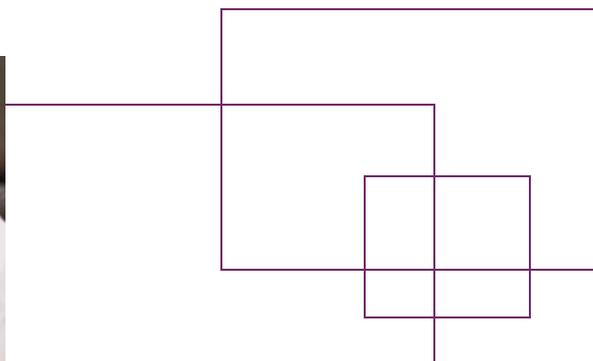


VISITING NURSES ASSOCIATION OF VENANGO COUNTY, HOSPICE

Part of UPMC Visiting Nurses



Patient Guide for Hospice Services

Your Care. Our Commitment.

Your Hospice Team

Hospice Team: V33

Phone: 814-432-6555

Toll Free: 1-877-300-3171

If you have any complaints or worries, please call **814-432-6555**.

My Hospice Team Members

Primary Nurse	
Licensed Practical Nurse	
Home Care Aide	
Social Worker	
Chaplain	
Volunteer	
Registered Dietitian	
Other	
Pharmacy	
Medical Supply Company	
Durable Medical Equipment Company	

Emergency Plan

Important Phone Numbers <i>(Please fill in each box)</i>			
	Ambulance/Police/Fire 911 or		Poison Control 1-800-222-1222 or 911
	Hospital		Family
	Doctor		Electric Company
	Doctor		Phone Company
	Non-Emergency Transportation		Water Company
	Other		Gas Company
DNR () Yes () No _____			
Advance Directive () Yes () No _____			

Comments: _____

Table of Contents

President’s Welcome Letter	1	Hand Washing to Prevent Infections	22
Mission, Vision, and Values	2	Waste Disposal and Equipment Cleaning and Storage Tips	24
Important Information About Hospice		For Your Family Members/ Caregivers	
What is Hospice?	3	Bereavement Services	26
Role of the Interdisciplinary Team	5	Decision Making	26
How to Reach Hospice	8	Patient Satisfaction Surveys	26
Overview of the Organization	8	UPMC’s Notice of Privacy Practices	26
Plan of Care	9	Your Rights Concerning Your Health Information	32
Information About Your Medicare Summary Notice	11	Violation of Privacy Rights	34
Patient Rights and Responsibilities	11	Changes to This Notice	34
Advance Directives — Living Wills	14	If You Have Questions About This Notice	34
Safety in the Home		Pain Management	
General Safety	16	Are You Having Pain?	35
Fall Prevention	17	Tell Us About Your Pain	35
Causes of Falls and How to Prevent Falls	17	Treatment of Pain	36
General Equipment Safety	17	Pain Management Diary	37
Instructions for Specific Equipment	18	Monthly Schedule	39
Medicine Safety	18	Patient Interdisciplinary Communication (PIC) Log	42
Fire Prevention and Safety	19	Smoke-Free Environment	43
Oxygen Safety	20	Language Interpretation Services	44
Weather Emergencies	21	Notes About My Care	45
Emergency Preparedness	21		
Infection Prevention	22		

Dear Patient,

Welcome to the Hospice Program. Making an informed choice is important when selecting a hospice program that will meet your needs and those of your loved ones. Our organization is committed to service excellence. Our dedicated, competent, and compassionate staff strives to provide you with the best possible hospice care available. We are committed to making your hospice experience one that provides comfort and support to you and your loved ones.

We believe that our patients and families deserve the highest quality care possible when faced with difficult symptoms and challenging end-of-life decisions. Our staff wants to do everything they can to help preserve your quality of life and to avoid any complications or infections. One simple thing you and your family can do to help prevent infections is to wash your hands often and make sure that everyone who touches you, including our hospice staff, washes their hands. Please feel free to remind our clinical staff to practice good hand hygiene at all times.

I also encourage you to discuss your care with our staff and let them know whether we are meeting your expectations. You are provided with contact numbers in this booklet, and I encourage you to call with any questions or concerns you may have.

On behalf of the Venango Home Care and Hospice organization, I would like to thank you for choosing the UPMC Visiting Nurses hospices to provide your care.

Sincerely,

A handwritten signature in black ink that reads "Penny Milanovich". The signature is written in a cursive, flowing style.

Penny S. Milanovich, RN, MSN, MBA, FACHE

President

Visiting Nurses Association of Venango County, part of UPMC Visiting Nurses, prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, Visiting Nurses Association of Venango County will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in Visiting Nurses Association of Venango County programs and activities. This commitment is made by Visiting Nurses Association of Venango County in accordance with federal, state, and/or local laws and regulation. Visiting Nurses Association of Venango County is operated by UPMC Visiting Nurses which is owned by UPMC Community Provider Services, Jefferson Regional Medical Center, and Fayette Regional Health System. Visiting Nurses Association of Venango County is accredited by the Joint Commission.

Mission, Vision, and Values

Our Mission

UPMC's mission is to serve our community by providing outstanding patient care and to shape tomorrow's health system through clinical and technological innovation, research, and education.

Our Vision

UPMC will lead the transformation of health care. The UPMC model will be nationally recognized for redefining health care by:

- Putting our patients, health plan members, employees, and community at the center of everything we do and creating a model that ensures that every patient gets the right care, in the right way, at the right time, every time.
- Harnessing our integrated capabilities to deliver both superb state-of-the-art care to our patients and high value to our stakeholders.
- Employing our partnership with the University of Pittsburgh to advance the understanding of disease, its prevention, treatment, and cure.
- Serving the underserved and disadvantaged, and advancing excellence and innovation throughout health care.
- Fueling the development of new businesses globally that are consistent with our mission as an ongoing catalyst and driver for the benefit of the residents of the region.

Our Values

Our culture represents our dedication to delivering the right care, at the right time, in the right way, every time. Patient care is our priority. The five core values we embrace are:

- **Quality & Safety.** We create a safe environment where quality is our guiding principle.
- **Dignity & Respect.** We treat all individuals with dignity and respect.
- **Caring & Listening.** We listen to and care for our patients, our health plan members, our fellow employees, our physicians, and our community.
- **Responsibility & Integrity.** We perform our work with the highest levels of responsibility and integrity.
- **Excellence & Innovation.** We think creatively and build excellence into everything that we do.

Important Information About Hospice

What is hospice?

Hospice is a special way of caring for patients who have a terminal illness that cannot be cured. Hospice gives support and care to patients and their families during the final phase of living to help them keep their comfort, dignity, and quality of life.

Hospice offers an individualized program of physical, emotional, and spiritual care for people in the last phases of an incurable disease. The program focuses on controlling pain and other symptoms. The program uses a spirit and idea of caring that focuses on comfort and dignity for the dying. Hospice care is centered on both the patient and their family.

What services are provided?

Hospice uses a team approach to give quality end-of-life care in a patient's home. The hospice team often includes a nurse, doctor, social worker, trained volunteer, dietitian, and chaplain. Other trained personnel are called upon if and when needed, for example, health aides, practical nurses, and physical therapists. The hospice team and the patient's attending (personal) doctor create a plan of care that includes the medical and support services needed to manage terminal illness.

Services that may be given based on the patient's needs and regulatory criteria are:

- Doctor services
- Nursing care
- Durable medical equipment and supplies
- Medicines for symptom management and pain relief
- Short-term inpatient care for crisis management and respite care
- Homemaker and home health services

- Physical therapy, occupational therapy, and speech therapy
- Medical social work
- Spiritual care
- Volunteer services
- Bereavement services

Can hospice really do this?

Yes. A basic part of hospice philosophy is that patients should be able to choose how they will spend their final days. Hospice care helps patients to be as comfortable and as free from pain and other disabling symptoms as they can in order to enjoy those days. For a long time now, hospice has been helping patients to control pain and limit distress of all kinds.

Is hospice a place that takes care of the dying?

No. Hospice is a kind of care, not a specific place. It is a special way of caring for patients, most likely in their own homes, during their final days. It is important to know that hospice is about living, not about dying.

What does "hospice is about living" mean?

Hospice is about making the quality of a dying patient's life better, no matter how short. It is a program that focuses on the dignity of the person and the strength of the family. The hospice team gives care when illness is no longer able to be cured. Hospice also helps patients to find a sense of peace and dignity.

How does hospice do this?

Hospice follows a plan of care that has been carefully made over many years. It is both medical and emotional care that involves not only the patient but also the family or loved ones who care for the patient. Medical attention is focused on the patient's physical comfort and mental alertness.

Who can be a hospice patient?

A hospice patient is someone who has a limited life expectancy (6 months or less) and is no longer getting treatment toward a cure but needs very close medical attention. The patient must choose hospice care with a clear understanding of its philosophy and services. There must be a family member or other person(s) willing to care for the patient at home with help, if needed, and to share in making choices.

