level prior to Medication</b>	<b>Symptom Relief/Pain Level after Medication</b>





# Use of Syringe for Medications



PATIENT NAME: \_\_\_\_\_

Date: \_\_\_\_\_ HoH #: \_\_\_\_\_

Medication: \_\_\_\_\_

This liquid medication is to be administered by using the syringe provided.

**Please note:** *The calibrations on this syringe are different than on other syringes also used for liquid medication.*

If you have any questions regarding this medication, please contact Hospice of Humboldt at 707-445-8443.

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# Disposing of Unused Medications

Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Hospice of Humboldt staff is prohibited from disposing of your medications for you, but there are disposal bins in our community that can take unused or expired medications. They accept controlled substances, like prescription pain killers. Call DHHS Healthy Communities for more information: 707-268-2132

## Safely dispose of medication at the following locations:

### Ring's Pharmacy

362 Main St.  
Ferndale, CA 95536  
707-786-4511

### Green's Pharmacy

906 Main St.  
Fortuna, CA 95540  
707-725-4431  
liquids & inhalers –okay

### Redwood Community Pharmacy

1567 City Center Rd.  
McKinleyville, CA 95519  
707-633-4884  
no liquids

### Arcata Police Department

736 F St.  
Arcata, CA 95521  
707-822-2428

### Barnes Arcata Family Drug

1080 G St.  
Arcata, CA 95521  
707-822-2496

### Humboldt County Sheriff's Office

826 Fourth St.  
Eureka, CA 95501  
707-445-7251

### Eureka Police Department

604 C St.  
Eureka, CA 95501  
707-441-4060



***These bins help keep communities, waterways, and wildlife***

#### **DIRECTIONS TO PREPARE MEDICATIONS FOR DISPOSAL:**

- Remove medications from containers
- Place them in sealed or zipped plastic bags
- Drop them into the bin
- Do not drop off sharps (needles, syringes, Epi-Pens)

**For sharps disposal information, see next page**

Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous to someone else.

Medications should not be discarded in the trash or flushed down the toilet.

**When in doubt about proper disposal, talk to a member of your Hospice of Humboldt care team.**

# ATTENTION:

## FREE HOME-GENERATED SHARPS DISPOSAL



Disposing of medical sharps (needles) in trash or recycling bins pose a serious safety risk to sanitation and recycling workers. Please dispose home-generated sharps responsibly at drop off sites listed below during open hours. This is a free service sponsored by Humboldt Waste Management Authority (HWMA). Businesses do not qualify for this residential program and should call a certified medical waste hauler directly.

Medical sharps should be packaged in a RED BIOHAZARD SHARPS CONTAINER. The red container shown above is representative and comes in a variety of sizes and shapes. They are available at many local pharmacies and medical supply outlets. HWMA also has free sharps containers for residents, while supplies last. Call HWMA with program details at 707-441-2005.

### **HWMA Transfer Station & Hazardous Waste Facility**

1059 W. Hawthorne Street, Eureka

### **Fortuna Resource Recovery**

965 Riverwalk Drive, Fortuna

### **Palco Pharmacy**

113 Main Street, Scotia

### **Humboldt Sanitation**

2585 Central Avenue, McKinleyville

### **Redway Transfer Station**

Conservation Camp Road, Redway



## **SECTION 3**

# **PATIENT CARE & SAFETY**

- ◆ **Basic information about pain and methadone**
- ◆ **Pain assessment scales**
- ◆ **Managing constipation**
- ◆ **Troubled breathing**
- ◆ **Terminal agitation**
- ◆ **Safety considerations**
- ◆ **Caregiver guide for repositioning patients**
- ◆ **General hygiene for the home**
- ◆ **Patient skin care**
- ◆ **Emergency Planning**

# Basic Information About Pain and Methadone

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Pain can be divided into two types: somatic pain which is caused by soft tissue or internal organ injury, and neuropathic pain which is caused by injury to nerves. Each type of pain responds differently to methadone and opiates.

Somatic pain is usually described as aching, as when a muscle is stretched too far or one has exercised too long. Pain experienced when a cut occurs on the skin is somatic pain. Neuropathic pain is usually described as a feeling of burning, coldness, numbness or itchiness. It is also described like sensations of an electric shock or pins and needles.

Our bodies have receptors that allow our body to respond to pain medications. Methadone works with all receptors while other medications only work with some of the receptors. Methadone has a pain-relieving effect of 8-10 hours and results in the need for fewer doses than opiates each day to manage pain.

Methadone slowly builds up in the body and may take 5-7 days for levels to fully impact pain. During this time, you will be monitored closely by the Hospice team for side effects. As a Hospice patient, a nurse is available for questions 24 hours a day.

Opiates, such as morphine, are often used with Methadone because opiates act on pain very quickly. Opiates also break down in the body and produce metabolites which may result in restlessness, hallucinations, tremors and drowsiness. Methadone does not produce metabolites and is easier for the liver to process.

## **Side Effects**

These solutions might taste bitter to a patient. One or two drops of peppermint or vanilla extract in the container will not affect the dose but can make it more palatable.

Many people have reported a decrease in the side effects of opiates with methadone usage.

Common side effects of opiates are constipation, nausea, vomiting, itching and difficulty breathing. You may be asked to follow a specific bowel routine to prevent constipation. It should be followed closely and any problems reported to your nurse.

## **What to Tell Your Hospice Team**

- It is important that your Hospice team knows what medications you are using:
  - There are a number of medications that may interact with methadone and you will be monitored for possible reactions. Hospice has a pharmacist available to assess potential interactions and give us recommendations.
  - Methadone and opioids add to the effects of alcohol or other central nervous system depressants such as antihistamines, sedatives, tranquilizers or sleeping medication.
- The team should also know if you have heart rhythm problems or a family history of heart problems.

## **When to Contact Hospice**

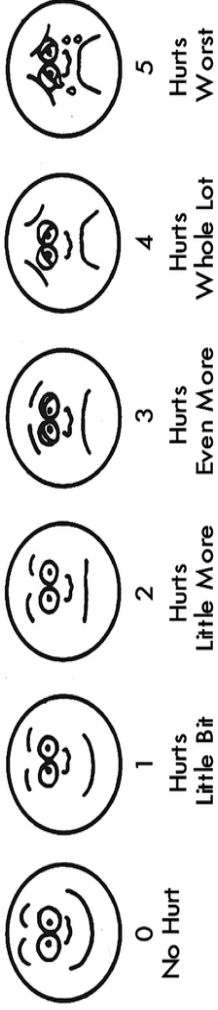
- If you feel dizzy or faint, have a fast, pounding or uneven heartbeat notify Hospice right away.
- Dizziness, lightheadedness or fainting may occur if you get up too quickly from a sitting or lying down position so you should change positions slowly.
- If you have been using methadone for several weeks or more, do not suddenly stop taking it without checking with Hospice for the appropriate manner in which to discontinue the drug.

**A Hospice nurse is available 24/7.**  
Call 707-445-8443 for assistance.

### Pain Severity Assessment Scales

Pain Assessment in Advanced Dementia PAINAD

This pain assessment tool should be used for all patients unable to speak or otherwise communicate their pain level.



0 None    1 Annoying    2 Uncomfortable    3 Distressing    4 Horrible    5 Unbearable

	0	1	2	3	4	5	6	7	8	9	10	Score
<b>Breathing</b> Independent of vocalization						Occasional labored breathing. Short period of hyperventilation			Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations			
<b>Negative Vocalization</b>		Normal	None			Occasional moan or groan. Low level speech with a negative or disapproving quality			Repeated troubled calling out. Loud moaning or groaning. Crying			
<b>Facial Expression</b>			Smiling or inexpressive			Sad Frightened Frown			Facial grimacing			
<b>Body Language</b>			Relaxed			Tense Distressed pacing Fidgeting			Rigid. Fists clenched. Knees pulled up. Pushing or pulling away. Striking out.			
<b>Consolable</b>			No need to console			Distracted or reassured by voice or touch			Unable to console, distract or reassure			

**TOTAL SCORE**  
 Mild pain = 0-3  
 Moderate pain = 4-6  
 Severe pain = 7-10

# MANAGING CONSTIPATION



## WHAT IS CONSTIPATION?

Bowel movements occurring less often than what is the normal pattern.

- Hard stool
- Increased difficulty moving bowels

## When your Hospice of Humboldt team asks, tell them about ...

- Change in the frequency or consistency of bowel movements
- No improvement of constipation/diarrhea after use of as needed medication
- Abdominal pain, cramping, tenderness, fullness, or bloating
- Diarrhea or oozing stools
- Blood in stools

**The good news is that you, your caregiver, and the hospice care team can help relieve constipation!**

The team will try to discover the underlying causes and discuss best possible treatments.

## HOW YOU CAN HELP:

- Record when the bowel movements have occurred so patterns can be identified.
- Record bowel medications used on the Bowel Movement Record provided.
- Drink as much fluid (liquids) as is comfortable. Drinking warm liquids may promote bowel movement.
- Eat more fruits and fruit juices, including prunes and prune juice.
- Increase physical activity if possible. Walking can be beneficial.
- Take laxatives/stool softeners as ordered by healthcare provider.
- Sit upright on toilet, commode or bedpan.
- Establish routine times for toileting.
- Avoid bulk laxatives if not taking enough fluids.
- Notify hospice/palliative care team if constipation continues.

# Troubled Breathing (Dyspnea)



## What is troubled breathing, or “dyspnea”?

When someone feels like they can't get enough air, and are uncomfortable.

- Can be different for everyone, but some may say it “feels like I can't catch my breath.”

## When should I call Hospice for help with troubled breathing?

- When it causes fear, anxiety, nervousness or restlessness.
- When they tell you it's bothering them, or they look uncomfortable.

## What is normal end-of-life breathing?

- Breathing that looks fast, slow, uneven, or has long pauses is normal
- Bluish color of the face, ears, nose, fingers or toes.
- Fluid collects in the back of the throat and even though it may sound very distressing, sometimes placing your loved one on their side helps with the sound.
- The sound of the fluid can be difficult to hear, sometimes people want to try suctioning to remove the fluid, but this can be hard on your loved one, as it causes gagging and irritation.
- Medications are available to help dry up the fluids but they can cause confusion, dry mouth, and trouble urinating.

**Please call Hospice of Humboldt if these tips have not helped ease breathing, anxiety, or discomfort.**

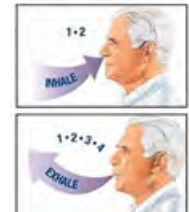
**We are here for you by phone 24/7, please call 707-445-8443.**

## Things that may help:



- Sit up in a chair or recliner, or if lying in bed, prop head up on pillows or raise head of bed.
- Try leaning over a table while sitting on the side of the bed.

- Take slow, deep breaths, in through the nose, and blowing out through puckered lips, like when you're trying to whistle.



- Open windows or use a fan to move air around.
- Apply a cool cloth to the head or the neck.



- Avoid smoking and smoky areas.
- Use oxygen, inhalers, or breathing treatments that the doctor may have ordered.



- Keep the space quiet, try to rest.

*Shhh...*

- Use the medicine the doctor ordered.



- Try relaxing activities like prayer, music, and massage.





# Terminal Agitation



Terminal agitation is a common symptom in dying patients. The patient can suddenly and unexpectedly become agitated, restless and appear to be confused. It is generally a result of organ systems shutting down and dehydration. This can last 2 to 3 days and cause distress to the caregivers at a very overwhelming time.

## Physical Signs of Terminal Agitation

- Constant motion such as:
  - Tossing and turning
  - Trying to get out of bed
  - Repetitive picking motions
  - Pulling at clothes and blankets
  - Fidgeting
  - Pacing
- Striking out by hitting or kicking
- Yelling out
- Muscle twitching

## Behavioral Signs of Terminal Agitation

- Increased confusion
- Inability to concentrate or follow conversations
- Irritability
- Mumbling, incoherent speech
- Pulling at medical devices or equipment such as catheters, CADD pump lines, oxygen tubing, or dressings.
- Visions\* patient sees and/or hears things that others don't
- Hallucinations\*

\* Visions have context and bring comfort. Hallucinations do not have context, are frightening, anxiety provoking, and cause distress.

## Managing Terminal Agitation

*Maintain a safe environment to minimize risk*

- Keep bed low and consider side rails
- Keep items close to patient to eliminate reaching too far and falling
- Remove clutter and obstacles
- Use a bed alarm or room monitor

## Other things that might help

- A calm and peaceful atmosphere
- Soft music, dim lights
- Speaking quietly
- Playing their favorite music or sounds
- Offer support with touch and words such as "I am right here with you"
- Do not argue with their reality or confusion, it may agitate them further
- "Enter their world"
- Give medications as instructed by the Nurse
- Call hospice if needed

## How Hospice can help

The care team can help manage pain and other symptoms that may cause restlessness and irritability. Hospice can also try to support you and your needs.

**For any questions or problems call Hospice of Humboldt at (707) 445-8443**

## Resource:

Video: Martha Atkins - *More to dying than meets the eye*. Go to: <https://youtu.be/vg8WAv0YT9c>

## Safety Considerations

In this section we describe some potential problems that could arise when a dying person is being cared for at home, and give suggestions for reducing the risks.

### **FALLS**

As the patient gets weaker or becomes confused, the danger of falling increases. Here are some suggestions to reduce the likelihood of falls.

- To reduce the need for the patient to get up, keep commonly used items within reach of their bed or chair, including tissues, eyeglasses, beverages, and telephone.
- Put a high toilet seat extender on top of the toilet or place a safety frame around the toilet. Or set a bedside commode or urinal near the bed. Your Hospice nurse can have a commode delivered to your home.
- Place a bell beside the bed or chair so your loved one can ring when they need assistance getting up. As the dying person's voice becomes weaker it will be easier for you to hear the bell than their calling.
- Suggest the patient sit in a chair with armrests, as this will make it easier for them to get out of the chair.
- Keep a night light on in the patient's room and in the bathroom and make sure all rooms are well lit when the patient is up and about.
- Have handrails installed on all stairways and steps if possible.
- Provide the patient with shoes or slippers with rubber soles to avoid slips.
- Remove clutter and take up throw rugs that may cause the patient to stumble.
- Provide the patient with a mobility aide such as a cane or walker. Walk behind the patient and place your hands on their hips to provide added balance.
- Have grab bars installed in the bathtub, shower and near the toilet if possible.
- Place a shower mat and a shower stool inside the tub or shower so the patient can sit while bathing.
- If the patient is using a hospital bed, keep the bed in the low position except when care is being given; raise the bed to protect your back.
- Side rails on the hospital bed may be a useful reminder to the patient to call a family member for help in getting up, but if the patient is confused or agitated they may cause more harm than good as the patient can get tangled in the rails or try to climb over the top of them.
- Above all, check on your loved one every hour or so to see if they need any assistance. A confused or agitated person may require constant supervision to reduce the risk of falls. A baby monitor can help you hear when your loved one needs you.