Why does someone seek hospice care rather than other types of care?

Many patients who know they have a limited life expectancy want to stay at home in a place that they are used to and know. They do not want to be in an impersonal hospital nor have many tests and procedures done. They want to spend their last days in the normal routine of their lives with their family and friends.

Who takes care of the patient?

Family members or friends work together to care for the patient at home with the support and guidance of the hospice team. If needed, a member of the team gives care directly.

Can pain really be controlled?

Yes, it can.

What is a hospice team?

The team is a group of hospice staff members who work together for the patient and family. The team often includes a nurse, doctor, social worker, trained volunteer, dietitian, and chaplain. Other trained personnel are called upon if and when needed — for example, health aides, practical nurses, and physical therapists.

How often does someone from hospice visit a patient's home?

People from the team make regular home visits, some on a weekly basis or more often. The schedule is made and changed based on the patient's needs. Also, a nurse and doctor are on-call 24 hours a day, 7 days a week for phone advice and for visits when needed. Care can be given wherever the patient lives. This may be in the patient's home, a family member's home, a nursing home, or an assisted living or personal care home.

What does the hospice team do?

The nurse makes scheduled visits to the patient and is the main contact between the patient and family and all hospice resources. In addition to nursing duties, he or she is trained to know and react to emotional and psychological problems. Hospice team members can give advice on practical matters and guide the family in caring for the patient. They also will arrange for supplies or extra help when it is needed. The nurse and his or her team become the family's and the patient's central support system.

What does the hospice doctor do for the patient?

Based on the patient's medical history, observation, and information given by the nurse, the doctor and the team make a plan of care. The doctor also gives and monitors medicine. In some situations, the team doctor may also visit the patient to evaluate and monitor the patient's condition.

Can patients stay under the care of their personal doctors?

Yes. In fact, attending doctors are encouraged to keep caring for their patients and work with hospice. Or if the hospice doctor takes on the main responsibility, a patient's doctor can be kept fully informed.

Does a patient's doctor need to refer the patient to hospice?

No, anyone can contact hospice. Usually the patient's family or friends make the first call to their local hospice. But a patient's personal doctor must be talked to before the patient begins hospice care.

When should someone seek hospice care?

Earlier is better. The greatest service can be given when there is time to fully understand the patient's and family's needs and to create a good plan of care. Perhaps most important of all, if a relationship of trust between the patient and hospice can be made over a few months, the patient enjoys the full benefit of hospice care.

Role of the Interdisciplinary Team

Primary Nurse/Case Manager

We give constant assessments of the patient's overall well-being. Working with the doctor and whole hospice team, we make sure there is good symptom management and manage overall care of the patient.

Home Health Aide

We bathe the patient and give personal care. Sometimes we will do light housekeeping as needed.

Social Worker/Counselor

We give emotional support to the patient and family. We also help with community resource planning, as well as long-term planning.

Chaplain/Spiritual Counselor

We give interfaith counseling and spiritual support to the patient and family to help them cope with issues about terminal illness. We can help you or your family members with funeral plans.

Volunteer

We give many types of support to both the patient and family. Whether it is reading to the patient, doing a life review with the patient, or sitting with the patient while the caregiver runs errands, a volunteer can also just be a friend or confidant during this trying time.

Doctor or Physician Services

The hospice team works under the direction of the patient's personal doctor or specialist. The hospice team will work with the medical director of the hospice and the patient's personal doctor to give the best care possible. The patient should tell the hospice team when they have scheduled doctor's appointments.

Pharmacist

We review and consult with the doctors about the medicine needs of a patient's illness, as needed. We help to manage and review medicine options for palliative control of symptoms (palliative care means providing patients with relief from the symptoms, pain, and stress of illness).

Bereavement Counselor

We give constant support to the patient's family after the patient has died.

Ancillary Services

The hospice team also uses staff from other areas of medical care to make sure there is quality care. Here are some of them:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Dietary Counseling

What are the actual steps toward starting the hospice program?

With the permission of the patient, the hospice admissions team and the patient's doctor talk about the patient's medical condition to decide if he or she is right for hospice care. After that, a hospice nurse visits the patient to answer questions, talk about consent forms, get signatures, and start to plan for the patient's care.

Who pays for hospice care?

All or parts of hospice service are covered by Medicare, Medicaid, and most insurance companies. Medicare has a special hospice benefit. The insurance usually pays the hospice directly, depending on the limit of care days. For more information on hospice billing, please call our office at **814-432-6555** or toll-free at **1-877-300-3171**.

What if someone doesn't have the money to pay for hospice care?

Financial assistance may be available. A representative from the hospice will help in assessing financial need.

Are there other Medicare and insurance benefits available?

When patients choose hospice care, they give up the right to standard insurance benefits for treatment of the terminal illness. Insurance pays the whole cost of the covered services needed to manage the terminal illness. A hospice patient can, however, qualify for standard insurance benefits for treatment of a condition unrelated to the terminal illness. This would include medicines that are not related to the terminal illness. If the patient is accessing benefits for something other than a terminal illness, they must call both the hospice and the provider for coordination of care.

This is important so that billing can be correct. For information or more explanation, please call our office at **814-432-6555** or toll-free at **1-877-300-3171**.

What is not covered?

All services required for care of the terminal illness must be given by or through the hospice. When a patient chooses hospice care, the insurance will not pay for:

- Aggressive treatment for the terminal illness.
- Care given by another hospice that was not arranged for by the patient's hospice.
- Care from another provider that is the same care the hospice is required to give.
- Services from somewhere other than a hospice-contracted provider. (Ask to see our list of collaborative/contracted service providers.)
- An emergency visit to the hospital **without** the hospice team's approval.
- Blood work, x-rays, or procedures related to the terminal illness that have **not** been approved by the hospice team.

Aside from medical care, how can the patient be helped?

The emotional stress and practical problems faced by a patient and their family often can be as great of a concern as the disease. How will they face the fact of death? How will they cope? Hospice nurses, social workers, and other team members are specially trained to counsel, assist, and aid with these and other questions and worries. All hospice resources and experience are geared toward helping families facing terminal illness. Also, a trained volunteer will be available to lend a helping hand to the family by doing errands or even staying with the patient when the family needs a break. Hospice offers a wide circle of care.

Can a patient really be cared for at home?

Yes. Thousands of patients have been cared for at home with the help of hospice. The benefit is not only to the patient but also to the family members and others involved who know they have given the truest measure of their love. Hospice has follow-up care for the bereaved family members who seem to recover from their loss with added strength because they actively helped to take care of their loved ones.

What kind of follow-up care does a family receive?

Hospice offers support groups to those who have recently lost a loved one. Bereavement counselors (specialists who help people deal with grief) can give guidance on personal problems. Counselors can also provide the friendship of a trained volunteer who understands what has happened. Special activities are available for children who have been through a loss. For a year and a month after the death of the patient, hospice will be in touch. Best of all, perhaps, the family knows during these months of change that "hospice is there."

How long can hospice care continue?

After the patient has been in the hospice program awhile, the hospice team will evaluate him or her at timeframes predetermined by the insurance company to make sure that hospice care is still right for the patient. Hospice care can keep going as long as the patient is meeting medical criteria and the hospice can show that there is a decline in the patient's condition that would lead the doctor to believe the patient would have a limited life expectancy (6 months or less).

Can a patient withdraw from hospice after starting the program?

A patient has the right to cancel hospice care at any time, go back to the standard Medicare or insurance coverage, and then later choose the hospice benefit. If a patient cancels during any of the benefit periods, any days left in that period are lost, but the patient can choose hospice care under a new benefit period. Besides having the right to stop hospice care at any time, patients may also switch to another hospice once during each benefit period.

However, if you were enrolled in a Medicare Advantage Plan before hospice election, your advantage plan will not become effective until the first day of the month after the relocation or after you leave hospice (are discharged).

Hospice can discharge a patient from our care for the following reasons:

- We know that the patient is no longer terminally ill.
- The patient moves out of our service area.
- The patient moves to another hospice.
- Issues of patient or staff safety cannot be resolved.
- The patient's behavior or care-giving situation is disruptive, abusive, or uncooperative, so much so that the delivery of care to the patient or the ability of the hospice to work effectively is seriously impaired.
- The patient asks to end hospice services by canceling the hospice benefit.
- When there is no caregiver to give medicine and care.

How to Reach Hospice

Important Phone Numbers

VNA of Venango County, Hospice
814-432-6555

Office Hours:

Monday through Friday, 8 a.m. to 4:30 p.m.
Saturday and Sunday, 8 a.m. to 4:30 p.m.

For the Hearing, Deaf, Hard of Hearing, or Speech Disabled Persons

The PA Relay service is an AT&T phone service, regulated by the Public Utility Commission, that offers persons who are hearing, deaf, hard of hearing, or speech disabled 3 ways to communicate using the phone: Traditional Relay, Video Relay, and Internet Relay. Users simply dial **711** (or **1-800-654-5988**) or **1-800-682-8706** to connect to a trained communications assistant (CA) who follows a strict code of ethics and confidentiality. The CA then sends your messages to the person you are trying to reach. PA Relay is available 24 hours a day, 7 days a week and makes the phone an easily accessible means of communication. For more information, you can visit their website, www.PArelay.net.

Language Interpreter Services

If language interpreter services are needed for your visit, please let our visiting staff know as early as possible so that arrangements can be made.

Nights/Weekends/Holidays

After normal business hours, if you have a medical problem that cannot wait until the office is open, you can call the regular office phone number and your call will be sent to the answering service. Please give your name,

team, phone number, and a short message about why you are calling. The operator will contact a member of our staff, who will then call you back.

Overview of the Organization

Mission Statement

As an industry leader, UPMC Visiting Nurses and its affiliated hospices offer individually focused and cost-effective home and community-based health services that achieve optimal patient satisfaction. Hospice strives to enable people to live with dignity and hope while coping with end of life concerns and loss.

Ownership

We are owned by UPMC Community Provider Services and Jefferson Regional Medical Center.

Policies

This book gives general information in regards to your rights and responsibilities as a patient. Since state and federal regulations change, there may be changes made to this book.

Admission Assessment

You can expect your hospice admission assessment to last about 1-1/2 to 2 hours. The whole assessment will include a number of questions to assess your needs and individualize your plan of care, a review of your medicines, and an evaluation of home safety. Our assessment will help us to give you the finest care and make your experience better. We thank you for your cooperation with this.

Plan of Care

The organization's professionals, with the help of your personal doctor, create an individualized plan of care based on your known problems and needs. The plan of care is designed to help you to care for yourself better.

The plan of care is reviewed at least every 15 days and updated as needed, based on your changing needs. Medical information will be given to you to help you be part of your plan of care. Please let us know if you would like us to talk about your care or share information with a family member or caregiver. Also, let us know if you want a family member or caregiver involved in the planning of your care.

We encourage you and/or your caregiver to be a part of the planning and revising of your plan of care. While you have the right to not have any treatment, procedure, or medicine, such refusal may require us to get a written statement releasing the hospice from all responsibility resulting from such action. We would like you to discuss the matter with your doctor for guidance and advice.

There must be a willing, able, and available caregiver to be in charge of your care between our visits. This person can be you, a family member, a friend, or a paid caregiver. If there is no responsible caregiver, our team will work with you to make the best arrangements to make sure that the right caregiving is in place.

We recognize your right to dignity and privacy in your treatment and in the care of your personal needs. We will tell you if an extra person needs to be there for your visit for educational, safety, or supervision reasons.

Medicine and Treatments

Medicine and treatments are ordered by and given under the general supervision of your personal doctor. When you enter and leave hospice care, we will make an updated list of your medicines with your help. We will compare this list to the medicines ordered by the doctor. Our staff will keep comparing this list to the list of medicines that are ordered, administered, or dispensed to you while you are on our service so that any omissions, duplications, or potential interactions can be resolved. It is important to us that you know how to take your medicines.

The hospice will be communicating to you and your pharmacy about medicines that will be covered by hospice. We will work closely with your doctor and Medicare Part D provider to help in making sure of the right medicine coverage.

We do not participate in any experimental research connected with patient care unless it is directed by your doctor, agreed upon by your written consent, and approved by the hospice team.

Medical Records

Your medical record is maintained by our staff to keep track of doctor orders, assessments, progress notes, and treatments. In most cases, parts of your medical record will be kept in your home or place of living. Some information about your care and medicines will be kept in your hospice folder. It is your responsibility to make sure your hospice folder is kept private in your home and available to our staff for clear communication while you are receiving services. The responsibility of protection of patient privacy in the home is shared by the professionals, the patient, and the caregivers.

Your medical records can be found in our office and are kept strictly confidential by our professional staff. They are protected against loss, destruction, or tampering. Hospice organization policy is that records will be made available only to those who have a legal right to the information or to others whom you designate in writing. Our Notice of Privacy Practices, on page 26, describes how your protected health information may be used by us or disclosed to others.

Visit Schedule

Your hospice visit schedule is set up with you based on your doctor's order, an assessment of your needs, and established treatment goals at the time that you start your hospice care.

You will be called either the evening before or the morning of your visit. The visiting staff will work with you to arrange a visit schedule/ time. They will make every effort to be on time for scheduled visits. You will be told by phone if the staff member is delayed for any long length of time. Please keep in mind that there may be times when visits may be delayed due to unexpected situations (such as weather, traffic, or patient emergencies).

Patient Satisfaction

You are important to us. We want to know if you are satisfied with the care that you have received from us. A family member of the patient (the identified, bereaved individual) may get a survey in the mail after the patient's death. We hope that the family member will take time to answer the survey questions and send it back in the stamped envelope given to them. The answers to the survey questions help us to make the services we give better and to make sure that we meet your needs and expectations. Your loved one's positive comments and/or compliments are passed on to the staff who were involved in your care. You do not need to wait until you are no

longer getting hospice care to tell us how we are doing. While you are getting hospice services, we want to know if something is confusing or if you are not satisfied with your care. We want you to be **very satisfied** with the hospice services that you get, and if you are not, we would like to try to fix the situation.

How to Voice a Complaint or Concern

The goal of the organization is to give quality hospice services and make sure that your health needs are met. Your input is very important to us. If you have a complaint, concern, or question about the hospice services given to you, please tell the appropriate team leader or clinical supervisor by calling **814-432-6555**. Most complaints can be resolved at this level. The team leader or clinical supervisor will take the information and look into the situation. You may expect a call back within 1-2 business days about the status or outcome of the investigation.

If at any point you feel that the organization has not taken care of your concerns, or you have a complaint about the advance directive requirements, you may call **814-432-6555**.

Pennsylvania (PA) residents: You can call the PA Department of Health toll-free hotline at **1-800-254-5164**. Regular business hours are Monday through Friday (except holidays) from 8 a.m. to 4:30 p.m. Voicemail is available 24 hours a day, 7 days a week. Leave a message and your call will be returned by the next business day.

You may also call The Joint Commission's Office of Quality Monitoring to talk about any concerns or register complaints about a Joint Commission-accredited health care organization by either calling **1-800-994-6610** or sending an email to **complaint@jcaho.org**.

Information About Your Medicare Summary Notice (MSN)

The Medicare Summary Notice (MSN) is a **summary of claims for health care and hospice services Medicare processed for the patient during the past 3 months**. The MSN is not a bill. It has information about submitted charges, the amount that Medicare paid, and the amount for hospice bills a beneficiary may be responsible for based on days enrolled. Hospice then pays for services, supplies, equipment, and medicines related to hospice diagnosis.

The MSN will show the number of days billed for the specified level of care. It may also identify a specific number of visits per discipline, as well as medicines, as the total claim charge for the level of care days. Payment for this hospice service is included in the payment for the hospice daily level of care; therefore, you should not be billed for this service.

Patient Rights and Responsibilities

It is the policy of the organization that each patient/caregiver or legal guardian will receive the Patient Rights and Responsibilities prior to initiation of care. It is the intent that by observing these rights and responsibilities, it will lead to more effective care and to greater satisfaction.

Patient Rights

As a patient (or authorized party of the patient) you have the right to:

- Be treated with respect.
- Receive pain symptom management for quality end-of-life care.

- Be fully informed of your rights orally and in writing prior to care being initiated.
- Have our organization protect and promote your exercise of your rights.
- Have your family or guardian exercise your rights, which include approval/refusal of care, treatment, and services if you are judged incompetent.
- Receive information about services covered under hospice benefits.
- Receive information about services that hospice will provide and any limitations on those services.
- Access, request amendment to, and receive an accounting of disclosures regarding your own health information as permitted under the law.
- Services without discrimination based upon race, color, age, ethnicity, religion, sex, sexual orientation, national origin, source of payment, marital status, veteran, or handicap status, and/or whether or not the individual has executed an advance directive.
- Be treated with personal dignity, consideration, and respect, including respect for your property, privacy, safety, and security.
- Be free of abuse, neglect, and misappropriation of property.
- Refuse filming or recording, or revoke consent for filming or recording of care, treatment, and services for purposes other than identification, diagnosis, or treatment.
- Voice complaints regarding treatment or care that is, or fails to be, furnished, or regarding the lack of respect for property by anyone furnishing services on behalf of the organization without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