If your loved one starts to fall, do not injure yourself trying to prevent the fall. If the patient has fallen, do not try to get them up without help. Place a pillow under their head and a blanket over them, and call for assistance from another caregiver, or call your Hospice nurse. Do not call 911, call Hospice at 707-445-8443.

## **INFECTION CONTROL**

Please refer to our "General Hygiene for the Home" handout and ask any member of your team if you have specific concerns. Occasionally an infection will require special procedures and your nurse will explain those in detail.

## **SMOKING**

Some people continue to smoke even while dying. Sedated, confused or bedridden people need to be supervised while smoking to avoid burns or starting a fire. Never allow anyone to smoke near oxygen, and keep all oxygen away from any flame. Never leave matches or lighters near a patient whose judgment is clouded by disease or medications.

## **USING OXYGEN**

Safe practices will be explained by the company delivering your oxygen equipment.

- All sources of oxygen, including concentrators, should be at least 3 feet away from any electric appliance or source of heat.
- Oxygen by cylinder should not be used in rooms with open fireplaces, wood-burning stoves or other open sources of flame.
- Cylinders should be on carriers or strapped in a stationary way to prevent tipping. When oxygen in cylinders is not in use, the main valve should be tightly closed.

## **OTHER SAFETY CONSIDERATIONS**

If the patient or anyone else in the home is confused, depressed or suicidal, please discuss the situation with your Hospice social worker or nurse. In these situations, we recommend removing all guns, weapons and ammunition from the home.

- Be sure to keep all medications out of reach of children. Always store medications in their original containers to prevent any confusion.
- If you have concerns about keeping medications safe and secure, please ask a member of your Hospice care team for suggestions.

## **IN THE EVENT OF A DISASTER OR COUNTYWIDE EMERGENCY**

In the event of a natural disaster or emergency, such as an earthquake, flood, or flu epidemic, be assured that we will make every possible effort to contact you as soon as possible to evaluate your needs and implement a plan to meet them. In case of a large-scale disaster, your regular Hospice care team may not be able to keep previously scheduled visits. However, someone will contact you as soon as possible to help assess your needs.

If you are using oxygen, the company that supplies the oxygen will try to contact you to assess your needs and make a plan to meet your needs.

If you must evacuate, try to contact the Hospice office to let us know where you are going. Take all of your medications and supplies with you if at all possible. Do not go to the hospital for assistance, but follow directions provided by Hospice or by the Public Health Department to find the nearest alternate care site.

Additional General Emergency Planning information follows at the end of this section.

## Caregiver Guide for Repositioning Patients

To ensure your safety and the comfort of your patient, please review this guide when repositioning your patient.

Your Hospice Nurse and Aide will also give you instructions as needed during their visits and they are available for ongoing assistance by calling 707-445-8443.

### **Stretch Your Back and Legs Daily**

As your patient becomes weaker, it becomes more necessary for you to do some of the physical work of moving them, either transferring, turning, or positioning. It is important for you to do those actions properly to prevent injury to you. Here are some tips to help prevent injury to you:

- Maintain proper posture while you are sitting, standing, and sleeping -- it is an important part of keeping your back pain-free.
- Continue with your exercise routine if you have one. If you are not a regular exerciser, spend a few minutes each day stretching your legs and back prior to doing any physical work.

### **Some simple stretches are:**

- Stand and place your hands on your lower back. Then lean backward, without tipping your head backward.
- Stretch your hamstrings, which are the muscles in the back of your thigh, as follows.

- Sit in a chair or stand and lean against something sturdy. Lift one leg up, hold your thigh and straighten your leg. Repeat with the other leg.
- Sit and slowly bend your chest down to your thighs to stretch your back muscles and unload the joints at the base of the spine.

### **Lift and Transfer Properly**

It is always best to do lifting and transferring with the assistance of another person. However, that is not always possible. Here are some tips to prevent injury to you:

- Always bend at the knees, never at the waist.
- Make sure your footing is secure.
- Have the chair or bed as close to the transfer goal as possible.
- Place your arms around the patient's chest and if possible, lock your hands behind their back. Have them put their arms around you outside of your arms, never around your neck. Hold the person close to you, lean back, shift your weight to your legs and pivot toward the chair or bed on which you wish to place the patient.

## Caregiver Guide for Repositioning Patients

### **To Turn and Reposition a Bedbound Person**

You should turn and reposition a bedbound person every two to three hours to prevent skin breakdown and to maintain general comfort. In addition to a head pillow, two to five pillows or rolled blankets should be available to use to prop and align your patient.

The use of a draw sheet or pull sheet will allow you to more easily turn your patient if no one is available to assist you. To make one, place a small sheet or folded flat sheet over the bottom sheet in the middle of the bed and under your patient; this will allow you to reposition your patient by pulling on this sheet.

1. To turn your patient, all pillows should be removed but kept within easy reach.
2. If the patient is lying flat in bed, place one hand on their shoulder and one hand on their hip, log roll them toward you.
3. If your patient is on their side, gently pull them to the flat position and then log roll toward you.
4. Place a pillow under your patient's head and one behind their back under the draw sheet to keep them propped on their side.
5. Flex your patient's knees and place a pillow between their legs and ankles. Place a pillow under their top arm if appropriate.
6. This is a good time to massage your patient's back and sides with a soothing lotion, if they wish, and observe for areas of redness on the bony prominences. Pay special attention to any areas of redness you note by gently massaging the skin.

Contact your Hospice Nurse or Hospice Aide for instructions or more information, as needed.

# General Hygiene for the Home



When caring for someone who is ill, it is important to prevent the spread of germs and bacteria which can cause infections and further complicate the patient's condition. The following are guidelines for caregivers to protect both themselves and their patients from infection transmission.

## Personal Items and Cleanliness

- Personal items, such as tooth brushes, razors and enema equipment, should not be shared.
- Maintaining a state of personal cleanliness is the key to reducing infection transmission from person to person. This includes bathing regularly, washing hands after use of bathroom facilities or contact with one's own body fluids, and before and after preparing food.

## General Housekeeping

Proper housekeeping and hygiene practices are other important components of a good infection control program.

Some guidelines include:

- Good practices (not spilling excrement on toilet seats, and cleaning bathroom and kitchen regularly), provide an environment that is safe for everyone.
- A disinfectant wipe such as Lysol, Clorox, PineSol, or household bleach mixed 1 part bleach to 10 parts water should be used to clean floors, toilet bowl, tub, shower, sink, countertops and obvious soiled furniture. Gloves should be worn when doing these tasks.

- Sponges and mops used to clean up body fluid spills should not be rinsed out in the kitchen sink or used where food is prepared.
- Dirty mop water should be poured down the toilet rather than the sink.
- Keep rooms well aired to decrease the risk of colds, flu and other airborne communicable diseases.
- As infectious organisms may be found in animal wastes, bird cages, cat litter boxes and fish tanks should be maintained by someone other than a person with AIDS/HIV disease or other causes of immune-suppression.
- Humidifiers and air conditioners can harbor infectious organisms. These should be cleaned and serviced regularly.

## Waste Disposal

Appropriate waste disposal is necessary to prevent transmission of infectious agents.

Guidelines include:

- Flushable waste—Body wastes are flushed down the toilet.
- Non-flushable disposables—Non-flushable items heavily contaminated with blood or body substances should be placed in a leak-proof plastic bag tied securely at the neck. This bag then should be placed in a second bag to provide extra strength and protection against breakage and spillage before discarding in the trash with the rest

## General Hygiene for the Home

### Handling Laundry

The proper handling of laundry is also an important measure of infection control prevention. Guidelines include:

- Towels and wash cloths should not be shared between different users without laundering.
- Wear gloves when handling soiled linen.
- Wash soiled clothing and linens as promptly as possible. Ideally, they should be machine washed in hot (160 degrees Fahrenheit) soapy water. If appropriate (for colorfast material), a cup of bleach may be added to the water.
- If a washing machine is not available, soiled linens should be soaked in cold water containing bleach (1:10 dilution) for 15-20 minutes (to lift stains). Wearing gloves, work out the stain. Rewash with hot soapy water, preferably at a laundromat.
- Commercial or home clothes dryers are the preferred method of drying linens. If not available, air-dry linens, preferably in the sun.

### Kitchen/Food Preparation

Proper kitchen/food preparation is an essential component to prevent infection. Guidelines include:

- Hand washing: The key to safe preparation is good hand washing prior to touching food.
- General hygiene: "Tasting" food during cooking should be done with a new, clean spoon each time.
- Cleaning kitchen: Counters, sinks and floors in the kitchen should be free from food particles and cleaned with a disinfectant regularly. Cutting boards should be cleaned after each use.
- Refrigerator: The interior of the refrigerator should be cleaned regularly with soap and warm water to control molds.
- Food freshness: Observe expiration dates and general freshness of food. Do not use cracked eggs due to the likelihood of Salmonella contamination.
- Food storage: Store open packages of food (e.g., sugar) in covered containers to discourage infestation.
- Food preparation: Pork, poultry and eggs should be thoroughly cooked before eating. Porous (e.g., wood) cutting boards used for poultry should not also be used for fruits and vegetables.
- Dishes/Utensils—An automatic dishwasher is the method of choice for adequate sterilization of dishes/utensils. However, if a dishwasher is not available or affordable, hand wash dishes/utensils in hot soapy water. The water should be hot enough to require the use of lined gloves. Allow dishes to air dry. Known infected persons do not need separate dishes or utensils provided they are washed as described.
- Sponges: Sponges used to clean in the kitchen should not be used to clean bathrooms and body fluid spills.
- Special considerations for a person with AIDS/HIV disease: Avoid unpasteurized milk and milk products since they have been associated with Salmonella infections.
- Fresh fruits and vegetables should be washed thoroughly, even if raised organically.

# Patient Skin Care



It is important to take special care of a Hospice patient's skin, because bed sores or pressure-caused skin ulcers can develop when a patient is bed bound. The areas that receive the most pressure from prolonged sitting or lying include the tailbone, hip bones, spine, heels, back of the head, backs of the ears, shoulders, elbows, and inside the knees.

Check your patient's skin condition at every opportunity and note any reddened areas, especially at the pressure points described above.

If you find reddened areas:

- Do NOT use a donut or ring-shaped cushion; they interfere with blood flow to the area and may cause complications.
- Do NOT massage skin near or on an open area or ulcer of the skin.
- Changing the patient's position frequently relieves pressure on backs, buttocks and hips. Having four pillows available is helpful for propping your patient and proper body alignment of the patient. If pillows aren't available, rolled up soft blankets can be used.
- Patients should be turned and repositioned every two hours if possible. Provide pain medication as ordered if pain is an issue when turning the patient.
- Draw sheets, sometimes called lift sheets, can be used to assist with frequent positioning of the patient. This will prevent skin shearing (folded skin caused by the friction of sliding across a surface) which can lead to skin ulcers. Using a draw sheet will also protect bottom linens from soiling.
  - Use a standard twin sheet folded in half, or a double bed sheet folded in quarters.
  - Draw sheets can be purchased at medical supply houses, and many have a thin layer of rubber that helps protect bottom linens from being soiled. Disposable paper/plastic under pads work well for protecting linen.
  - Draw sheets should be positioned on the bed from the patient's back to mid-thigh.
  - Keep wrinkles in the sheets to a minimum as they can cause additional pressure to the skin.
- The incontinent patient requires special attention to the genitalia. Disposable wipes are helpful if available, but clean washcloths work as well.
- Use of a foot cradle to lift top sheets and blankets off of the patient's feet and toes can be comfortable for the patient as well as prevent skin breakdown on the toes. A folded pillow or a large cardboard box can also be used to prevent sheet and blankets from resting on the feet.

If you have questions or concerns about your patient's skin or these skin care tips, please talk to your Hospice nurse.

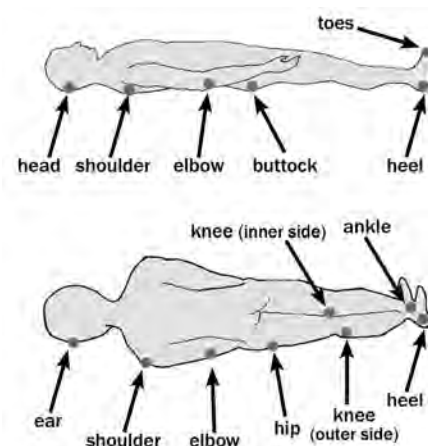


Illustration: Common Pressure Points



# Emergency Planning

If there is an emergency situation in the county, Hospice personnel will attempt to contact you to determine your need for assistance. We are also providing the following information for general family emergency planning.

**Medical Emergency Supplies:** For your safety and comfort, have medical and general emergency supplies to last at least seven days. They should be packed and ready in an easy-to-carry container, such as a backpack or duffel bag. Make sure your bag has an ID tag and label any equipment, such as wheelchairs, canes or walkers that you need. Use the following checklist to get your emergency supplies started:

- Cellphone and extra chargers
- Prescription medicines, list of medications and dosages, list of allergies, first-aid kit
- Extra eyeglasses and hearing-aid batteries
- Extra wheelchair batteries, oxygen
- List of the style and serial numbers of medical devices, such as pacemakers
- Medical insurance and Medicare cards
- List of doctors, relatives or friends to notify if you are injured
- Battery-powered radio and flashlight with extra batteries for each
- Change of clothing, rain gear, and sturdy shoes
- Blanket or sleeping bag
- Extra set of keys
- Cash and credit cards
- Personal hygiene supplies
- Phone numbers of local and non-local relatives or friends
- Other insurance contact information (e.g. car, home)

It may not be necessary to evacuate, or you may be ordered to stay in your home. If this happens, you will need in addition to the above items:

- One gallon of water **per person per day**. Remember, plan for at least seven days. Store water in sealed, unbreakable containers that you are able to handle. Identify the storage date and replace every six months.
- Non-perishable food supply (including any special foods you require). Choose foods that are easy to store and carry, nutritious and ready-to-eat. Rotate them regularly.
- Manual can opener you are able to use
- Non-perishable food for any pets

## **Be prepared to go to a shelter if**

- Your area is without electrical power
- There is a chemical emergency affecting your area
- Flood water is rising

- Your home has been severely damaged
- Police or other local officials tell you to evacuate

### **If you need to evacuate**

- Coordinate with your care provider for evacuation procedures
- Try to car pool if possible
- If you must have assistance for special transportation call Hospice or the local authorities.
- Wear appropriate clothing and sturdy shoes
- Take your disaster supplies kit
- Lock your home
- Use the travel routes specified by local officials. Don't take any short cuts, they may be unsafe
- Notify shelter authorities of any needs you may have. They will do their best to accommodate you and make you comfortable

### **If you are sure you have enough time**

- Shut off water, gas, and electricity if instructed to do so and if you know how. Gas must be turned back on by a professional
- Let others know when you left and where you are going
- Make arrangements for pets. Animals other than working animals may not be allowed in public shelters

## **RESIDENTIAL FIRES**

Plan two escape routes out of each room. If you cannot use stairways, make special arrangements for help in advance. Never use elevators. Sleep with the bedroom door closed, as this gives you extra minutes of protection from toxic fumes and fire. Vacuum your smoke detector occasionally to remove dust, and test the battery regularly. As a reminder, change batteries on the same day each year.