- Be informed upon admission about the organization's procedure for receiving, reviewing, and resolving concerns and/or issues.
- Receive an investigation of your complaints, or complaints made by your family or guardian, and be notified of the investigation, resolution, or the organization's inability to resolve the complaint.
- Be advised of the availability of the toll-free hospice organization hotline in the state of Pennsylvania, the hours of operation, and that the purpose is to receive complaints or questions about local hospice. In addition, the hotline is used to lodge complaints concerning the implementation of the advance directive requirements.
- Be informed of your medical condition and be given the opportunity to make informed decisions regarding your care, treatment, or services, which are based on your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences, so long as such decisions do not require the organization to compromise its stated nondiscrimination policy. In the event the organization determines it cannot meet your preferences due to a conflict with its policy, the organization will immediately inform you and assist you in finding an alternative source of care.
- Participate in developing a plan of care for your needs and updating it as your condition changes.
- Be advised in advance of treatment of the names and responsibilities of staff members who will provide and will be responsible for your care, the type of services to be provided, the proposed frequency of visits, any changes in the plan of care, and both the anticipated and unanticipated outcome.
- Choose your attending doctor and be advised that your doctor must agree with the plan of care and any changes.
- Formulate advance directives, including decisions to withhold resuscitation or to forego or withdraw life-sustaining care, which will be respected in accordance with organization policy and applicable state law.
- Receive written information concerning the organization's advance directive policy, including a description of applicable state law. You will be informed if we cannot implement an advance directive on the basis of conscience.
- Participate in the resolution of ethical issues or conflicts that may arise in your care.
- Confidentiality of written, verbal, and electronic information, including your medical records, information about your health, social, and financial circumstances, or about what takes place in your home. No person who is not otherwise authorized by law or third-party contractual arrangements may receive or review your health information without your written consent.
- Be informed, both orally and in writing, before care is initiated, whether you will be responsible for any costs and how payment will be handled.
- Be informed if the organization becomes aware of any changes in your payment liability both orally and in writing as soon as possible but no later than 30 calendar days from the date that the organization became aware of the change.
- Accept or refuse all or part of treatment or service to the extent permitted by law and to be informed of any health consequences that may arise by such refusal. Additionally, you will not participate in any research, investigational, or experimental studies unless you have given your written, voluntary, informed consent.

The informed consent may be given by a legal guardian. You will be informed of the likelihood of achieving care, treatment, and service goals.

- Be informed within a reasonable amount of time of anticipated termination of service.
- Be admitted for service only if the organization has the ability to provide professional care at the level of intensity needed to achieve care, treatment, and goals while maintaining a safe environment, with the focus on reasonable continuity of care. If the organization is unable to address your needs in a timely manner, you will be assisted in obtaining alternate services, if available, in a prompt and orderly manner.
- Have your communication needs met by using special devices, interpreters, or other aids when communication barriers exist.
- Be informed at admission of ownership of the organization and of any financial benefit, if any, resulting from referrals to other organizations.

Patient Responsibilities

As a patient (or authorized party of the patient), you have the responsibility to:

- **Call the hospice prior to contacting an ambulance or going to a hospital for services related to the terminal condition or related condition as it must be approved by the hospice provider or the patient will be financially liable for those services.**
- Keep pets confined. This is for your safety and the safety of our employees.
- Provide the organization with complete and accurate information to the best of your knowledge about your present complaints, past illness(es), hospitalizations, pain, medicines, allergies, and other matters relating to your health.

- Participate in and follow through with your plan of care, including asking questions about matters you do not understand and expressing concerns or dissatisfaction with your care.
- Provide the organization with all requested insurance and financial information.
- Notify the organization when you are unable to be home for a scheduled visit.
- Provide a safe environment in which your care can be given, such as:
 - > Not smoking during your care if requested by staff.
 - > Keeping weapons out of sight/not accessible during your care.
- Report any unexpected changes in condition to your doctor or to organization staff.
- Accept the responsibility for any refusal of treatment.
- Treat organization personnel with respect, consideration, dignity, and in a non-discriminatory manner.
- Accept the responsibility for following the organization's rules and regulations.
- Sign the required consents and releases for insurance billing.
- Follow the advice and instructions of your doctor, organization personnel, and other caregivers.
- Report any concerns or issues to the Concerns Number at **814-432-6555**.
- Maintain a satisfactory relationship related to any of the rights and responsibilities described.
- Notify the hospice of medicines or supplies that are needed prior to ordering these from your local pharmacy or medical equipment company.

- Allow the hospice medical director or designee to perform a physical assessment after the first 180 days of hospice benefit and then every 60 days thereafter.

Advance Directives – Living Wills

In most cases, patients have the right to decide what medical care they wish to get. These choices may be about life support systems, such as breathing machines, kidney dialysis machines, and other lifesaving treatments. We are committed to respecting your wishes.

The organization obeys the Patient Self-Determination Act of 1990, which requires us to:

- Give you written information about your rights to make decisions about your health care.
- Document advance directives in your medical record and tell all staff.
- Follow the requirements of state law and court decisions about advance directives.
- Give care to you whether or not you have completed an advance directive.

The organization has an ethics committee available to advise us in situations regarding withdrawing or withholding life-sustaining treatment. These discussions would involve the patient or designated representatives, the doctor, and the hospice staff.

If you or your family/designated representative does not wish to have CPR (cardiopulmonary resuscitation) performed, the hospice will help to facilitate a DNR (do not resuscitate) order from your doctor.

If we do not have a written DNR order, the policy of the organization is to give CPR.

You may take back the DNR order at any time.

Advance directives are written documents that let you make your wishes for treatment known in advance. They may take the form of:

- Living wills
- Durable Power of Attorney for Health Care Decisions

You may choose to have 1 or both of these documents.

PA Living Wills

In Pennsylvania (PA), a living will is a written statement of your wishes about medical treatment for life. When you cannot speak your wishes, the living will guides your doctor and your family in making decisions for you.

The living will may be made by people who are of sound mind (competent) and age 18 or older, have graduated from high school, have married, or are an emancipated minor. The living will must be witnessed by 2 people 18 years of age or older.

The living will takes effect when:

- Your doctor has a copy.
- Your doctor decides that you are incompetent to make decisions about your own health care.
- Your doctor states that your medical condition is end stage or you are permanently unconscious.

The living will document may be written on a prepared form or on plain paper.

- It must be signed by you to make it valid.
- Two (2) persons who are at least 18 years old must witness the document by signing it.
- PA law does NOT require that the living will be notarized, but other states may require this.
- It is suggested that the living will be dated.

- It may list treatments that you do not want, such as dialysis, ventilators, chemotherapy, antibiotics, or feeding tubes.
- It may list treatments that you do want, such as everything possible, comfort measures only, everything but CPR, or any other combination.
- If the living will has wishes that your health care providers cannot follow in conscience, they must tell you of that fact and help you to switch to another health care provider.
- You may cancel your living will at any time. Tell your doctor, agent, and health care provider of this decision.

PA Health Care Power of Attorney

A health care power of attorney is an advance directive that names, in writing, the person (agent) who you want to make your medical decisions when you can't speak for yourself. The document may or may not list your wishes for the types of treatment that you want or don't want.

By law, your health care power of attorney may:

- Authorize your admission to a health care or residential facility.
- Enter into agreements for your care.
- Nominate a guardian for you, if needed.
- Authorize medical treatments and surgical procedures for you, including medicines.

The health care power of attorney document:

- Must be signed by you and the person who is appointed as your agent.
- Should be notarized when possible, although this is not required in PA.
- Should be kept with your personal papers at home.
- Copies should be given to your doctor, agent, family, and health care provider.

Resources for additional information, such as advance directives and out-of-hospital DNR:

- The local Bar Association
- Area Agency on Aging office
- Your doctor
- PA Department of Aging
717-783-1550
- American Association of Retired Persons
866-389-5654
- Pennsylvania Advance Health Care Directive booklet, available from UPMC

Additional Notes about PA Advance Directives

If you do not have an advance directive, you may still express your wishes to your doctor and to your family. If you can't make your wishes known, your doctor will talk about decisions with others in the following order of priority: your spouse, adult children, parent, adult sibling, adult grandchild, or another adult who knows your wishes, as well as your moral and religious beliefs.

If you have not expressed your wishes and can't make decisions for yourself, your health care providers may talk to your family or the courts to make choices about your care.

A pregnant woman who has an advance directive would get life-prolonging treatment, nutrition, and hydration, with rare exceptions.

PA Organ and Tissue Donations

You may make your wishes known about organ or tissue donation by signing a donor card, including your wishes in your advance directive, or noting it on your PA driver's license.

Donations are strictly voluntary. They are a special way to help save or make better someone else's life.

In most cases, the family makes the decision about donation at the time of the patient's death.

Fall Prevention

Falls are often due to hazards that are easy to fix. The following factors may increase your risk for a fall:

- Balance problems or difficulty walking
- Being weak or out of shape
- Hearing loss
- High or low blood pressure
- History of falls
- Medicine that causes dizziness or drowsiness
- Pets that get under foot
- Poor lighting
- Tripping hazards inside and outside your home
- Unsafe walkways inside and outside your home

Causes of Falls and How to Prevent Falls

Poorly Fitted Shoes

- Avoid loose footwear with smooth soles.
- Avoid athletic shoes with deep treads.
- Avoid slip-on footwear.