### **In case of fire:**

- Remain calm.
- Drop to the floor and crawl. Most fire fatalities are due to breathing toxic fumes and smoke; the cleanest air is near the floor.
- Feel any door before you open it. If it is hot, find another way out.
- If your smoke detector goes off, do not waste time getting dressed or collecting valuables or pets. Get out of the house immediately.
- Do not try to fight the fire. Call for help from a neighbor's phone.
- Never go back into a burning building for any reason.
- If your clothes catch on fire, drop to the floor and roll to suffocate the fire. Do not run; this will fan the flames and makes them worse.
- If you are in a wheelchair or cannot get out of your house, stay by the window near the floor. If you are able, signal the need for help.

## **SECTION 4**

# **FOR CAREGIVERS**

- ◆ **Self-care for caregivers**
- ◆ **Feelings of grief before a loss occurs**
- ◆ **Tools to help you with grief and sadness**
- ◆ **Death and grieving - notes for care providers**

# Self-Care for Caregivers



## Take Good Care of Yourself

To best help another, a caregiver must first be sure they are taking good care of themselves – physically, emotionally, socially, and spiritually. It is important to create a balance between your own needs for rest, socializing, peace and privacy and the many demands of caregiving. There is a direct relationship between how well you take care of yourself and your ability to help another.

Caring for a loved one is stressful and challenging. What begins as a voluntary attempt to manage overwhelming feelings may result in an involuntary inability to be as emotionally responsive as you would like. This is known as “burnout.”

## Some Signs of Burnout:

- Physical: oversensitivity to noise, tightness in chest, feeling short of breath, weakness in muscles, dry mouth, tightness in throat, lack of energy, hollowness in stomach, temperature fluctuations.
- Emotional: sadness, anger, guilt and self-reproach, anxiety, loneliness, fatigue, helplessness, shock, yearning, numbness
- Mental: confusion preoccupation, disturbing imagery
- Social: social withdrawal, restless over-activity, avoiding friends and/or family, feeling isolated and alone
- Spiritual: crisis of faith, renewal of faith

## What Helps Create Balance?

Become familiar with what it feels like to have balance in your life and what the early warning signs are that feel like you are becoming out of balance. Be proactive; make a plan for your self-care. Create a list of the things that you like to do for stress relief and balance and then identify the ones you can do now.

## Things that might help you restore a balance to the demands of caregiving:

- Seek and accept help from others.
- Go outside for a few minutes; smell and feel the fresh air.
- Take a walk, meditate, or pray.
- Find ways to make yourself laugh.
- Drink plenty of liquids, especially water.
- Seek spiritual assistance, if needed.
- Take a deep breath several times a day. Deep breathing brings more oxygen to every cell and can refresh both body and mind.
- If you have an exercise routine, try to adhere to it, as this can help decrease stress and boost energy.
- Keep a journal of your feelings and experiences.
- Eat well-balanced meals at regular intervals. Your health and nutrition are just as important as the person for whom you are caring.
- Lie down for 20 minutes or sit in a recliner with your feet up.
- Determine if calls or visits are helpful or would cause more stress. Limit these as a way of honoring your own needs and private time.
- Share your concerns or feelings with a trusted friend, family member or spiritual counselor.

Despite all of the difficulties that family members face when caring for loved ones, for many the experience is ultimately rewarding. The opportunity to be present with your spouse, parents or children in the last days of life is something that many would not forgo, despite the grief and stress you must experience.

# Feelings of Grief and Sadness Before a Loss Occurs

GRIEF SUPPORT



SERVICES

Provided by Hospice of Humboldt

You or your loved one may begin feeling the effects of grief before a death actually occurs. These effects are often referred to as “anticipatory grief.” Anticipatory grief is painful, but it may actually help you prepare for your loss and decrease the intensity of grief after the death occurs.

## Aspects of Anticipatory Grief

There are many losses associated with caring for and loving someone who is dying. As someone who is feeling anticipatory grief, you may experience:

- The loss of companionship, social life, and change in family roles
- The loss of usual eating, sleeping, working, and recreational habits
- The loss of independence
- The loss of control, such as being able to care for yourself or a loved one
- Fears related to life without your loved one

## Signs and Symptoms of Anticipatory Grief

It is normal to experience these signs and symptoms:

- Feelings of guilt
- Tearfulness
- Frequent changes in emotions
- Anger

- Depression
- Feelings of emotional numbness
- Anxiety or fear
- Loneliness
- Denial
- Forgetfulness
- Fatigue
- Changes in eating habits

## What You Can Do

Here are some suggestions of things you can do to help you move through anticipatory grief:

- Go for short walks when possible.
- Write in a journal
- Plan for the future
- Seek spiritual counsel
- Put off any major life decisions if possible
- Do the things you enjoy and want to do now. Forget the chores that you can do later.
- Spend time with your loved one, friends, and family or support group
- Attend a caregiver support group.
- Call Grief Support Services if your grief is overwhelming and you want to talk about your feelings

*Grief Support Services* - A Special Kind of Caring

3327 Timber Fall Court | Eureka, CA 95503 | 707.267.9801 (P) | 707.445.2209 (F) | [hospiceofhumboldt.org](http://hospiceofhumboldt.org)

# Tools to Help You with Grief and Sadness

GRIEF SUPPORT



SERVICES

*Provided by Hospice of Humboldt*

- Be gentle with yourself. Be patient with yourself.
- Find supportive, trustworthy friends and share feelings honestly. Feelings are neither right nor wrong, they just "are."
- Give yourself time for healing. Allow yourself time to accept your loss and the time to adjust to the changes in your life.
- Try to live "One Day at a Time." Set a goal of getting through another day. Soon, those days will become weeks.
- Seek support from those who know how to help you heal.
- Grief can lead to physical symptoms. Unexpressed words or tears can cause lumps in your throat; anger held inside could cause a headache or upset stomach.
- Write letters or draw pictures about your loss or grief. These are healing ways to get your feelings out.
- If possible, keep a regular schedule. Maintain realistic goals and expectations.
- When the world around you seems to be filled with "land mines" that set off anger, loneliness, or resentment, realize that these reactions will pass and eventually heal.
- As a person facing grief, others may not know how to talk to you and may avoid you. You do not have to make it better for the world. Focus instead on taking care of yourself.
- Be aware of your body's need for nutrition and rest. If you notice something worrisome, seek professional help.



*Grief Support Services* - Provided by Hospice of Humboldt

3327 Timber Fall Court | Eureka, CA 95503 | 707.267.9801 (P) | 707.445.2209 (F) | [hospiceofhumboldt.org](http://hospiceofhumboldt.org)

# Death and Grieving: Notes for Care Providers

GRIEF SUPPORT



SERVICES

*Provided by Hospice of Humboldt*

## Grieving for the people we provide care to

It is natural that care providers experience loss and sadness when the person dies. If you have cared for a person for many months or even years, or if you have gotten particularly close, you may experience more loss. Some deaths tend to be more difficult, such as a younger person, or a person close to our own or our parents' age. Or perhaps the person did not have close family and you and other staff members are the only "family" the person had.

Another reason why you may grieve more than you may have expected are other losses in your own life. Deaths of the people you provide care for can remind you of other deaths in your family, or even of beloved pets, and renew your own grief. Positive changes that are "losses" in your life can also contribute to your grief reaction: such as family members moving, children growing up, job changes. Sometimes a death that touches us can suddenly bring up the old issues, feelings and unresolved conflicts from the past.

## Take care of yourself

Find support from others who can listen without judgment as you talk about your own feelings. Take good care of yourself. Eat nutritious meals. Get enough rest. Continue to exercise. Spend time doing things that make you happy. Be patient and compassionate with yourself. Find ways to laugh and play. Spend time with kids and pets.

## Providing support for others

Pause and listen: your physical presence and desire to listen without judging are the greatest help. Give the person, family member or co-worker permission to express his or her feelings about the situation or loss without fear of criticism.

Avoid saying "I know just how you feel" or "this is God's will". Such comments are not helpful and can hurt. Simply letting the person know that you care and accept her is most helpful. The key is to follow the person's lead. Keep in mind that each person will experience loss or death in her or his own unique way. Let them feel that what they are experiencing is normal. You do not have to make it better for them, having the space to express the feeling may offer more relief than you can know.

## Everyone grieves in their own way

Each person will have their own way of experiencing or expressing grief. Grief may manifest in many different ways that you may not expect:

*Physical:* experiencing unusual symptoms—sometimes similar to those of the dying person, such as shortness of breath, or different pains, feeling tired, exhausted, or sleeping poorly.

*Mental:* difficulty concentrating or getting tasks done, poor memory or difficulty making decisions.

## Death and Grieving: Notes for Care Providers

*Emotional:* a wide variety of feelings and reactions such as depression, sadness, anger, confusion, and guilt. Sometimes people feel like their feelings are not normal/ somewhat “crazy”.

*Spiritual:* questioning meaning or one’s religious teachings, or finding more comfort in one’s religion.

*Social:* a need for solitude, withdrawing, or increasing social activities or distractions.

Most of the time, being able to talk to co-workers, friends or family members, helps enough to move through grief. Sometimes though, especially when there are too many losses too close together, it is helpful to ask for more help. Meeting in a group with others who have lost a person can be very healing. At other times checking in with a grief counselor can assure you that you are on track and what you experience is a normal part of grieving. This person would also be able to listen to memories that may bother you, such as traumatic circumstances around the death, or feelings of guilt, that are difficult to share with others around you.

### **Grieving is a journey and it takes time**

Through the process of mourning, we gradually accept the loss and we heal. This will take just as long as it takes, it is different for each person. It often takes longer than we would expect. At the end of mourning, there still is sadness, but it is not the deep hurt we have felt before. We can spend time with the happy memories rather than the painful ones.

### **Grief Support Services**

Hospice of Humboldt has grief support services available to anyone in the community who has suffered the loss of a loved one. Please call us; we are here to help.

#### Support Groups

Every week people gather together to share their experiences of grieving. The focus is on creating a safe place to express and heal feelings that come with grief. These meetings are facilitated by bereavement staff and volunteers. The groups are drop-in and on-going.

**For further information about our grief support groups, please visit our website ([www.hospiceofhumboldt.org](http://www.hospiceofhumboldt.org)) or call Grief Support Services at (707) 267-9801.**

Other Services: We offer grief support to both families and community members, counseling referrals, educational materials, trainings and programs for community agencies and staff, and memorials.



## **SECTION 5**

# **FINAL DAYS AND HOURS**

### ***Passages:***

**What patient and caregivers  
may experience**

# PASSAGES

*What to expect in the days and hours before death*



## HOSPICE OF HUMBOLDT

Content © Hospice of Humboldt, 2018  
Paintings © Julie Doemer

**J**ust as each life is unique, so is each death. There is no way to prepare someone for everything they might see, hear, or experience during the death of a loved one.

Some of the common experiences in the last days and hours before death are explained in this book. Please let someone on your Hospice team know if this information brings up questions or worries you. We can provide you with the support you deserve so you can feel as prepared as possible.

*Your Hospice of Humboldt Care Team*



## *Table of Contents*

Withdrawing and Changes in Sleep Patterns

Reduced Appetite

Becoming Confused or Agitated

Skin and Temperature Changes

Bladder and Bowel Changes

Breathing Changes

Just Prior to Death

Once Death Has Occured





## *Withdrawing and Changes in Sleep Patterns*

You may notice your loved one showing less interest in world events and people outside of the family. They may no longer read the paper or watch the news. They may have less energy to move around, and prefer to stay in bed or in their favorite chair. They may sleep more during the day and be awake more during the night. This is often a time when the dying person is examining his or her life. They may rarely open their eyes and communication patterns may change. This may include withdrawal or reduced communication. Visitors can be exhausting.

### **What can you do?**

- ☞ When you are with your loved one, now is a wonderful time to share stories and memories.
- ☞ It is okay to limit socializing to let your loved one rest. Some people find that establishing “visiting hours” can be helpful. Feel free to let guests know that short visits are best. It’s okay to screen your phone calls by turning off the phone ringer and listening to the voice messages later.

### **How Hospice can help:**

- ☞ Your Hospice team can encourage the sharing of memories and reflecting on life events.
- ☞ Volunteers can record these life stories or take photo portraits.

*Caregiver self-care tip: You may notice that the roles are changing; your loved one is becoming more dependent on you for their daily needs. This can be exhausting. Some ways to take care of yourself are to eat healthy foods, exercise, and take breaks. Take advantage of opportunities to sleep or rest. Continue with those activities that make you feel good.*

## *Reduced Appetite*

You may notice that your loved one's appetite is starting to change. They may eat less, have trouble swallowing, their sense of taste may change. They may not be as interested in eating. Sometimes they may crave something and be quite satisfied with only a single bite. This may be upsetting to you because we associate giving food with caring and love. But as a person nears death, the need for food and fluids can decrease.

### **What can you do?**

- ☞ Let your loved one be your guide. Focus on their wishes: when they want to sleep, when they want to eat, when they want to have company, when they want to stay in bed.
- ☞ Right now, your presence is more important to your loved one than food or drink.

### **How Hospice can help:**

- ☞ Your Hospice nurse can help you with planning and presenting meals in a way that is comfortable for you and for your loved one.

*Caregiver self-care tip: Know who is in your support system. Often friends, family, or members of your community are eager to help you, but they don't know how. Make a list of things that people can help you with, so when someone offers, you can give them a specific task (for example, grocery shopping, bringing over a meal, lawn care, walking the dog, or visiting so that you can take a break).*





- ☞ You may be feeling stressed or worried as you watch your loved one change. It can be helpful to focus on creating a peaceful atmosphere. You can use soft music, soothing scents, and low lighting to do this. Speak in a calm, quiet voice, using gentle and reassuring words.

## *Becoming Confused or Agitated*

At times, your loved one may seem to be confused about time and place. They may start talking to people you can't see. They may have restless movements, like picking at things, getting up and down frequently, or fussing with objects around them. They may seem restless or agitated. For some, the severity of agitation may increase in the evening. This is a natural process due to changes in the brain, body, and spirit. This is a time of transition.