Unsafe Walkways

- Clear obstacles from steps and walkways inside and outside the home.
- Add handrails on steps to increase safety.
- Remove throw rugs or use double-sided tape to attach them to the floor.
- Avoid loose electric cords in walkways; tape these to the floor, if needed.
- Fix or remove loose carpeting on stairways.
- Clear loose gravel, snow, or ice from walkways.

Poor Lighting

- Keep steps, walkways, hallways, and entrances well lighted — inside and outside the home.
- Use nightlights in hallways, bedrooms, and bathrooms at night.
- Keep a lamp or flashlight near your bed or bedside table.
- Use no-wax cleaners on all floors.

Bathroom Hazards

- Add grab bars next to the toilet and in the shower.
- Use non-slip mats in the tub or shower.
- Get special equipment, such as a raised toilet seat, a shower chair, or bedside commode.

Difficulty Walking

- Use your cane or walker at all times.
- Get up slowly from a sitting or lying position; if you are feeling dizzy, sit down again.
- Keep active and exercise as much as you are allowed or able to do. When you are strong and steady on your feet, you are less likely to fall.

Getting Help if You Fall

- Get a mobile phone or an alarm device that will call for help if you fall and are not able to get up.
- Keep the mobile phone or alarm button with you at all times.
- Keep emergency numbers near the phone.

General Equipment Safety

- Keep the instruction book and the vendor's phone number near any equipment.
- Follow the manufacturer's instructions about maintenance of the equipment.
- Clean the equipment as instructed by the manufacturer.

- Don't plug the equipment into an overloaded or "octopus" plug.
- Use prong plugs for most equipment.
- If your equipment has an alarm, test the alarm to make sure that it works and to make sure that you can hear it.
- If your equipment has batteries, replace them according to the instructions or have the service person from the vendor check them.
- Register with your local utility and/or your EMS if you have electrically powered equipment, such as oxygen or a ventilator.

Instructions for Specific Equipment

Hospital Beds/Side Rails

- Use side rails only if needed.
- Do not use side rails as a restraint. Talk to your health care provider if you are worried about falls from the bed.
- If there are gaps between the mattress and the side rails, add padding to fill in the gaps.
- Keep the bed in the lowest position unless you are receiving direct care.

Walking Aids

- Check the tips on crutches, canes, and walkers; replace tips if they are worn.
- Speak to your hospice nurse about your concerns about correct sizing for your equipment, such as wheelchairs, walkers, canes, and crutches. These may have to be adjusted for your height and weight.

Contact your equipment provider or your hospice provider for more information.

Medicine Safety

Know Your Medicines

For your safety, it is important for you to know about the medicines that you are taking. These include not only what your doctor prescribes, but also any over-the-counter (non-prescription) medicines that you take. Keep in mind that vitamins and herbal supplements are considered medicines.

Our staff will make a list of your medicines on paper during the first visit. This paper list will stay in your home. A hospice team member will review this list with you on each visit. Please let the staff know of any changes that your doctor has made with your medicines. This would also include any different over-the-counter medicines. Also let the staff know if you are having any changes in your health that may be possible side effects from your medicine. The hospice will continue to keep you aware of medicine coverage.

Making sure that you understand how to take your medicines safely is important to the hospice team. If you have any questions, please ask. The following are some key points to follow:

- Keep a complete list of all your current medicines — prescriptions, over-the-counter medicine, vitamins, herbal supplements, and ointments.
- Show the list to your personal doctor and pharmacist. They may not know about medicines ordered by another doctor.
- Know:
 - > The name of your medicine
 - > Why you are taking it
 - > When to take it
 - > How to take it
 - > Possible side effects
 - > What foods to stay away from while taking it

- Tell your hospice provider about any allergies and any problems that you have with your medicine.
- When you are leaving the hospital or a personal doctor's visit, ask them to go over each medicine with you and a family member.

Prepare Your Medicine Safely

- Read all the labels on your medicine container in a well-lit area and follow the instructions.
- Use a medicine planner box for your medicine to help you to remember to take each dose.
- For liquid medicine, use the measuring device that came with the medicine, not household spoons.
- Do not stop a medicine without telling your doctor, even if you feel better.
- Keep your medicines in the original container unless using a medicine planner box.
- If you miss a dose, do not double up on the next dose. Call your hospice nurse, doctor, or pharmacist for advice.

Special Precautions Related to Medicine

- Heat, humidity, and light can affect the strength and safety of medicine. Store your medicines in a dry area and as directed on the label.
- Keep all your health care providers up to date on your current medicines.
- Never take someone else's medicine.
- Never give your medicine to another person.
- Some medicines look the same or have names that sound the same; to prevent mix-ups, always read the label very carefully when taking the medicine. These are called Look Alike-Sound Alike Drugs.

For example, Celebrex[®] is an anti-inflammatory drug and Celexa[®] is an antidepressant, but the names sound the same.

- Some medicine names have letters such as LA (long acting), SR (sustained release), or CR (controlled release) after the name. **Do not crush, chew, or break these tablets/pills** — that may cause the medicine to be absorbed all at one time instead of gradually.
- Get rid of old or unwanted medicine by taking it out of the container and mixing it with old coffee grounds or kitty litter, sealing it in a plastic bag or container, and throwing it in the trash. Some communities have programs to take back and destroy unwanted drugs.
- Keep medicines out of reach of children and confused adults.

Fire Prevention and Safety

- Be familiar with emergency numbers.
- Do NOT smoke in bed or where oxygen equipment is being used.
- Do not smoke if you are tired or drowsy from medicines.
- Never leave lit candles unattended.
- Store combustible materials (materials that burn easily) in a well-ventilated area and away from heating sources.
- Keep smoke detectors on every floor of the home, including the basement.
- Test your smoke detectors each month. Clean the smoke detectors and change the batteries 2 times a year.
- If you live in an apartment building, know where the exits are located.
- Do not use the elevator during a fire emergency.
- Set up a safe place to meet your family members after escaping from a fire.

- If your fire escape route is cut off, close the door, seal the cracks to keep the smoke out, and signal for help at the window.
- A bedbound patient may be evacuated by pulling him or her out of the home on a sturdy blanket.
- Fire extinguishers and smoke detectors should be checked each year and kept in working order.

Heating Devices

- Have your heating system cleaned and checked regularly.
- Make sure that portable heaters are placed at least 3 feet away from draperies, furniture, or any flammable material.
- Kerosene must be stored outdoors.
- Use kerosene heaters in a well-ventilated area.

Cooking

- Do not store combustible or flammable items above the stove or oven.
- Do not reach over a burner. Do not wear loose fitting sleeves while cooking.
- Never place hot liquids at the edge of the counter or stove.
- Turn pan handles away from the edge of the stove and the burners.
- Avoid cooking fats and oils on high heat.

Oxygen Safety

Oxygen may be ordered for some patients to improve their ability to breathe. Oxygen is a prescription drug that is safe to use when the proper safety measures are used.

How to Prevent Fires When an Oxygen Tank Is Around

- Never smoke in the room where oxygen is kept.
- Put up “No Smoking” signs at the entrance of your home.

- Do not use oxygen near an open flame, such as a gas stove or candle.
- Tell the local fire department and EMS that oxygen is in your home.
- Store oxygen cylinders away from heat and direct sunlight.
- Keep cylinders and oxygen tubing at least 5 feet away from any heat source (i.e., stoves, candles, grills, and large windows).
- Never use grease or oil products, such as paint, solvents, lotions, and petroleum jelly, on or near oxygen equipment.
- Keep electrical equipment grounded. Avoid using electrical devices that may spark near oxygen equipment — keep electrical devices no closer than 5 feet.
- Avoid causing static electricity near oxygen equipment.
- Store oxygen cylinders in a well-ventilated area to avoid a buildup of oxygen in a closed area. **Never** store oxygen in a closed closet, trunk of a car, or under a bed.

How to Prevent Tipping of an Oxygen Cylinder

- Store oxygen cylinders or tanks in an appropriate stand or secured to the wall. If no stand is available, place the oxygen cylinder or tank on its side.

Managing Oxygen During a Power Failure

- Have a backup portable oxygen cylinder in case of a power failure or concentrator failure.

Call your hospice provider or care provider for more information.

Weather Emergencies

- Put together an Emergency Disaster Kit to keep in your home. Add a battery-operated radio, flashlights with extra batteries, first aid supplies, sleeping supplies, and clothing.
- Keep a supply of food and drinking water in your home.
- Keep your prescriptions filled to make sure you do not run out of your medicines.

Emergency Preparedness

In the event of bad weather, a natural disaster, or an emergency, we have an emergency plan to continue necessary patient services. We will try our best to continue hospice visits, but the safety of our staff must be considered. When the roads are too dangerous to travel, our staff will call you, if possible, to let you know that they can't make your visit that day. Every effort will be made to make sure your medical needs are met.

All patients are assigned a priority level code that is updated as needed. The code assignment determines agency response priority in case of a disaster or emergency. These codes are maintained in the agency office, along with information that may be helpful to EMS in case of an area disaster or emergency.

In case of bad weather or other emergencies that might keep our staff from reaching you, tune to your local TV station(s) and/or local radio station(s). If you must move to another place or emergency shelter, please tell our office.

Floods

If a flood watch is issued, be ready to leave your home.

- Move needed items to the upper floors.
- Turn off utilities at the main switch or valve.
- Do not touch electrical equipment if you are wet or standing in water.

- Call EMS if you need help to move bedfast family members.
- Be very careful walking through moving water. Even 6 inches of water can knock you off your feet.

Winter Storms

- Prepare ahead when storms are predicted.
- Have a supply of rock salt to melt ice on walkways.
- Wear layers of loose-fitting, light-weight, and warm clothing rather than heavy clothing.
- Mittens are warmer than gloves.
- Keep your head covered.

Tornado

If there is a tornado sighting (tornado warning), seek shelter right away. Stay away from windows, doors, and outside walls.

- Go to the basement or storm cellar.
- If there is no basement, go to an interior room, closet, or hallway.
- Move a bedfast patient away from windows or to an interior room. Cover them with heavy blankets or pillows.
- In large buildings, go to the lowest floor, interior hallways or rooms, or designated shelter areas.
- If you are in a car, mobile home, or trailer, get out immediately. Go to a sturdier structure.

If there is no shelter, lie flat in a ditch, culvert, or ravine. Cover your head.

Lightning

If you are inside your home:

- Try not to use bathtubs, water faucets, or sinks because metal pipes conduct electricity.
- Stay away from the windows.

- Try not to use the phone, except for emergencies.

If you are outside:

- Do not stand under a tree or a tower-like structure; these act like lightning rods.
- Stay clear of anything that is metal.

Power Outage

- If phone lines are down and you need assistance, go to the nearest emergency room for crisis or emergency situations.
- Call your nearest neighbor or relative for non-emergency situations.

Infection Prevention

Cleanliness and good hygiene help to prevent infection. Contaminated materials, such as bandages, needles, dressings, or surgical gloves, can spread infection and harm the environment. If you do not get rid of these items properly, they can hurt trash handlers, family members, and others who could come in contact with them.

Certain illnesses and treatments (i.e., AIDS, diabetes, incisions or wounds, burns, chemotherapy, dialysis) can make people more likely to get an infection. Your nurse will tell you about the use of protective clothing (gowns/gloves) if they are needed.

Signs and Symptoms of Infection

Tell your doctor and/or hospice staff if you have any of these signs and symptoms of infection:

- Pain, tenderness, redness, or swelling of a body part
- Inflamed skin, rash, sores, or ulcers
- Painful urination
- Confusion
- Sore throat or cough
- Increased tiredness or weakness

- Pus (green or yellow drainage)
- Fever or chills
- Nausea, vomiting, or diarrhea

Hand Washing to Prevent Infections

Germ and Infection

The purpose of UPMC's Infection Control Program is to prevent the spread of germs. Germs and infections can travel among patients, staff, and visitors.

Follow the guidelines below to lessen your risk of infection while you are in hospice care. If your family or friends are feeling ill, please ask them not to visit you.

All health care workers who come in contact with you should wash their hands. Please insist that they wash their hands before they give you care. The hospital staff will use extra infection control measures during your care. They may ask if you have had a flu shot or pneumonia vaccine, so it is a good idea to keep track of this.

Hand Washing

These guidelines are for patients and for those caring for a patient.

Clean Your Hands

The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often with soap and warm water or a waterless hand sanitizer.

Be sure to wash your hands (even if you will be wearing gloves) each time you:

- Touch any blood or body fluids.
- Touch bedpans, dressings, or other soiled items.
- Touch or care for healing wounds.
- Use the bathroom or bedpan, change a diaper, or handle soiled linens.

- Cough, sneeze, or blow your nose.
- Touch pets.
- Before and after you give care to the patient.
- Before you touch or eat food.

There are 2 methods to wash your hands, using soap and water or hand sanitizers.

- The soap and water method should be used when hands are visibly dirty, contaminated, or soiled with blood or other body fluids, or when caring for a patient with an intestinal infection called *Clostridium difficile* (also called *C. diff*).
- If hands are not visibly dirty, contaminated, or soiled with blood or other body fluids, and/or the patient does not have *C. diff*, an alcohol-based hand rub may be used for routinely cleaning hands. The antiseptic agent should be 60-90% ethyl or isopropyl alcohol.

Here’s how you should clean your hands with soap and water:

1. Wet your hands and wrists with warm water.
2. Use soap. Work up a good lather and rub hard for 15 seconds or longer.
3. Rinse your hands well.
4. Dry your hands well.
5. Use a clean paper towel to turn off the water, and throw the paper towel away.

Here’s how you should clean your hands with hand sanitizers (waterless hand cleaners):

1. For gel products, use 1 application.
2. For foam products, use a golf-ball size amount.

3. Apply product to the palm of your hand.
4. Rub your hands together and cover all surfaces of your hands and fingers until they are dry.

Hand washing needs to be done often and correctly.

Washing your hands is the single most important step in controlling the spread of infection!

Respiratory Hygiene Practices

The following recommendations are from the CDC (Centers for Disease Control and Prevention). These tips will help you to not become sick or spread illness to others.

Stop the Spread of Germs That Make You and Others Sick!

Serious respiratory illnesses like influenza, respiratory syncytial virus (RSV), whooping cough, severe acute respiratory syndrome (SARS), and H1N1 Swine Flu are spread by:

- Coughing or sneezing
- Dirty hands

To help stop the spread of germs:

- Cover your mouth and nose with a tissue when you cough or sneeze.
- If you don’t have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Put your used tissue in the waste basket.

Clean your hands after coughing or sneezing in 1 of these 2 ways:

- Wash with soap and water.
- Clean with alcohol-based waterless hand cleaner.

Note: You may be asked to put on a surgical mask to protect others.

Other Tips to Prevent the Spread of Infection

- As mentioned before, the most important action to make sure infection is not spread is good hand washing.
- Sometimes further precautions need to be taken if you or another member of your household has an infectious disease that requires what is called “contact precautions.”
- Contact precautions are used for patients with a known or a suspected infection with germs that may be spread to others by touching the patient or items on surfaces in the patient’s living area. Some of the infections that require contact precautions are MRSA, C. diff, hepatitis A, impetigo, and major abscesses.

If you or the patient falls into this category, it is important that you:

- Clean and disinfect patient care items, bedside equipment, and regularly touched flat surfaces with a disinfectant of your choice.
- Know that these surface areas can harbor germs. Wash your hands after touching these surface areas.
- Wash laundry with soap and hot water.
- Do not share dishes and eating utensils among family members before cleaning them with soap and water.
- Do not share personal items, such as towels, washcloths, deodorants, bars of soap, toothbrushes, and razors. This sharing may spread germs from one person to another.
- You should treat all bodily substances (blood, feces, vomit, etc.) as if they could be infectious.
- You should wear non-sterile gloves for direct contact with the patient and when handling any contaminated items.

Remember to wash your hands after glove removal. Tips on proper hand washing were given earlier in this booklet.

Waste Disposal and Equipment Cleaning and Storage Tips

Sharp Objects

Sharp objects (“sharps”) include any medical supply that could pierce your skin. You can help to prevent injury, illness, and pollution by following some simple steps when you get rid of the sharps and contaminated materials you use in health care in your home, such as:

- Needles
- Lancets
- Razor blades
- Syringes
- Glass tubes

The Environmental Protection Agency (EPA) recommends the use of drop-off collection sites for sharps.

Home needle destruction devices or mail back programs to get rid of medical sharps are available.

Products such as sharps containers can be purchased from most pharmacies. For a list of mail-back service companies, call the Coalition for Safe Community Needle Disposal at **800-643-1643** or visit their website at **www.safeneedledisposal.org**.

The EPA suggests you do not:

- Throw loose sharps in the garbage
- Flush sharps down the toilet
- Put needles in recycling containers

Check with your local municipality about any special requirements.

If a sharps disposal program is **not available** in the community where you live, the following recommendations are helpful:

- **Objects should be placed in a hard plastic or metal container with a screw on or tightly secured lid. Many sturdy containers found in the household will do, such as a coffee or bleach container, etc. Before discarding a full container, be sure to secure the lid with heavy-duty tape.**
- **Do not put sharps in any container you want to recycle or return to a store, and do not use glass or clear plastic containers.**
- **Make sure that you keep all containers with sharps out of the reach of children and pets.**

Items that are not “sharps” include: paper cups, tissues, soiled dressings and bandages, plastic equipment, urinary and suction catheters, disposable diapers, disposable pads, medical gloves, etc.

Get rid of used soiled items in securely tied waterproof (plastic) bags. This will provide a double-bagged method of disposal.

Non-Disposal Items and Equipment

Items that you should not throw away include: soiled laundry, dishes, thermometer, commode, walker, wheelchair, bath seat, suction machine, oxygen equipment, mattress, etc.