### **What can you do?**

- ☞ If your loved one is confused or agitated, it can be helpful to keep them informed about what's happening around them. Tell them if visitors are expected or where you are going when you leave. Keep things simple and direct. Details may not be important, but including them in conversations is respectful and soothing.
- ☞ Your loved one may start talking about visitors, taking a trip, or going home. By asking to "go home," a dying person might be describing a spiritual, not a physical place. Rather than arguing with or correcting them, listen and accept these visions as real for them and as a sign that the end of life is approaching.

### **How Hospice can help:**

- ☞ If your loved one has visions that are frightening or unpleasant, call Hospice and we can try spiritual support or medication to help your loved one feel calm.
- ☞ Have a "family meeting" with your Hospice team. This is the time for you to share your concerns with the team, and for the team to identify extra ways it can help your family.
- ☞ Hospice volunteers can stay with your loved one to give you a break.
- ☞ Ask your social worker about support groups in our community where you can meet caregivers in similar situations. You can listen to others, learn from them, or share your experiences.

*Caregiver self-care tip: Spend time doing things that give you pleasure and help you keep going – a walk on the beach or a meal at a favorite restaurant. Rest. Nurture yourself.*



## Skin and Temperature Changes

You may start to see skin changes. Sores may start to develop or may not heal, bones may become more pronounced due to weight loss. The body temperature can move quickly between fever and chills, despite what the temperature is outside. The color of the skin may turn bluish and feel cold to the touch. The nails, hands, and feet may become pale and bluish while the chest and abdomen may feel warmer than usual. The lips and mouth can become dry as the body begins to shut down.

### What can you do?

- As your loved one's temperature changes, it can be helpful to add or remove layers of bedding and clothing. Avoid electric blankets or heating pads, as these can burn or irritate delicate skin. If the dying person removes covers and clothes, remember that he or she may be warm, even if you are not. You can place a cool, damp washcloth on their forehead. Your loved one may sweat through their clothing and bedding. Placing a towel on the sheets underneath your loved one can absorb sweat.

### How Hospice can help:

- Tell your Nurse if you notice any redness or wounds on the skin. Nurses can also teach you how to re-position your loved one to help prevent sores.
- If you notice that your loved one's mouth is dry, Hospice can give you products to moisten the mouth and prevent chapped lips.
- Should your loved one experience a high fever, let your Nurse know.

*Caregiver self-care tip: Consider your emotional needs. Your family and close friends might be good listeners for you. The time you are spending as a caregiver can be challenging, and talking with others can help you feel supported.*

## Bladder and Bowel Changes

Your loved one may lose control of their bladder or bowels. They may need help getting to the bathroom and they may not always be able to tell you if they need to use the toilet. Your loved one may gradually have less and less urine and the color may darken. Sometimes the bowels may stop working. Many people feel uncomfortable with these changes. Assisting your loved one with toileting or personal care can be challenging.

### What can you do?

- Keep your loved one's skin clean and dry. Use bed pads to decrease the amount of laundry you have to do.

### How Hospice can help:

- Your Hospice aide can teach you how to change your loved one's clothing and bedding in a way that is comfortable and safe.
- Your social worker can help you find additional caregiving resources.
- Your Nurse can teach you about bowel and bladder care.





## Breathing Changes

You may see breathing changes. Often there is a notable pause in between breaths or breathing may become more rapid than usual. Breathing may occur through an open mouth and there may be a “gurgling” sound. This sound is caused by secretions settling in the back of the throat; your loved one is not drowning in fluids as many people fear. All these changes are normal and not cause for alarm. Sometimes simple position changes and medication can reduce these symptoms.

### What can you do?

- ☞ Sometimes elevating the head or turning the person on their side helps to reduce the “gurgling” sound. Use a calm, soft voice, and keep your own breathing slow and steady, even as your loved one’s breaths become further and further apart.

### How Hospice can help:

- ☞ Nurses can provide medication to manage shortness of breath and other uncomfortable symptoms. They can teach you how each medication works and how to give the medication yourself when your loved one needs it. The Nurse can teach you how to give medications if your loved one has trouble swallowing.
- ☞ Hospice social workers can help you organize your support.

*Caregiver self-care tip: Consider your spiritual needs. If you have a church, group, or spiritual practice it can be a source of comfort at this time of change.*

## Just Prior to Death

During the last stages of life, people can experience a surge in energy. They might engage with their loved ones, eat a big meal, or complete some final task. You may think they are getting better, however, this is usually a short period of time lasting a few hours or up to one to two days, after which they withdraw once again.

Your loved one may not respond to you. They may appear to be sleeping or their eyes may be open but they are not seeing. Your Nurse can teach you the verbal and nonverbal signs of pain. Work closely with Hospice of Humboldt staff to address how to soothe and care for your loved one.

### What can you do?

- ☞ Now is the time to focus on your loved one's last wishes. Try to remember and honor any special requests they shared with you when they were able.
- ☞ If your loved one is not responding, they may still be able to hear your voice. Continue to talk to them. Often gentle touch, massage, or stroking can be soothing for your loved one as they enter this final stage.
- ☞ Continue providing pain medication as needed in order to keep your loved one comfortable.

### How Hospice can help:

- ☞ If you have any questions, please call Hospice of Humboldt at any time, day or night at 707.445.8443.

*Caregiver self-care tip: Every death is as unique as every life. It is said that some people "wait" for family and friends to gather before they die and others may "wait" until everyone has gone to die alone. It is okay to leave the bedside to rest or use the bathroom. Try not to put too much pressure on yourself.*

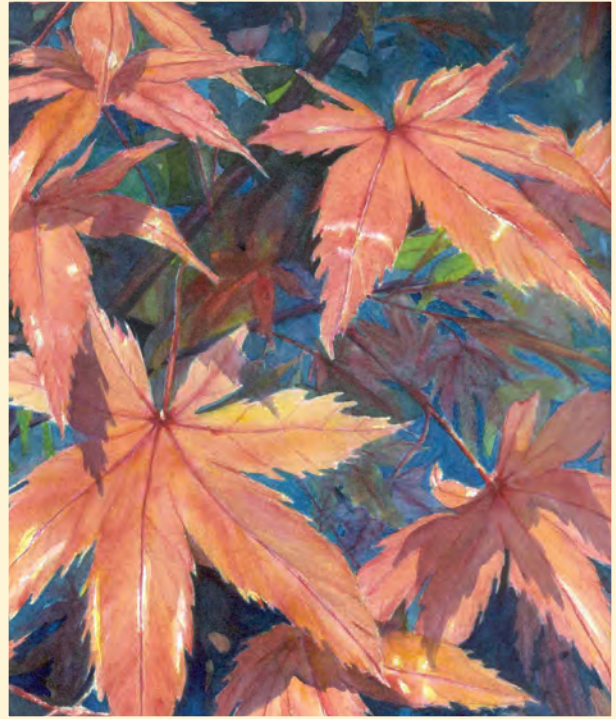
**This is your time to say goodbye.  
There are no hard and fast rules to  
how you do this.**



## Once Death Has Occurred

Families may be unsure that their loved one has died. This is the time to call Hospice of Humboldt to verify that the death has occurred.

Once this has been established, your Nurse will work with your family to provide final care to the body. The Nurse will offer to bathe your loved one. If you are comfortable, you may choose to stay in the room and can participate in the care of your loved one's body.



### What can you do?

- ☞ You may contact family or friends who would like to say goodbye to your loved one after death.
- ☞ You may choose not to have a Nurse come to your home if you would prefer quiet time with your loved one. The Nurse can also leave once the body is cared for so that you can spend final moments with your loved one. Just call the mortuary or Hospice to have your loved one transported to the mortuary when you are ready.

When the mortuary attendants arrive, they will bring in a gurney with an attached zipper bag. Your loved one's body will be placed on the gurney and zipped into the bag for transport. You may choose to leave the room at this time while they respectfully remove the body. The mortuary attendants will schedule a time for a meeting at the funeral home to finalize your arrangements.

### How Hospice can help:

- ☞ Your Nurse may assist you in making calls to the funeral home or you may choose to call when you are ready. He or she can assist you in making calls to family if you are unable to do so.
- ☞ The Nurse will instruct you on how to dispose of medications and will notify the doctor, pharmacy, and medical equipment company to schedule a pick-up of equipment.
- ☞ Hospice chaplains and social workers can assist with memorial planning, including home funerals.
- ☞ You may feel overwhelmed. Hospice Grief Support is available to you for free for up to 13 months after your loved one has died. Our counselors and volunteers offer many different kinds of services for you and your family as you grieve. They may call your home to check in or you can reach out to them for a supportive phone call or visit.

*Caregiver self-care tip: In this time of grieving, try to conserve your own energy. Grief can be an exhausting process. Rest as you need to.*

## Gone From My Sight

*I am standing upon the seashore. A ship, at my side,  
spreads her white sails to the moving breeze and starts  
for the blue ocean. She is an object of beauty and  
strength. I stand and watch her until, at length, she  
hangs like a speck of white cloud just where the sea  
and sky come to mingle with each other.*

*Then, someone at my side says, "There, she is gone."*

*Gone where?*

*Gone from my sight. That is all. She is just as large in  
mast, hull, and spar as she was when she left my side.*

*And, she is just as able to bear her load of living freight  
to her destined port.*

*Her diminished size is in me – not in her.*

*And, just at the moment when someone says, "There,  
she is gone," there are other eyes watching her coming,  
and other voices ready to take up the glad shout,  
"Here she comes!"*

*Henry Van Dyke*



[www.hospiceofhumboldt.org](http://www.hospiceofhumboldt.org)

707.445.8443

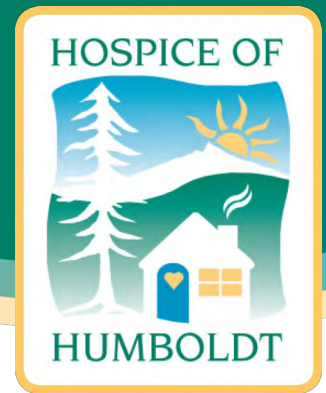


## **SECTION 6**

# **PLANNING AHEAD**

- ◆ **Spiritual caregiving services**
- ◆ **Advance health care directive**
- ◆ **What to do when a loved one dies**
- ◆ **Planning for the care of your pets**
- ◆ **Hospice of Humboldt resource list**
- ◆ **Circle of Hope - planned giving**
- ◆ **How you can help and get involved**
- ◆ **Vehicle donations**

# SPIRITUAL CAREGIVING SERVICES



## What is a Spiritual Caregiver?

**Spiritual caregivers, sometimes called chaplains,** have been trained to accompany people along this last segment of living.

Many feelings, some concerns, and new insights are usually a part of a person's journey during this time. Embracing these inner realities is as important as finding the proper physical comforts.

**Different forms of acceptance, grace, contentment, and even joy can arise as one shifts toward end of life.** There are no guarantees of miracles, or promises of unrealistic radical changes in the way a person has approached life, but spiritual caregivers are willing to be with and talk with each person toward whatever inner healing or greater growth they seek during this time.



Chapel in the Redwoods at Hospice of Humboldt

## Everybody is different

**Every person finds themselves looking back (and forward) with different disappointments, purposes, regrets, losses, and hopes.**

Some people find themselves needing to talk about regrets; some need to seek forgiveness or extend forgiveness.

Some are sad over missed opportunities or hopes now shortened; some are content and want to know how to embrace each day with grace and love, even in the face of death; and some are feeling guilty or sad over leaving loved ones.

As humans, all of these experiences make up our lives.

**Our spiritual caregivers are here to help you.**

## SPIRITUAL CAREGIVING SERVICES - continued

**As part of the Hospice team, spiritual caregivers always seek to follow the lead of those under our care.**

Some persons find their present support system—family, friends, spiritual community—fully meets their needs.

Others welcome the spiritual caregiver as an additional resource. Others are unsure and would like to “test the waters” with an initial visit to decide whether spiritual support is for them. Some people indicate a preference for no visits by a spiritual caregiver. Even if spiritual caregiver support is declined initially, one can always request support later.

**Spiritual caregivers do their best to be truly present, open to whatever needs, joys, concerns, or reflections arise.**

They have professional training on such matters, but most of all, they seek to connect person to person.

**Supportive presence takes a wide range of forms.**

Talking through memories, reflecting on what has meant the most, discussing concerns or fears, and talking about interests like gardening, pets, cooking, music -- wherever the conversation might lead.

*Every life is different. Every end of life is unique. We are here to journey with you, to help you reflect upon and embrace the different challenges, insights, griefs, and joys, and to simply “share the moment” as it unfolds.*

**End of life is a sacred space and time.**

Just as a birth celebrates breath and new life, decline and death can be a time to embrace this gift of life coming to an end. It is always a privilege to share this space and time with people as they experience the fulfillment of life’s journey.

# Advance Health Care Directive

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**NOTE:** This form should include taglines as required by the Affordable Care Act. (See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)

## Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

## Instructions

Part 1 of this form lets you name another person as “agent” to make health care decisions for you if you become incapable of making your own decisions, or if you want someone else to make those decisions for you now even though you are still capable. You may also name a different person to act for you if your first choice is not willing, able, or reasonably available to make decisions for you.

Unless you state otherwise in this form, your agent will have the right to:

1. Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
2. Select or discharge health care providers and institutions.
3. Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
4. Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
5. Donate your organs, tissues, and parts; authorize an autopsy, and direct disposition of remains.

However, your agent will not be able to commit you to a mental health facility, or consent to convulsive treatment, psychosurgery, sterilization or abortion for you.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. You also can add to the choices you have made or write down any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

***You have the right to revoke this advance health care directive or replace this form at any time.***

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



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## Part 1 – Power of Attorney for Health Care

Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or an employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.

### Designation of Agent:

I designate the following person as my agent to make health care decisions for me:

Name of person you choose as agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

*(home phone)*

*(work phone)*

*(cell)*

**OPTIONAL:** If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my alternate agent:

Name of person you choose as alternate agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

*(home phone)*

*(work phone)*

*(cell)*

### Agent's Authority:

My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Add additional sheets if needed.)*

---

**When Agent's Authority Becomes Effective:**

My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions. \_\_\_\_\_  
(Initial here)

**OR**

My agent's authority to make health care decisions for me takes effect immediately. \_\_\_\_\_  
(Initial here)

**Agent's Obligation:**

My agent must make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

**Agent's Postdeath Authority:**

My agent is authorized to donate my organs, tissues, and parts, authorize an autopsy and direct disposition of my remains, except as I state here or in Part 3 of this form:

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*(Add additional sheets if needed.)*

**Nomination of Conservator:**

If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able or reasonably available to act as conservator, I nominate the alternate agent whom I have named.

## Part 2 – Instructions for Health Care

If you fill out this part of the form, you may strike any wording you do not want.

### End-of-Life Decisions:

I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

#### Choice Not To Prolong Life:

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits. \_\_\_\_\_

*(Initial here)*

**OR**

#### Choice To Prolong Life:

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards. \_\_\_\_\_

*(Initial here)*

### Relief From Pain:

Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

---

---

*(Add additional sheets if needed.)*

### Other Wishes:

(If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

---

---

---

---

*(Add additional sheets if needed.)*

**Part 3 – Donation of Organs, Tissues, and Parts at Death (Optional)**

Upon my death:

I give my organs, tissues, and parts. \_\_\_\_\_  
*(Initial here to indicate yes)*

By initialing this line, and notwithstanding my choice in Part 2 of this form, I authorize my agent to consent to any temporary medical procedure necessary solely to evaluate and/or maintain my organs, tissues, and/or parts for purposes of donation.

**OR**

I do *not* authorize the donation of any organs, tissues or parts. \_\_\_\_\_  
*(Initial here)*

**OR**

I give the following organs, tissues, or parts only: \_\_\_\_\_

\_\_\_\_\_  
*(Initial here)*

My donation is for the following purposes (strike any of the following you do not want):

Transplant _____ <i>(Initial here)</i>	Research _____ <i>(Initial here)</i>
Therapy _____ <i>(Initial here)</i>	Education _____ <i>(Initial here)</i>

If you want to restrict your donation of an organ, tissue, or part in some way, please state your restriction on the following lines: \_\_\_\_\_

I understand that tissue banks work with both nonprofit and for-profit tissue processors and distributors. It is possible that donated skin may be used for cosmetic or reconstructive surgery purposes. It is possible that donated tissue may be used for transplants outside of the United States.

1. My donated skin may be used for cosmetic surgery purposes.  
 Yes \_\_\_\_\_ *(Initial here)*                      No \_\_\_\_\_ *(Initial here)*
  
2. My donated tissue may be used for applications outside of the United States.  
 Yes \_\_\_\_\_ *(Initial here)*                      No \_\_\_\_\_ *(Initial here)*
  
3. My donated tissue may be used by for-profit tissue processors and distributors.  
 Yes \_\_\_\_\_ *(Initial here)*                      No \_\_\_\_\_ *(Initial here)*

If I leave Part 3 blank, it is not a refusal to make a donation. My state-authorized donor registration should be followed, or, if none, my agent may make a donation upon my death. If no agent is named above, I acknowledge that California law permits an authorized individual to make such a decision on my behalf. (To state any limitation, preference, or instruction regarding donation, please use the lines above or on page 3 of this form.)

**Part 4 – Primary Physician (Optional)**

I designate the following physician as my primary physician:

Name of Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**OPTIONAL:** If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

Name of Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Part 5 – Signature**

The form must be signed by you and by two qualified witnesses, or acknowledged before a notary public.

**Signature:**

Sign and date the form here:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(patient)

Print name: \_\_\_\_\_  
(patient)

Address: \_\_\_\_\_

**Statement of Witnesses:**

I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

**First Witness**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(witness)

Print name: \_\_\_\_\_  
(witness)

**Second Witness**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(witness)

Print name: \_\_\_\_\_  
(witness)

**Additional Statement of Witnesses:**

At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(witness)

Print name: \_\_\_\_\_  
(witness)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

YOU MAY USE THIS CERTIFICATE OF ACKNOWLEDGMENT BEFORE A NOTARY PUBLIC INSTEAD OF THE STATEMENT OF WITNESSES.

State of California )  
County of \_\_\_\_\_ )  
\_\_\_\_\_ )

On (date) \_\_\_\_\_ before me, (name and title of the officer) \_\_\_\_\_ personally appeared (name(s) of signer(s)) \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_ [Seal]  
(notary)

**Part 6 – Special Witness Requirement**

If you are a patient in a skilled nursing facility, the patient advocate or ombudsman must sign the following statement:

**Statement of Patient Advocate or Ombudsman**

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(patient advocate or ombudsman)

Print name: \_\_\_\_\_  
(patient advocate or ombudsman)

Address: \_\_\_\_\_

Civil Code Section 1189; Health and Safety Code Section 7158.3; Probate Code Section 4701



# WHAT TO DO WHEN A LOVED ONE DIES

*A guide to approaching practical tasks.*

You've just received the bad news: You have lost a loved one. As grief begins to enter your mind, you may wonder what arrangements need to be made and who to notify.

Understanding that now is the critical time to make important decisions, you begin to focus on the next couple of days.

## Who Should I Notify First?

🌿 **Family & Friends:** Contact family and close friends first. Ask them for help with alerting relatives, friends and business associates. This is also a good time to appoint people to take care of your loved one's lawn, pets and other similar responsibilities.

🌿 **Your Attorney:** Alert your attorney so they can assist you with any legal issues.

🌿 **Religious Contacts:** Communicate with your loved one's place of worship to conduct the funeral service. Placing a note in the bulletin is also an easy way to notify others of your loved one's death.

🌿 **Professional Groups:** Contact organizations to which your loved one belonged as a member or volunteer.

🌿 **Employer:** If your loved one was employed when they passed away, contact their employer's human resources department and inquire about any final paychecks, sick time and benefits.

🌿 **Companies from Which Your Loved One Received Regular Service:** Call banks at which your loved one had accounts. Notify credit card companies. If they received medication by mail, cancel the service. Cancel or change the name on automatic bill-paying services as well as newspaper and magazine subscriptions.

🌿 **An Accountant:** An accountant can assist you in settling the estate if you are the executor and inform you of tax consequences or benefits of actions taken. Be sure to take advantage of the support you will receive from funeral home staff members.



## How to Make Final Arrangements

After a loved one has passed, you'll need to confirm whether they had specific funeral instructions, such as a prepaid funeral and cemetery plot, and communicate those requests to the funeral home.

Funeral decisions you'll need to make may include the following:

- 🌿 What will be the time, location and day of the funeral?
- 🌿 If your loved one wished to be cremated where will the ashes be scattered or to whom shall they be given?
- 🌿 Will the casket be open or closed?
- 🌿 Will there be any specific prayers, music, pallbearers, or flowers for the service?
- 🌿 Should charitable donations be given in lieu of flowers?
- 🌿 Will lunch be served following the service? Who will prepare the food?
- 🌿 Is someone available to stay and watch over the deceased's home, especially during the funeral service?
- 🌿 Is there a trusted friend or family member who can help you keep a list of people to thank for support, flowers, food, and memorial gifts?

Once the funeral arrangements have been made, you may inform the community through an obituary in the local newspaper or publications from professional organizations in which your loved one was a member.

🌿 **Helpful Advice:** When deciding what to write, ask yourself how your loved one wanted to be remembered.

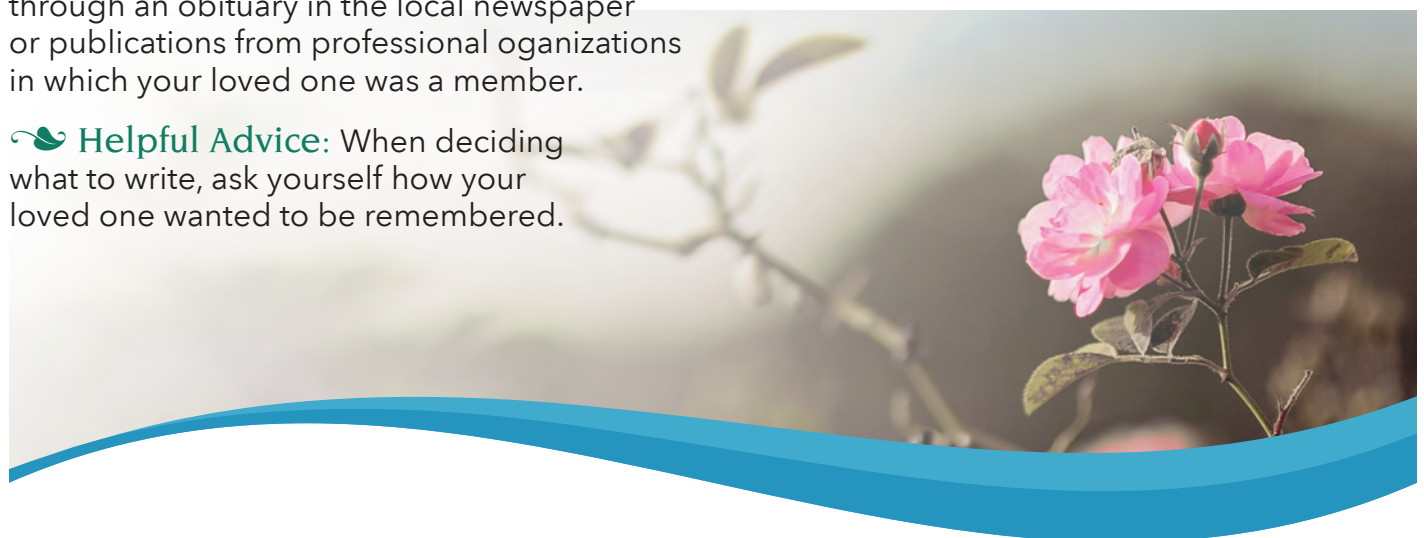
## What Benefits Should I Seek?

If you are the next of kin, contact the following to see if benefits are due to you.

🌿 **Social Security:** The funeral home will generally assist a surviving spouse or child in applying for the death benefit payable on behalf of the deceased. Visit [www.socialsecurity.gov](http://www.socialsecurity.gov) for more information.

🌿 **Veteran's Administration:** If the deceased was a veteran, contact the Veteran's Administration to inquire about benefits, or visit [www.opm.gov](http://www.opm.gov). The deceased is also entitled to burial benefits in a national or private cemetery. Go to [www.cem.va.gov](http://www.cem.va.gov) to learn more.

🌿 **Life Insurance:** You'll need to determine whether your loved one owned any insurance policies. Contact the agent or the home office of the insurance company to file a claim.



## What Documents Should I Locate?

After the funeral, the next step is to determine whether your loved one had a will. If your loved one did not inform you of its location, it is wise to check safe-deposit boxes, home safes or files of important papers. Once you find the original will (not a photocopy), contact an attorney experienced in probating wills.

The attorney will then read the will and work with the executor to file it with the local probate court.

If you cannot locate the will, contact the deceased's attorney. If your loved one died without a will, they are said to have died "intestate." The probate court will appoint a personal representative to act as the executor of the estate and distribute the deceased's assets according to state law.

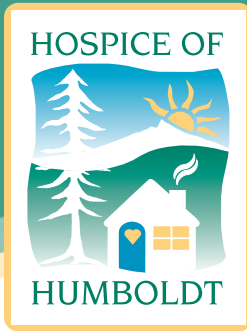


### *Other documents you should locate*

- ☺ Death Certificate
- ☺ Trust documents
- ☺ Property deeds
- ☺ Bank and brokerage account statements
- ☺ Insurance policies, annuities and retirement accounts
- ☺ Recent income, tax returns
- ☺ Birth certificate, marriage certificate, divorce decree and military discharge paperwork
- ☺ The most recent bills, such as credit card, mortgage and utility statements
- ☺ Vehicle titles and registrations
- ☺ Safe-deposit boxes and keys
- ☺ Electronic passwords



Providing Heartfelt Care & Support Since 1979



# Planning for the Care of Your Pets

Planning for who will care for your pet after you are gone can bring you peace of mind. You want the transition to a new home for your pet to be as comfortable as possible, and preparation on your part can ease the change for them. With the help of family, friends, and humane organizations, you can take steps now to assure your pet's transition to a new family will be more comfortable.

## Important First Steps to Re-homing Your Pet

- **Make sure your pets are up to date on their vaccinations. Have your pet spayed or neutered.**

This makes it easier to find new homes for them and more likely that they will be accepted by a no-kill animal organization.

- **Ask family and friends to care for your pets permanently or temporarily until a home can be found.**

Decide who you want to give your pets to and keep their contact information with your other important records. If you can, leave some money to these people to help defray the cost of caring for your pets. It is not legal in California to leave money to a pet.



## Where to Find a Home for Your Pet

### Contact Humane Organizations

These organizations are always over-full and may not be able to accept your pets right away. Ask if you can get your pet(s) on a waiting list ahead of the time that they need to be placed. No-kill animal shelters may require a fee to accept your pets to defray the costs of caring for them until they can be placed.

- Friends for Life Animal Rescue: 707-422-5999
- Humboldt Animal Rescue Team (HART): 707-616-6440
- Miranda's Rescue: 707-725-4449
- Sequoia Humane Society: 707-442-1782

### Contact Rescue Organizations

If you have a purebred pet, contact rescue organizations specific to that breed. Most of these are out of the area, but they accept animals from all over the country. You may be able to make advance arrangements for your pet to be delivered or picked up by someone in a rescue organization.

If you have a computer, go to: <http://www.akc.org/breeds/rescue.cfm> to search for rescue groups by breed. If you don't have a computer, a Hospice Pet Peace of Mind volunteer can do this for you.

# Planning for the Care of Your Pets

## Legacy Programs are a Fee-Based Option

Sequoia Humane Society's Legacy Pet Care Program guarantees to care for your pet for the rest of their life. Contact Sequoia Humane Society at 707-442-1782 for more information about the fees for this service. Miranda's Rescue has a similar program.

## Advertise Your Pet Online

Three local organizations can help you showcase your pet to prospective adopters on the internet. Find contact information for these organizations and view their "Private Adoption" pages at:

- Friends for Life (both dogs and cats): <http://dogrescuers.org/matchmaker.htm>
- Humboldt Animal Rescue Team (specializes in cats): <http://humboldtanimalrescueteam.org>
- Sequoia Humane Society: <http://sequoiahumane.org>

## What to do if you have unsocial or feral cats?

Finding new homes for unsocial, nearly wild, or feral cats is extremely difficult. If they are not people-friendly, they probably are not adoptable and no-kill shelters cannot accept them. The best option for these cats is to make sure they are spayed or neutered, vaccinated, ear-tipped and then left in their usual habitat with neighbors who will regularly feed them.

If there are no neighbors willing to feed un-socialized, but not completely feral cats, they are likely to starve and suffer from illness or injuries. In such situations the cats may suffer less if they are taken to the Humboldt County Animal Shelter (707-840-9132) and humanely euthanized.

The Humboldt Animal Rescue Team (HART) can provide advice and possibly placement, for truly feral cats. Contact them at 707-616-6440 or go to: <http://humboldtanimalrescueteam.org>

For more information, contact Hospice of Humboldt's Volunteer Coordinator at 707-267-9813 or visit [www.hospiceofhumboldt.org](http://www.hospiceofhumboldt.org).