Soiled laundry should be washed apart from other household laundry in hot, soapy water. Handle these items as little as you can to avoid spreading germs. Household liquid bleach should be added if viral contamination is present (1 part to 10 parts cups of water is recommended).

Equipment used by the patient should be cleaned right away after use. Small items (except thermometers) should be washed in hot, soapy water, then rinsed and dried with clean towels. Household cleaners, such as disinfectant, germicidal liquids, diluted bleach, or alcohol, may be used to wipe off equipment. Follow equipment cleaning instructions and ask your nurse or therapist for clarification.

Thermometers should be wiped with alcohol before and after each use. Store thermometers in a clean and dry place.

Liquids may be discarded in the toilet and the container cleaned with hot, soapy water, rinsed with hot water, and allowed to dry.

Spills in the Home — Blood and Other Bodily Fluids

Blood/body fluid spills need to be cleaned by putting on gloves and wiping the fluid spill with paper towels.

- **Use a cleaning solution of household bleach and water (1 cup of bleach to 10 cups of water) to wipe the area again. Get rid of the used paper towels in a securely tied waterproof (plastic) bag, and then put this bag into a second plastic bag, such as a garbage bag.**
- **If the spill site is on upholstery, furniture, or carpeting, a germicidal rug shampoo can be used. There is no evidence that this will get rid of germs on a carpeted surface. Be sure to check the manufacturer’s recommendation before use.**

Storage of Medical Equipment

All medical equipment should be stored in a clean and dry area of the home.

Temperature must be taken into consideration when dealing with medicines or feedings. Refer to the manufacturer’s and/or pharmacist’s instructions.

Summary of Infection Prevention

One of the main ways to prevent infections involves clean hands! You always have the right to question any health care providers about whether they have washed their hands before caring for you!

For your safety, ask your caregivers if they have washed their hands.

For Your Family Members/ Caregivers

Hospice care works not only with the patient but also with family members and caregivers as they take care of their loved ones during this difficult time. We offer services to help them cope after their loved one passes away. We offer services for you to help you cope after your loved one passes away. We often see that survivors who actively helped to take care of their loved ones seem to recover from their loss with added strength.

Bereavement Services

Bereavement Counselor

Hospice offers support groups to those who have recently lost a loved one. Bereavement counselors (specialists who help people deal with grief) can give guidance on personal problems. Counselors can also provide the compassion of a trained volunteer who understands what has happened. Special activities are available for children who have been through a loss. For a year and a month after the death of the patient, hospice will be in touch. Best of all, perhaps, is knowing that during these months of change that "hospice is there."

Support Groups

Hospice offers support groups to those who have recently lost a loved one. You can expect to receive mailings of helpful materials during the 13-month period to help you cope.

Funeral Plans

The chaplain or spiritual counselor from your loved one's hospice team can help you to make funeral plans for your loved one.

Decision Making

If you are an authorized party of the patient and are able to make decisions on your loved one's behalf, please review the Patient Rights section on page 11 and Patient Responsibilities section on page 13.

Patient Satisfaction Surveys

After the patient's death, you may get a survey in the mail. Please take time to answer the survey questions and send it back in the stamped envelope given to you. Your answers to the survey questions help us to make the services we give better and to make sure that we meet you and your loved one's needs and expectations. Your positive comments and/or compliments are passed on to the staff members who were involved in your loved one's care. You do not need to wait until your loved one is no longer getting hospice care to tell us how we are doing. While your loved one is getting hospice services, we want to know if something is unclear or if your loved one is not satisfied with the care. We want you to be very satisfied with the hospice services that your loved one gets, and if you are not, we would like to try to fix the situation.

UPMC'S Notice of Privacy Practices

Effective: September 2013

This notice describes how medical information about you may be used and disclosed (shared) and how you can get access to (see and copy) this information. Please review it carefully.

What is a Notice of Privacy Practices?

UPMC understands that your health information is personal. We create and maintain a record with information about the care and services you receive at UPMC. We need this information to provide you with quality care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all information about your care that UPMC, and all of the people and places that make up UPMC, (a list of all entities that this notice covers accompanies this notice at below), may create, maintain, or receive.

This includes information that UPMC receives from other doctors and medical facilities that are not part of UPMC, but that UPMC keeps to help give you better care. The Notice tells you about the ways we may use and share your health information, as well as the legal duties we have about your health information. The Notice also tells you about your rights under federal (United States) and state (Pennsylvania) laws. In this Notice, the words “we,” “us,” and “our” mean UPMC and all the people and places that make up UPMC which are described below.

Who Follows UPMC’s Notice of Privacy Practices

All of the people and places that make up UPMC follow this Notice. UPMC includes hospitals, doctors, rehabilitation services, skilled nursing services, home health services, pharmacy services, laboratory services and other related health care providers. UPMC also includes departments, units and staff within our health care facilities, health care professionals permitted by us to provide services to you and students, residents, trainees, volunteers and others involved in providing your care. UPMC may share and use your health information for purposes of treating you, obtaining payment for services provided to you, and/or health care operations as described in this Notice. You can learn more about UPMC at www.upmc.com.

This Notice does not apply to the UPMC Health Plan or UPMC as an employer. These UPMC entities are separate covered entities for the purpose of the Health Insurance Portability and Accountability Act (HIPAA) and have their own notice. Additionally, if your doctor is not a member of a physician practice that is owned by UPMC, he or she may have different policies about how to handle your information and will have a separate Notice.

Our Duty to Protect Your Health Information

We are required by law to:

- **Make sure that information that identifies you is kept private.**
- **Make available to you this Notice that describes the ways we use and share your health information as well as your rights under the law about your health information.**
- **Follow the Notice that is currently in effect.**

How We May Use and Share Your Health Information with Others

The law permits us to use and share your health information in certain ways. When we share this information with others outside of UPMC, we will share what is reasonably necessary. When we act in response to your written permission, share information to help treat you, or are directed by the law, we will share all information that you, your health care provider, or the law permits or requires. The list below tells you about different ways that we may use your health information and share it with others. We have also provided you with examples of what we mean.

Every possible example of how we may use or share information is not listed below. However, all of the ways we are permitted to use and share information fall into one of the groups below. When possible, we will use health information that does not identify you.

A. Ways We are Allowed to Use and Share Your Health Information With Others Without Your Consent or as the UPMC General Consent for Treatment, Payment and Health Care Operations Provides:

- 1. Treatment.** We may use your health information to give you medical treatment or services. We may share your health information with people and places that provide treatment to you. For example, if you have diabetes the doctor may need to tell the dietitian about your diabetes so that you get the kind of meals you need. We may share health information about you with people outside of UPMC who provide follow-up care to you, such as nursing homes and home care agencies. At all times we will comply with any regulations that apply.
- 2. Payment.** In order to receive payment for the services we provide to you, we may use and share your health information with your insurance company or a third party. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company or a third party. For example, some health plans require your health information to pre-approve you for surgery and require pre-approval before they pay us.
- 3. Health Care Operations.** We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services we gave you and to see how well our staff cared for you. We may share your health information with our researchers so they can develop plans to conduct research. We may share information with students, trainees and staff for review and learning purposes.
- 4. Business Associates.** We may share your health information with others called "business associates," who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a billing company that bills for the services we provided.
- 5. Appointment Reminders.** We may use and share your health information to remind you of your appointment for treatment or medical care. For example, if your doctor has sent you for a test, the place where the testing will be done may call you to remind you of the date you are scheduled.
- 6. Appointment Confirmations.** We may use and share your health information to confirm the time, place, and attendance of your appointment for treatment with third-party transportation services.
- 7. Treatment Options and Other Health-Related Benefits and Services.** We may use and share your health information to tell you about possible treatment options and other health-related benefits and services that may interest you. For example, if you suffer from an illness or condition, we may tell you about a special treatment or research study that is being offered.
- 8. Fundraising Activities.** We may use and share with a business associate or a foundation that is related to us your name, address, phone number and other such information (called "demographic information") and dates that health care was provided to you, general department information regarding the department where services were rendered, the name of your treating physician, and outcome information. You may then be asked for a donation to UPMC. For example, you may

receive a letter from a UPMC foundation asking for a donation to support enhanced patient care, treatment, education or research at UPMC. Any fund-raising materials will explain how you can tell us, a business associate or a foundation that you do not want to be contacted in the future.