## **Hospice of Humboldt Resource List**

### **Recycling Patient Care Items**

Each of the following thrift shops take some medical supplies or medical equipment. It's a good idea to call to discuss exactly what you have, as conditions change. Medical equipment includes shower chairs, walkers, crutches, wheelchairs, bedrails, and toilets, among other items. Examples of medical items are wedge pillows, incontinence supplies, bed pads, etc.

Please be sure all items are clean and in good repair when you donate. A good rule of thumb is to only donate an item you would be willing to buy.

### **DONATION ACCEPTANCE HOURS MAY VARY - PLEASE CALL FIRST**

**The Hospice Shop** thrift store (proceeds benefit Hospice of Humboldt)

Arcata: 575 H St., 707-826-2545

Call to arrange for whole household or furniture donations. The Shop does not accept children's items, electronics, mattresses or medical equipment. We can accept unopened medical supplies.

#### **YouthAbility Thrift Shop**

Arcata: 1309 10th St., 707-822-5019

**Discovery Shop:** Accepts crutches or wheelchairs in very good condition.

Eureka: 2942 F St., 707-443-2155

**Eureka Rescue Mission:** Accepts walkers and shower chairs in good condition. no crutches. Eureka: 1031 Broadway, 707-443-2523

**Tailwaggers Thrift Store:** Does not accept medical equipment.

Eureka: 2737 F St., 707-445-5837

#### **Miranda's Rescue**

Fortuna: 822 So. Fortuna Blvd., 707-725-4166

McKinleyville: 1544 Pickett Rd., 707-839-5015

Eureka: 164 Myrtle Ave., 707-441-1755

**Cuddlybear Thrift Store**

Fortuna: 751 10th St., 707-725-4421

CALL FIRST, but additional resources for used medical equipment could include:

**Vector Rehabilitation**

Eureka: 3289 Edgewood Road, 707-268-8800

**Humboldt Senior Resource Center**

Eureka: 1910 California St., 707-443-9747

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**Mortuaries:**

**Ayer's Family Cremation** 707-269-7160

**Goble's Fortuna Mortuary** 707-725-2294

**Paul's Chapel** 707-822-2445

**Sanders Funeral Home** 707-442-2941

**Humboldt Cremation and Funeral Services** 707-443-1104

**Neptune Society Cremation** 1-800-229-5719

**Funeral Consumers Alliance** 707-822-8599

# Hospice of Humboldt

## Circle of Hope

*"We care deeply about Hospice of Humboldt and the care they provide to our community. Circle of Hope is our way of trying to ensure that HoH will be able to continue to provide compassionate care for generations to come."*

- David & Gail Turner



### Why Create a Lasting Legacy?

- a To make a remarkable difference in the lives of Hospice patients and their families for future generations.
- a To join other community members in demonstrating your commitment to the heartfelt mission of Hospice of Humboldt.
- a To ensure that care for all who need our specialized services is an ongoing resource our community can depend on.
- a To take advantage of the potential benefits of charitable estate planning.



### An Invitation

We invite you to join the Circle of Hope. This society of special people was formed to recognize the many loyal friends who have established a personal legacy in support of Hospice of Humboldt's patients and families by making a provision in their will or estate plans.



Providing Heartfelt Care & Support Since 1979



## Join Us

- A provision has been made in my/our will or estate for HoH.
- I/we will make a planned gift to HoH within the next six months.
- I/we would like to learn more about planning a gift to HoH.
- I/we give permission for my/our name(s) to be publicly recognized, as my/our example may encourage others to include Hospice of Humboldt in their estate plans.

Name: \_\_\_\_\_

Please print name(s) as it should appear for recognition.

Check here if you would like to remain anonymous.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please return this form to:

Tia Baratelle, Director of Development

707.267.9812 | 707.445.8443

tbaratelle@hospiceofhumboldt.org

3327 Timber Fall Court, Eureka, CA 95503

www.hospiceofhumboldt.org

Hospice of Humboldt is a 501(c)(3) not-for-profit corporation and your donation is tax deductible as allowed by law.

Hospice of Humboldt cannot give legal or tax advice.

For assistance in specific cases, the services of an attorney or other professional should be obtained.

Federal Tax ID# 94-2499333



## Our Mission

Our mission is to provide heartfelt end of life care and bereavement services to all who need them in northern Humboldt County.

## Our Vision

We envision a community in which no one dies alone or afraid and all who grieve are comforted.

## Your Planned Gift

Your planned gift is a philanthropic investment in our community. You are helping to provide heartfelt care when it is needed the most. A planned gift helps ensure that this will continue for generations to come.

## Membership

Ways to become a part of the Circle of Hope Society include:

- a A bequest in your will or trust.
- a A gift of stock, securities or personal properties.
- a A gift from your IRA.
- a Designating Hospice of Humboldt as the beneficiary of a life insurance policy.
- a A charitable remainder trust.



## HOW YOU CAN HELP & GET INVOLVED



### **Volunteer your time and skills**

We offer volunteers a wide range of opportunities to support our mission. Volunteers help with office work, fundraising, Grief Support Services, help at the Hospice Shop thrift store, or provide assistance with patient care. Volunteer training and support is always available!

**Call the Volunteer Coordinator at 707.267.9813 for more information.**

### **Donate items to The Hospice Shop in Arcata**

525 H Street, Arcata, CA | 707.826.2545

Proceeds from our thrift store support our patients' needs. The Shop accepts gently used household items, furniture, clothing, sporting goods, books, and most anything in a condition you would consider buying.

Some exceptions include electronic items, children's clothing, and toys. Whole household and furniture pick-up is available.

**Visit our website or call 707.826.2545 for more information.**



**SCAN ME**

to visit the Hospice of  
Humboldt website!

### **Share your story**

We want to hear how Hospice of Humboldt made a difference for you or touched the life of a loved one. It could be as simple as an act of kindness from a Hospice care team member or as complex as the comfort care offered during someone's final days. Sharing appreciation can be very rewarding for everyone involved. Please share your story with us.

**Call 707.445.8443 or email [info@hospiceofhumboldt.org](mailto:info@hospiceofhumboldt.org).**

*Hospice of Humboldt* ~ A special kind of caring

## FINANCIAL GIFTS ~ *ways to support heartfelt care*

### **Please consider a tax deductible donation today**

Hospice of Humboldt offers many services that go above and beyond what is reimbursed by insurance. The range of care we provide is only made possible through generous community support. Gifts can be made in honor or memory of someone you love. Commemorative bricks are also available throughout the year and installed annually on the *Heart of Hospice Path*. Call 707-445-8443 for more information. Donations can be made online or mailed to Hospice of Humboldt, 3327 Timber Fall Court, Eureka, CA 95503.

### **Join the Circle of Hope through planned giving**

We invite you to join the Circle of Hope. This society was formed to recognize those who have established a personal legacy in support of Hospice of Humboldt's patients and families by making a provision in their will or estate plans.

- ♥ Name Hospice of Humboldt as a beneficiary in a life insurance or retirement plan assets
- ♥ Include Hospice of Humboldt in your will or living trust
- ♥ Create a Charitable Remainder Trust

### **Donate stocks**

Make a big impact by donating long-term appreciated securities, including stock, bonds, and mutual funds, directly to Hospice of Humboldt. Compared with donating cash, or selling your appreciated securities and contributing the after-tax proceeds, you may be able to automatically increase your gift and your tax deduction.

### **Donate your vehicle**

Donating your old or unwanted vehicle allows you to make a powerful impact on the heartfelt care we provide. You can also reduce your taxable income, eliminate the hassles associated with selling your vehicle, and quit paying for car insurance, registration, and repairs. Not only that, you get free pickup and towing services as well.

Visit our website or call NCS Vehicle Donations at 866.829.2918 for more information.



**SCAN ME**

to learn more about ways  
to support heartfelt care!

# DONATE YOUR VEHICLE



Cars



RVs



Boats



Motorcycles



Other

in just 3 simple steps!

1

## CONTACT



**NCS Vehicle  
Donations**

Fill out the car donation form online or call **(866) 829-2918**

[www.ncsvehicledonations.com/nonprofits/hospice-of-humboldt](http://www.ncsvehicledonations.com/nonprofits/hospice-of-humboldt)

NOTE: Due to our remote geographic location, most vehicles will need to be in fair running condition with a wholesale value of approximately \$2,000 or more. However, please reach out to our partners at NCS Vehicle Donations for more information.

2

## SCHEDULE PICKUP

Schedule your fast, free, vehicle pickup at a time and place convenient for you.

3

## RECEIVE TAX DEDUCTION

Receive an IRS tax-deductible receipt and save on your taxes when you donate your vehicle to support Hospice of Humboldt!



**HOSPICE  
OF  
HUMBOLDT**

## SECTION 7

# HOSPICE HOUSE

- ◆ **Ida Emmerson Hospice House overview**
- ◆ **Hospice House visitor guidelines**
- ◆ **Hospice House admission information**
- ◆ **Hospice House rights & responsibilities of patients and families**
- ◆ **Hospice House controlled substance management**



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IDA EMMERSON  
HOSPICE  
HOUSE

---

*Provided by Hospice of Humboldt*

Round the clock specialized end of life care • A place for family to be together • Medical, emotional, and spiritual support



*Comfort Care & Dignity*

HOSPICE OF HUMBOLDT 3327 TIMBER FALL COURT, EUREKA, CA 95503 (707) 445-8443

*Comfort, Care & Dignity*

## Care Tailored to a Patient's Needs



The Ida Emmerson Hospice House is staffed 24 hours a day with a Registered Nurse and Hospice aide. All medical care is overseen by the Hospice of Humboldt Medical Director. Specially trained Patient Care volunteers are also available to provide companionship.

### Who Receives Care at the Hospice House?

Patients must be on Hospice service, which requires a prognosis of six months or less to live. We work with your doctor to coordinate admission.

**Private patient rooms include a state of the art medical bed, a recliner for use by the patient or a family member spending the night, a television, an armoire, and a bedside table.**

**Each room has a private bathroom. Most patient rooms open to a small private patio. Patient beds can also be wheeled onto the patio if desired.**

### Types of Care Provided

**1. General Inpatient Care** is designed for patients whose symptoms cannot be managed where they live. General inpatient stays are usually for one to three days, until symptoms are under control and patients are able to return to their home. These services are covered by insurances.

**2. Respite Care** is designed for patients whose caregivers are in need of a break. Each respite stay is limited to five days by insurance providers.

**3. Residential Care** is an option for hospice patients who wish to reside at our Hospice House. We offer private rooms with 24 hour RN coverage, nutritionally balanced meals along with resident and guest living room and dining room. Residential care is not covered by insurance so patients will be charged a daily rate.

**Hospice of Humboldt  
Ida Emmerson Hospice House  
Visitor Guidelines**

Our goal is to provide the best care possible. We appreciate the opportunity to serve you and your loved ones and we hope to make your stay here as comfortable as possible. Please review the following guidelines we have developed for patient safety and visitor comfort. For patients or family members who need assistance with translation services, an AT&T Language Line is available as well as sign language assistance. Please speak with the nurse on duty for more information.

**Who Can Visit:** Patient, family, friends and loved ones of all ages are welcome. Anyone with a contagious or potentially contagious disease is asked not to visit or may be asked to leave.

**Building Access:** The Ida Emmerson Hospice House (IEHH) is open 24 hours a day for families and loved ones. For security reasons, all doors remain locked. Please ring the doorbell upon arrival.

**Visitor Sign-In:** All visitors will be asked to sign in when they visit.

**Personal Belongings:** A lockable drawer is available in each patient room for personal items. Hospice of Humboldt is not responsible for personal items. We request that valuables and/or large sums of money be kept at home.

Due to the limited space available, no furniture or large items may be brought into the IEHH without prior approval from the Plant and Safety Manager. Upon discharge, if any personal items belonging to patients or families are left behind in the patient's room, we will notify you. Unclaimed items will be tagged with the date and patient name and placed in storage awaiting your pickup. Items will be held for two weeks unless directed otherwise by patient or family.

All electrical appliances or equipment brought in for patients must be inspected by staff prior to use. The UL label must be intact and there must be no visible cracking or fraying of the power cord or wiring.

**Patient Outings:** Family or friends wishing to take a patient off the property will need to check with the nurse on duty in case of restrictions. You will also be asked to complete an *Off Campus Information Sheet*.

**Food for Patients:** Meals will be offered three times a day and snacks will be available 24 hours a day. Patients may order from a menu of food and snack items.

Please ask staff for the current menu. Patient dietary needs and special requests will be honored whenever possible.

Family members are invited to bring favorite ready-to-serve foods from home. For safety reasons, please check in with the patient's nurse regarding dietary restrictions and safety before feeding a patient.

Food that is perishable may be stored in the dining room refrigerators. These refrigerators are shared with other patient families; therefore, we ask that you bring in small portions, stored in a closed container that is labelled with the patient's room number. Any food delivered to the patient's room cannot be returned to the refrigerator in the public dining room. All non-perishable food provided by the family will be kept in a closed (pest-proof) container in the patient's room.

**Food for Visitors:** Coffee and tea are available in the family area. Meals are not provided for family members or visitors but you are welcome to eat meals you provide in the dining room.

**Fragrances:** Please refrain from wearing cologne or perfume as many patients are sensitive to these smells. Very fragrant flowers are not to be kept in patient or public areas.

**Alcohol/Cannabis Policy:** Patients may have an alcoholic beverage or consume prescribed cannabis when approved by the physician in the patient's Plan of Care. Note that a nurse must be advised when alcohol or cannabis is brought on to the premises. The alcohol/cannabis will be stored and used according to the Plan of Care. Alcohol/cannabis may not be consumed by visitors.

**Smoking Policy:** Patients and visitors who wish to smoke tobacco are allowed to do so in the smoking shelter behind the IEHH. The nurse can show you its location. Please use the receptacle provided. Smoking is not permitted in IEHH or elsewhere on the campus.

**Pet Policy:** We love our pets and we recognize the importance of pets to our patients. Clean and well-controlled pets that are important to the patient are welcome to visit. Please notify the nurse in advance of bringing a pet to visit. Pets must have current inoculations. Pets must be kept on a leash or crated at all times. If pets are disruptive, owners will be asked to take their pets home. Please clean up after your pet using the dog waste stations

**Restrooms:** Bathrooms in the patient rooms are for patients only. Public restrooms are available in the main hallway across from the family dining room.



**Chapel in the Redwoods:** Our non-denominational Chapel is available for patients and visitors who might like some time for quiet personal reflection. The Chapel is open from 8:30 a.m. until 5 p.m. Monday through Friday. If you would like to use the Chapel during other hours, please see the nurse who can provide you with access. Please contact the Chaplain if you would like to request the use of the Chapel for memorial services.

**Children's Play Area:** A children's outdoor play area is located adjacent to the Family Room. This is a non-smoking area and all children using the play area must be supervised by an adult.

**Overnight Stays for Family:** While our accommodations are limited, one or two family members may spend the night at IEHH to be near loved ones. We have recliners that can be used for this purpose. The nurse can help with these arrangements. Overnight guests are responsible for their own needs and must not restrict staff's access to the patient. Showers and meals are for patients only.

**Infection Control:**

Please do the following to help us to maintain a safe environment for our patients:

- Consult with the nurse before visiting the facility if you have a fever or are feeling ill.
- Be vigilant about handwashing during your visit and use the available hand sanitizer.
- If special infection control precautions are implemented, a sign will be posted outside of the patient's door. Please follow carefully all of the instructions provided by the nurse and use the protective equipment such as gloves, masks and gowns that will be provided for you.

**Non-Discrimination Policy:** Hospice care is offered and provided to patients and their loved ones without discrimination on the basis of gender, race, color, creed, sex, religion, marital status, race, origin, religious preference, diagnosis, gender, age, handicap, gender identity or ability to pay.

**Confidential Reporting Process:**

Our goal is to provide the best possible care for our patients and their loved ones. If you have any problems or concerns, please discuss them with your nurse or ask to speak to the Clinical Manager. If at any time you feel that you would like to report a problem or concern confidentially, you may use our phone hotline: (707) 267-9888.



## Ida Emmerson Hospice House Admission Information Sheet

3327 Timber Fall Court • Eureka, CA 95503 • Phone (707) 445-8443 • Fax (707) 445-2209

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The services provided at the Ida Emmerson Hospice House (IEHH) will include: a) nursing services and hospice aides to assist with personal care and supervision 24 hours a day, 7 days a week; b) meals three times a day, or as required to meet dietary requirements; and c) maintenance/housekeeping as required for the clean and safe operation of the IEHH.

The goal of the IEHH is to keep all patients safe, free from harm, and comfortable according to their end of life goals and desires. Family members may be asked to assist in providing for the safety of their loved one residing at the IEHH by sitting with the patient or hiring private caregivers if necessary.

### Code Status

- **DNR**—This code status means that the patient has come to the decision, given their prognosis, that they do not wish to be resuscitated in the event of a cardiopulmonary arrest. Code Status should be discussed with family, the physician, and IEHH staff and a copy of any DNR/POLST order and/or any Advance Directives should be provided to the staff of the IEHH.
- **No DNR**—The IEHH is intended to provide end of life care to individuals who choose to be admitted. A natural death is expected to occur at the IEHH. The IEHH staff is not equipped to respond to a full code status.

There are appropriate areas in the patient's room for storage of personal belongings. It is not recommended that patient valuables and/or money be brought to the IEHH. The IEHH will not be responsible for valuables lost or missing.

Any damages caused at IEHH by patient visitors will be assessed for the cost of repair and charged to the patient's account so as to maintain the safety of the house for others. Any changes made to the room must be approved by the IEHH staff. Due to the limited space available, no furniture or large items may be brought into the IEHH without prior approval of the IEHH Clinical Administrator.

When a patient brings a vehicle to IEHH, Hospice of Humboldt is in no way responsible for any damage nor is Hospice of Humboldt responsible if the vehicle is lost or stolen. If a hospice medical provider recommends that it is no longer safe for a patient to drive, someone will need to remove the automobile from hospice property.

IEHH staff wishes to maintain a pleasant and peaceful home atmosphere for all residents. Disruptive, inappropriate, and inconsiderate behavior will not be permitted.

A copy of the Patient and Family Guide to Hospice Care is provided to patients who are enrolled on hospice services at the time of admission to IEHH.

A copy of the IEHH Visitor Guidelines is included in the Patient and Family Guide to Hospice Care.

**Smoking is limited to the shelter outside the building. It is not permitted anywhere else on the campus.**

Alcohol is permitted for the patient only, and only with a physician order. Alcohol for the patient will be stored and served by IEHH staff.

Information about level of care is provided in the Patient and Family Guide to Hospice Care under the Hospice House tab. Hospice of Humboldt staff will provide fee information for patients who are on Routine level of care.


Please notify the IEHH Nurse or Administrator if there are any concerns regarding the safety or quality of care provided at the IEHH. Any concerns may also be called to the confidential Compliance Hotline at 707-267-9888.

The use of aid-in-dying medication per the End of Life Option Act is not allowed at IEHH.

Marijuana or its derivatives will not be allowed at IEHH.

The hospice team will work on discharge planning from IEHH on-going with the patient and family/responsible party.

Assessments are completed routinely to ensure patient safety. When a safety need arises, a photo of the patient may be taken and maintained in the medical record.

IEHH Admissions Agreement_EN	Created by:	Date Created: 9/1/16
Responsible Director: Director of Patient Care Services	E signature of Director: 	Last Review/Revision: 01/06/2023



## **Rights and Responsibilities of Patients and Families at the Ida Emerson Hospice House (IEHH)**

*As a hospice patient, you have the right to be fully informed of your rights and responsibilities prior to the initiation of service at the IEHH. Hospice of Humboldt identifies the patient, the family, and significant others as the recipients of Hospice Care. Services provided shall reflect the patient's and family's expressed desire and need for skilled and supportive care that will enable them to achieve maximum quality of life. Hospice of Humboldt will protect and promote your right to exercise these rights as a resident of this facility and as a citizen of the United States; you will not be subjected to discrimination or reprisal for exercising these rights. Further facility requirements are set forth in the Health and Safety Code, and in Title 22 of the California Administrative Code.*

### **Patient Rights**

As a patient you have the right:

1. To personal privacy including accommodations, medical treatment, written and telephone communications, to send and receive mail that is unopened, receive personal care, and to visit with family and others.
2. To be fully informed as to the reason the patient is being transferred from the facility and given adequate notice unless the transfer is at the patient's/patient's family/legal representative's request. The reason for the transfer will be documented in the patient's medical record.

### **Patient and Families Responsibilities**

As a patient or family member of a patient, you have the responsibility:

1. To follow Hospice of Humboldt's policies affecting patient care and conduct in IEHH.
2. To be considerate of Hospice of Humboldt facilities and equipment and to use them in such a manner so as not to abuse them.
3. To respect the rights and property of other patients and Hospice of Humboldt staff.

**Hospice of Humboldt  
Ida Emmerson Hospice House**

**12.18 Controlled Substances Management  
Policy and Procedure**

**Policy**

Controlled substances in Schedules II, III, IV and V of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, shall be accessible only to the licensed staff at the Ida Emmerson Hospice House. All controlled substances at the Ida Emmerson Hospice House will be managed in a manner that allows each dose to be readily traced from receipt to disposition. All documentation will be in accordance with all Federal and State laws.

Position responsible: IEHH Administrator

**Procedure**

1. All controlled substances will be maintained in a separate locked cabinet/drawer.
2. A Controlled Substance Log will be maintained on all controlled substances, to ensure that receipt and disposition of each dose may be readily traced.
3. The Narcotic Count Sheet shall include:
  - a. Name of the patient
  - b. Prescription number
  - c. Drug name
  - d. Strength of the drug
  - e. Dose of the drug administered
  - f. Date and time of administration
  - g. Signature of the person administering the drug
4. Controlled substances will be reconciled at the end of each shift by two licensed nurses:
  - a. The on-coming licensed nurse unlocks the controlled substance drawer/refrigerator to visualize drugs, counts and verbalizes count of each controlled substance for every patient to off-going licensed nurse.
  - b. The off-going licensed nurse uses the controlled substance sign-out book to confirm the number of controlled substances present for individual patients. The on-coming licensed nurse who has control of the key is then responsible for the accuracy of the count during his/her shift.
  - c. The key can be used by any licensed nurse during the shift after completion of the narcotic count at shift change. The key will be handed off to the oncoming

- licensed nurse after completion of the narcotic count and the signature on the narcotic log of both license nurses completing the count.
- d. Any discrepancies are to be resolved prior to going off duty.
5. Controlled substances that require disposal will be counted and disposed of in the presence of a pharmacist and a Registered Nurse. The following information will be recorded in a separate log:
    - a. Name of the patient
    - b. Name and strength of the drug
    - c. Lot or control number
    - d. Prescription number
    - e. Amount destroyed
    - f. Date of destruction
  6. Signature of pharmacist and nurse  
No medications covered under the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 will be returned to the pharmacy.
  7. All records for controlled substances will be retained for a minimum of three (3) years.
  8. Any discrepancy in the acquisition, storage, dispensing, administration, disposal or return of controlled substance counts shall be reported immediately to the IEHH Administrator or Administrator on Duty, and the Consultant Pharmacist. An Medication Event Report will be completed and shall be kept and made available to law enforcement if requested.
  9. Any theft or significant loss of controlled substances shall be reported to local law enforcement.
  10. A copy of the Ida Emmerson Hospice House (IEHH) policy on managing and disposing of controlled substances will be provided to the patient or patient representative and family. A copy of the policy will also be included in the patient handbook. Safe use and disposal of controlled substances will be discussed with the patient/family/caregiver and documented in the clinical record.

### **Associated Documents**

None

## **SECTION 8**

# **PAPERWORK**

- ◆ **Notice of privacy practices**
- ◆ **Rights and responsibilities of patients & families**
- ◆ **Informed consent for hospice services - patient copy**
- ◆ **Consent for election of hospice benefit - patient copy**
- ◆ **Notes**



**HOSPICE  
OF  
HUMBOLDT**

**Hospice of Humboldt’s  
Notice of Privacy Practices**

3327 Timber Fall Court • Eureka, CA 95503 • Phone (707) 445-8443 • Fax (707) 445-2209

This notice describes how medical information about you may be used and disclosed and how you can get access to this information per the Health Information Portability and Accountability Act (HIPAA). **Please review it carefully.**

<b>Your Rights</b>	
<b>When it comes to your health information, you have certain rights.</b> This section explains your rights and some of our responsibilities to help you.	
<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"> <li>• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"> <li>• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>• We will say “yes” to all reasonable requests.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</li> <li>• We will say “yes” unless a law requires us to share that information.</li> </ul>
<b>Get a list of those with whom we’ve</b>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> </ul>



<p><b>shared information</b></p>	<ul style="list-style-type: none"> <li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<p><b>Get a copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<p><b>Choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>• You can contact Hospice if you feel we have violated your rights by calling us at our Confidential Complaint line, 707-267-9888.</li> <li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

<p style="text-align: center;"><b>Your Choices</b></p>	
<p><b>For certain health information, you can tell us your choices about what we share.</b> If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.</p>	
<p><b>In these cases, you have both the right and choice to tell us to:</b></p>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care</li> <li>• Share information in a disaster relief situation</li> <li>• Contact you for fundraising efforts</li> </ul> <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<p><b>In these cases we never share your information unless you give us written permission:</b></p>	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> <li>• Most sharing of counseling notes</li> </ul>

<b>In the case of fundraising:</b>	<ul style="list-style-type: none"> <li>• We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>
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<b>Our Uses and Disclosures</b>		
<b>How do we typically use or share your health information?</b> We typically use or share your health information in the following ways.		
<b>Treat you</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you.</li> </ul>	<b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<b>Example:</b> We use health information about you to manage your treatment and services.
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.

<b>How else can we use or share your health information?</b>	
<p>We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:  <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html</a>.</p>	
<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as:                             <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> </ul>

<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>• We can use or share health information about you:</li> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**For more information see:**


[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Or Contact our Privacy Officer: Lisa Parris, 707-445-8443.

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

Effective Date of Notice: 12/20/2016.

HOH Notice of Privacy Practices (HIPAA)_EN	Created by: E. Radcliffe	Date Created: 12/20/16
Responsible Director: Director of Quality	E signature of Director: 	Last Review/Revision: 12/1/2023



**HOSPICE  
OF  
HUMBOLDT**

## **Rights and Responsibilities of Patients and Families**

3327 Timber Fall Court • Eureka, CA 95503 • Phone (707) 445-8443 • Fax (707) 445-2209

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*Hospice of Humboldt identifies the patient, the family and significant others as the recipients of Hospice Care. Services provided shall reflect the patient's and family's expressed desire and need for skilled and supportive care that will enable them to achieve maximum quality of life. If/When a patient has been judged incompetent or at the patient's request, the patient's legal surrogate decision maker may exercise these rights as described below.*

### **As a patient you have the right to:**

1. Know Hospice of Humboldt's mission and care; and services provided directly or through contractual arrangement, as well as, the ownership and control of Hospice of Humboldt.
2. Be assured the personnel who provide care are qualified through education and experience to carry out the services for which they are responsible, and to choose your attending physician.
3. Be able to identify visiting personnel members through proper identification.
4. Be fully informed by a physician of your medical condition, unless medically contraindicated. This includes information about your illness, the course of treatment and prognosis in terms you can understand.
5. Have a clear understanding of the availability of and access to hospice services. Routine phone consultations and home visits are available Monday through Friday, 8:30 am to 5:00 pm. Emergency services are available 24 hours a day, 7 days a week.
6. Be informed in advance of the types of services each Hospice of Humboldt team member can provide and the frequency of visits from those team members.
7. Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care and services expected from third parties and any charges for which you or your family will be responsible.
8. Receive information, as requested, about how to apply for Medicare and MediCal benefits and how to receive refunds for previous payments covered by such benefits.
9. Be fully informed of your health status and potential benefits and risks of all medical services suggested, and to accept or refuse those treatments or services. The Hospice Social Worker will provide you with information regarding advanced directives such as living wills and durable power of attorney for health care. You will not be discriminated against or subject to reprisals for refusing any treatment or in any other way exercising the rights listed here.


10. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse of any kind, including injuries of unknown source, and misappropriation of patient property.
11. Receive effective pain management and symptom control for conditions related to your terminal illness.
12. Participate in the planning of your care. The Hospice professional team will assist you and your family in identifying which services and treatments will help you attain your personal goals and discuss any changes to your treatment in advance. You, your family, or caregivers will be instructed in safe and effective ways of caring for you.
13. Be assured confidential treatment of personal and clinical records, to have access to and approve or refuse their release to any individual outside the hospice, except in the case of transfer to another health facility, or as required by law, or third-party payment contract. Your personal information and medical records will be released only on your or your family's written consent, or as required by law. For a complete list of your rights under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule please read Hospice of Humboldt's Notice of Privacy Practices.
14. Be able to share feedback, concerns, and suggestions with Hospice of Humboldt so that we may continuously improve our care and services. Be informed of the procedures for resolving complaints regarding your care, and have any complaints investigated. Hospice of Humboldt makes every effort to immediately resolve concerns or issues that may arise. If you have any concerns about the care you are receiving, please call our Director of Patient Care Services or Director of Quality at (707) 445-8443. You also have the option of calling the confidential Hospice of Humboldt Complaint Hotline at (707) 267-9888.
15. File a complaint with the state survey agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. The California Department of Public Health (CDPH) has a hotline for complaints or questions and is based in the Santa Rosa/Redwood Coast District Office: 2170 Northpoint Parkway, Santa Rosa, CA 95407 (707) 576-6775 / Toll Free: (866) 784-0703 Fax: (707) 576-2037. To file a complaint concerning fraud, waste, and abuse of federally funded programs, contact the Office of Inspector General (OIG) at (800) 447-8477. Complaints may be registered confidentially and without retaliation or discrimination in any manner for such complaint or question.
16. Review any Federal, State, or local survey findings and associated plans of corrections by contacting the Director of Quality at (707) 445-8443.
17. Have staff communicate in a language or form you can reasonably be expected to understand.
18. Be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. Case discussion, consultation, examination and treatment are confidential and will be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual.

19. Be treated in an environment free from harassment, discrimination, retaliation, and disrespectful or other unprofessional conduct based on protected class characteristics, such as, and not limited to the following: sex (including pregnancy, childbirth, breastfeeding or related medical conditions), race, religion (including religious dress and grooming practices), color, gender (including gender identity and gender expression), national origin (including language use restrictions and possession of a driver's license issued under Vehicle Code section 12801.9), ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, sexual orientation, ability to pay for services, military and veteran status or any other basis protected by federal, state or local law or ordinance or regulation. Hospice of Humboldt also prohibits discrimination, harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

**Patient and Families Responsibilities**

As a patient or family member of a patient, you have the responsibility to:

1. Participate in the development of the Plan of Care for the patient and its updates as the patient’s condition or needs change.
2. Provide, to the best of your knowledge, complete and accurate information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
3. Inform Hospice of Humboldt of any advance directives or any changes in advance directives and provide Hospice with a copy.
4. Advise Hospice of Humboldt of any problems or dissatisfaction with patient care or discrimination or unequal treatment as soon as possible following an incident.
5. Notify Hospice of any address or telephone number changes and when you are unable to keep appointments.
6. Provide a safe home environment in which care can be given.
7. Treat Hospice team members with respect and consideration.
8. Sign the required consents and releases for insurance billing and provide insurance and financial records as requested.
9. Remain under a physician’s care while receiving Hospice services.
10. Collaborate with hospice providers in developing your plan of care and notify Hospice of any changes in your desire for treatment or hospitalization, including changes in medications. If serious side effects, complications or worsening of the conditions occur, notify Hospice promptly. Inform Hospice of other medications and treatments you are pursuing that are not provided by Hospice.

Rights and Responsibilities Patient Family_EN	Created by:	Date Created:
Responsible Director: Director of Patient Care Services	E signature of Director: 	Last Review/Revision: 12/1/2023



## Informed Consent for Hospice Services

3327 Timber Fall Court • Eureka, CA 95503 • Phone (707) 445-8443 • Fax (707) 445-2209

We, the patient and family, \_\_\_\_\_ request admission to the Hospice of Humboldt program of care, and we acknowledge, consent, and agree to the following:

1. **Purpose of Hospice Services.** We understand the Hospice program is palliative, not curative, in its goals and treatments. Hospice emphasizes relief of symptoms such as pain and physical discomfort and addresses the emotional and spiritual needs which accompany a life-threatening illness.
2. **Caregivers.** We understand that the Hospice team of clinicians is not intended to take the place of the family (or care providers in a residential facility), but rather to support us, the family, in caring for the patient. Hospice does not provide staffing for us on an extended basis, but teaches us, the family, how to care for the patient.
3. **Care at Home.** We understand that the main focus of Hospice care is to keep me, the patient, at my place of residence whenever possible. Services that Hospice provides to help with this include nursing, physician care, social services, home health aides, dietary, and spiritual or pastoral care. Additional services such as physical therapy, occupational therapy, and speech therapy may be available if included in the Plan of Care. Hospice volunteers may also provide support and services to us. We understand that staff and volunteer visits will be made by scheduled appointments. Routine phone consultations and home visits are available 8:30 am to 5:00 pm Monday through Friday, and in the event of an emergency 24 hours a day, seven days a week.
4. **Emergencies.** In the event of an emergency, we must call Hospice of Humboldt **first**. The Hospice Nurse, in consultation with the patient and family, will determine the need for hospitalization. Failure to call Hospice first **may** result in us, the patient and family, being financially responsible for ambulance and hospital services. Hospice does not initiate CPR.
5. **Levels of Care.** We understand Hospice will make available to us four levels of care, depending on our need:
  - A. **Routine Hospice Care** - Comprehensive, interdisciplinary services provided at home. **Almost all** services provided by Hospice will fall under this category.
  - B. **Continuous Care** - Sometimes a patient may need an exceptional amount of help from Hospice in order to remain comfortable and at home. Hospice **may** provide 8 or more hours of skilled nursing or other services in a 24-hour period if there is a need for this level of support and care.
  - C. **Inpatient Respite Care** - We understand that in some circumstances the challenge of providing 24-hour care, seven days a week, may be more than we, the family, can maintain over a period of time. In that case, the patient **may** stay in a hospital or the Ida Emmerson Hospice House for up to five days. This stay **must** be approved and coordinated by the Hospice team.
  - D. **Inpatient Acute Care** - We understand that Hospice **may**, on rare occasions, provide short-term stays in the hospital or Ida Emmerson Hospice House for patient if needed for

symptom management. This stay **must** be approved and coordinated by the Hospice team. The Hospice of Humboldt Medical Director or designee oversees patient care in the inpatient acute care setting.

6. **Telecommunication Consultation.** We understand that Hospice health care providers may wish to engage in a Telecommunication consultation which utilizes telephone and/or video conferencing technology and is not the same as a physical visit. A Telecommunication consultation has potential benefits including easier access to care and the convenience of meeting from a location of our choosing though there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. We understand that our health care provider or I can discontinue the Telecommunication consult/visit if it is felt that the connection is not adequate for the situation. To maintain confidentiality, we will not share any Telecommunication appointment information with anyone unauthorized to attend the appointment.
7. **Follow-up Support for Families.** We understand that family members, caregivers, and other people important to me may choose to participate in the Hospice bereavement program. Services available through this program include group counseling and other support for up to 13 months following the patient's death.
8. **Care Decisions.** We understand that we are invited to be involved in the decisions of care to be provided to us and that all members of the Hospice clinical team shall be allowed to visit for an initial assessment. We may participate in the preparation of the Plan of Care that guides the Hospice Team, and may choose to refuse a particular treatment.
9. **Release of Information.** We **understand** and **permit** Hospice of Humboldt to release part or all of my medical records to those federal, state, local or private agencies involved in my care. We also **understand** and **permit** Hospice to request release of my Medical Records from my Primary Care Physician, hospitals, and other health care providers as deemed appropriate by Hospice.
10. **Financial Agreements.** As the patient, or representative of the patient, I understand that Hospice of Humboldt may bill, on the patient's behalf, Medicare, Medi-Cal, or other insurance companies for the services received. We understand that if the patient has no insurance coverage, Hospice will provide me with a sliding fee scale that will describe my financial responsibilities. We understand that regardless of my payment option, we will receive the complete range of Hospice services.
11. **Insurance Benefits.** As the patient, or representative of the patient, I hereby authorize Third Party Payers to pay Hospice of Humboldt directly for services they provide, and assign all designated health insurance benefits directly to Hospice.
12. **Revocation.** We understand that we may choose not to remain in the Hospice program. We understand that we may want treatments that may or may not be related to the initial diagnosis, that may be curative in nature, or that are not anticipated in the Plan of Care. We understand that this change of plan will need to be reviewed by the Hospice clinical team to determine whether this new course may make me, the patient, ineligible for continued Hospice services. We agree to notify our Hospice nurse or other Hospice employee and complete the revocation form if we choose to revoke Hospice services. We understand that there will be no further liability to us or to Hospice once we have chosen to revoke from Hospice. We understand also that we may request to be readmitted at a later date.
13. **Discharge.** We understand that Hospice may discharge me, the patient, from the program if hospice care is no longer appropriate. In this case, Hospice will develop a plan for gradual withdrawal of services that may include referrals to other agencies for appropriate services. There will be no further liability to us or to Hospice once the patient has been discharged



from Hospice. We understand, however, that we may request to be readmitted at a later date.

- 14. **Rights and Responsibilities.** We acknowledge that we have received, understand, and agree to the terms included in this Informed Consent for Hospice Services form and have reviewed the Patient and Family Guide to Hospice Care that addresses Hospice of Humboldt’s philosophy, services, goals, and care plan process, as well as information about Advance Medical Directives, and grievance information. We have received and reviewed a copy of the Rights and Responsibilities of Patients and Families, the Rights and Responsibilities of Patients and Families at the Ida Emmerson Hospice House (IEHH), and the IEHH Admission Information Sheet. We understand our rights and responsibilities as a hospice patient or family member of the patient.
- 15. **Notice of Privacy Practices.** We have received a copy of Hospice of Humboldt Notice of Privacy Practices. I understand this document provides an explanation of the ways in which my health information may be used or disclosed and of my rights to access my health information.
- 16. **Licensing of Medical Doctors.** The Hospice Medical Director and all other hospice physicians are licensed and regulated by the Medical Board of California. Inquiries and complaints may be made at (800) 633-2322 or [www.mbc.ca.gov](http://www.mbc.ca.gov).

I consent to photographs taken for medical documentation  Yes  No

*We have been able to discuss the above conditions with a member of the Hospice staff and have had our questions answered to our satisfaction. We understand that Hospice physicians are licensed and regulated by the Medical Board of California.*

_____	_____	_____
Patient name (print)	Patient signature	Date
_____	_____	_____
Authorized patient representative (print)	Patient representative signature	Date
_____	_____	_____
Hospice representative (print)	Hospice representative signature	Date



# Consent for Election of Hospice Benefit

3327 Timber Fall Court • Eureka, CA 95503 • Phone (707) 445-8443 • Fax (707) 445-2209

**PATIENT NAME:** \_\_\_\_\_ **HOH #:** \_\_\_\_\_

## Hospice Election

I, \_\_\_\_\_, choose to elect the Medicare/MediCal/private insurance hospice benefit and receive hospice services from Hospice of Humboldt to begin on \_\_\_\_\_.

(Note: The start of care date, also known as the effective date of the election, may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. An individual may not designate an effective date that is retroactive).

## Right to Choose an Attending Physician

- I understand that I have the right to choose my attending physician to oversee my care.
- My attending physician will work in collaboration with Hospice of Humboldt to provide care related to my terminal illness and related conditions
- If I do not choose a physician, the hospice's physician will manage my medical care related to my terminal illness.

I do not wish to choose an attending physician.

I acknowledge that my choice for attending physician is: \_\_\_\_\_

*Physician's Full Name*

## Hospice Philosophy and Coverage of Hospice Care

By electing hospice care under the Medicare/MediCal/private insurance hospice benefit, I acknowledge that:

- I was explained of the holistic, comprehensive nature of the hospice benefit and have a full understanding of the purpose of hospice care including that the nature of hospice care is palliative rather than curative. The focus of hospice care is to provide comfort and support to both me and my family/caregivers.
- I was provided information on which items, services, and drugs the hospice will cover and furnish upon my election to receive hospice care.
- I was provided with information about potential cost-sharing for certain hospice services, if applicable.
- I understand that by electing hospice care under the Medicare/MediCal/private insurance hospice benefit, I waive (give up) the right to Medicare/MediCal/private insurance payments for items, services, and drugs related to my terminal illness and related conditions. This means that while the election is in force, my insurance will make payments for care related to my terminal illness and related conditions only to the designated hospice and attending physician that I have selected.
- I understand that items, services, and drugs unrelated to my terminal illness and related conditions are exceptional and unusual and, in general, the hospice will be providing virtually all my care while I am under a hospice election. Although it would be rare, there could be some necessary items,

drugs, or services that will not be covered by hospice because hospice has determined that these items, drugs, or services are to treat a condition that is unrelated to the terminal illness and related conditions. The items, services, and drugs determined to be unrelated to my terminal illness and related conditions may continue to be eligible for coverage by Medicare/MediCal/private insurance under separate benefits.

**FOR MEDICARE PATIENTS ONLY:**

**Right to Request "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"**

- Some items, services, or drugs may no longer be medically appropriate for you. Hospice will alert you to these items, if they occur, and discontinue them from the hospice plan of care. If you choose to continue with these items, you will be financially responsible for them.
- As a Medicare beneficiary who elects to receive hospice care, you have the right to request at any time, in writing, the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs" addendum that lists conditions, items, services, and drugs that the hospice has determined to be unrelated to your terminal illness and related conditions, and that will not be covered by the hospice.
- The hospice must furnish this notification within 5 days, if you request this form on the start of care date and within 72 hours (or 3 days) if you request this form during the course of hospice care.

**Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO)**

As a Medicare Hospice beneficiary, you have the right to contact the Beneficiary and Family-Centered Care Quality Improvement Organization (BFCC-QIO) to request Immediate Advocacy if you disagree with any of the hospice's determinations. The BFCC-QIO that services your area is:

BFCC-QIO Name: Livanta

BFCC-QIO Phone Number: 1-877-588-1123; 1-855-887-6668 (TTY)

Signature of Beneficiary: \_\_\_\_\_

Print Name of Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

Beneficiary is unable to sign: \_\_\_\_\_

*Reason beneficiary is unable to sign*

Signature of Representative: \_\_\_\_\_

Printed Name of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

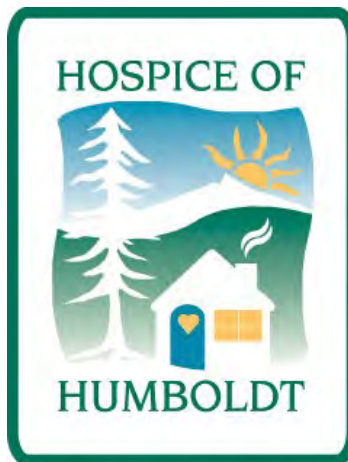
Signature of Hospice Representative: \_\_\_\_\_

Printed Name of Hospice Representative: \_\_\_\_\_ Date: \_\_\_\_\_









3227 Timber Fall Court

Eureka, CA 95503

707-445-8443

[www.hospiceofhumboldt.org](http://www.hospiceofhumboldt.org)

*"Whatever your needs may be at the end of life, Hospice of Humboldt will be there for you and your loved ones."*

-Gail, grateful family member