9. **Marketing Activities.** We may use or share your health information for marketing purposes without your permission when we discuss such products or services with you face to face or to provide you with an inexpensive promotional gift related to the product or service. For example, you may receive samples of products or drugs during a visit to a UPMC hospital or facility. For other types of marketing activities we will obtain your written permission before using or sharing your health information. We will not sell your name or any identifiable health information to others without your authorization.
10. **Research.** We may use and share your health information for research 1) if our researcher obtains permission from a special UPMC committee that decides if the request meets certain standards required by law or 2) if you provide us with your written permission to do so. You may participate in a research study that requires you to obtain hospital and other health care services. In this case, we may share the information that we create 1) to our researcher who ordered the hospital or other health care services; and 2) to your insurance company in order to receive payment for services that your insurance will pay for. We may also use and share with a UPMC researcher your health information if certain parts of your information that would identify you, such as your name and other items that the law describes are removed before we share it with the UPMC researcher. This will be done when the researcher signs a written

agreement with us that the researcher will not share the information again, will not try to contact you, and will obey other requirements that the law provides. We may also share your health information with a business associate who will remove information that identifies you so that the remaining information can be used for research.

11. **Special Situations.** In the following situations, the law either permits or requires us or shares your health information with others. Pennsylvania law may further limit these disclosures; for example, in cases of behavioral health information, drug and alcohol treatment information, and HIV status:
- a. **As Required by Law.** We will share your health information when federal, state or local law requires us to do so.
- If we believe that you have been a victim of abuse, neglect (except child abuse or neglect) or domestic violence, we may share your health information with an authorized government agency. We will do so either if you agree to our sharing this information or if the law allows us to do so and we believe that we need to share the information in order to protect you or someone else. If we decide to share your health information for this purpose, we will tell you unless we believe that telling you would put you at risk of harm or you are a personal representative of the victim and may be involved in the abuse, neglect or injury.
 - We may share your health information in response to an administrative or court order, a subpoena, a discovery request or other legal process if we are advised that you have been made aware of the request or we receive notice either that you agree or, if you disagree with the request, that you are taking action to prevent the disclosure.

- We may share your health information with a law enforcement official or authorized individuals 1) to comply with laws, including laws that require the reporting of injury or death suspected to have been caused by criminal means, 2) in response to a court order, warrant, subpoena, or summons, 3) or in emergency situations.
 - If asked to do so by a law enforcement official, we may share your health information if you are an adult victim of a crime and, in certain limited cases, we are unable to obtain your permission and the law enforcement official meets certain conditions described by law.
- b. **To Prevent a Serious Threat to Health or Safety.** We may use and share your health information with persons who may be able to prevent or lessen the threat or help the potential victim of the threat when doing so is necessary to prevent a serious threat to the health and safety of you, the public, or another person. Pennsylvania law may require such disclosure when an individual or group has been specifically identified as the target or potential victim.
- c. **Organ and Tissue Donation.** To assist in the process of eye, organ or tissue transplants, in the event of your death, we may share your health information with organizations that obtain, store, or transplant eyes, organs or tissue.
- d. **Special Government Purposes.** We may use and share your health information with certain government agencies such as:
- **Military and Veterans.** We may share your health information with military authorities as the law permits if you are a member of the armed forces (of either the United States or a foreign government).
 - **National Security and Intelligence.** We may share your health information with authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.
 - **Protective Services for the President and Others.** We may share your health information with authorized federal officials to protect the President of the United States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.
- e. **Workers' Compensation.** We may share your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.
- f. **Public Health.** We may share your health information with public health authorities for public health purposes to prevent or control disease, injury or disability. This includes, but is not limited to, reporting disease, injury and important events such as birth or death and conducting public health monitoring, investigations or activities. For example, we may share your health information to 1) report child abuse or neglect, 2) collect and report on the quality, safety and effectiveness of products and activities regulated by the Food and Drug Administration (FDA) (such as drugs and medical equipment and could include product recalls, repairs, and monitoring), or 3) notify a person who may have been exposed to or is at risk of spreading a disease.

g. **Health Oversight.** We may share your health information with a health oversight agency for purposes of 1) monitoring the health care system, 2) determining benefit programs, and 3) monitoring compliance with government regulations and civil rights laws.

h. **Coroners, Medical Examiners, and Funeral Directors.** We may share your health information with a coroner or medical examiner in order to identify a deceased person, determine the cause of death, or for other reasons allowed by law. We may also share your health information with funeral directors, as necessary, so they can carry out their duties.

i. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the correctional institution or law enforcement official. This would be necessary 1) for the institution to provide you with health care; 2) to protect health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

B. Other Ways We Are Allowed to Use and Provide Your Health Information to Others

1. **Hospital Directory.** We may include limited information about you in the hospital directory while you are a patient at a UPMC hospital or other facility. The information may include your name, location in the building, general condition, such as "stable," "serious," "critical" and your religious affiliation. Except for your religious affiliation, the directory information may be released to people who ask for you by name. We may give your religious affiliation to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

This helps your family, friends and clergy who visit you to know how you are doing. You have the right to ask that all or part of your information not be given out. If you do so, we will not be able to tell your family or friends your room number or that you are in the hospital or facility.

2. **People Involved in Your Care or Payment for Your Care.** We may share your health information with a friend, family member, or another person identified by you who is involved in your medical care or the payment of your medical care. We may share your health information with these persons if you are present or available before we share your health information with them and you do not object to our sharing your health information with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share information with a friend or family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or a medical supply. We may tell your family or friends that you are in a UPMC hospital and your general condition. We may share medical information about you with an organization assisting in a disaster relief effort.

3. **Exception to the Above.** If you are a patient in a psychiatric/mental/behavioral health facility or a drug and alcohol facility, none of the above information will be given to anyone outside of UPMC unless you give your written permission. If you are under 14 years of age, this permission must come from your parents or legal guardians. If you are 14 years or older, this permission must come from you.

C. In all Other Ways, We Will Require Your Written Permission before Your Health Information is Used or Shared With Others

Except as stated in Sections A and B, your written permission is required before we can use or share your health information with anyone outside of UPMC. This permission is provided through a form.

If you give us permission to use or share health information about you, you may cancel that permission in writing at any time. If you cancel your permission, we will no longer use or share your health information for the reasons you have given us in your written permission. However, we are unable to take back any information that we have already shared with your permission.

Your Rights Concerning Your Health Information

The law gives you the following rights about your health information:

1. **Right to Ask to See and Copy.** You have the right to ask to see and copy the health information we used to make decisions about your care. Your request must be in writing and given to your doctor or the place where you were treated. You can call your doctor's office or the place where you were treated to find out how to do this. If you ask to see or copy your health information, you may have to pay fees as permitted by law. We may tell you that you cannot see or copy some or all of your health information. If we tell you this, you may ask that someone else at UPMC review this decision. A licensed health care professional chosen by UPMC will review those that can be reviewed. This person will not be the same person who refused your request. We will do whatever this person decides.
2. **Right to Ask for a Correction.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to ask for a correction for as long as the information is kept by or for UPMC. You must put your request in writing and give it to your doctor or the place where you received care. If you do not ask in writing and give it to your doctor or the place where you received care. If you do not ask in writing or give your reasons in writing, we may tell you that we will not do as you have asked. We have the right to refuse your request if you ask us to correct information that 1) was not made by us, unless the person or place that originally made the information is no longer available to make the correction; 2) is not part of the health information kept by or for UPMC; 3) is not part of the information you are permitted by law to see and copy; 4) we decide is correct and complete.
3. **Right to Ask for an "Accounting of Disclosures."**
 - a. **Generally.** You have the right to ask us for an "accounting of disclosures." This is a list of those people and organizations who have received or have accessed your health information. This right does not include information made available for treatment, payment, or health care operations, or made available when you have provided us with permission to do so. You must put your request in writing and give it to your doctor or the place where you received care. You can call your doctor's office or the place where you received care to find out how to ask for the list. You must include in your written request how far back in time you want us to go, which may not be longer than six (6) years.

b. **Information that is Maintained Electronically.** Subject to a schedule established by federal law, if we maintain your health information electronically (in our computer), you have the right to ask for an accounting of disclosures of where UPMC disclosed your health information. In accord with federal law, you may request an accounting for a period of three years prior to the date the accounting is requested. You also have the right to ask our business associates for an accounting of their disclosures. We will post a list of all of our business associates and how to contact them on our website.

4. Right to Ask for Limits on Use and Sharing.

a. **Generally.** You have the right to ask us to limit the health information we use or share with others about you for treatment, payment or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You can call your doctor's office or the place where you received your care to get instructions on how to submit such a request. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) the person or institution the limits apply to (for example, your spouse).

For example, you could ask that we not use or share information about a surgery you had. You must put your request in writing and give it to your doctor or the place where you received your care. We are not required to agree to your request. If we do agree to your request, we still may provide information, as necessary, to give you emergency treatment.

b. **Services Paid by You.** Where you have paid for your services out of pocket in full, at your request, we will not share information about those services with a health plan for purposes of payment or health care operations. "Health plan" means an organization that pays for your medical care.

5. Right to Ask for Confidential Communications.

You have the right to ask that we contact you about your health information in a certain way or at a certain location that you believe provides you with greater privacy. For example, you can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make your request in writing to your doctor or the place where you received care. You do not need to provide a reason for your request. We will comply with all reasonable requests.

6. **Right to Ask for a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically (for example, through the computer), you still have the right to a paper copy of this Notice. You can get a copy of this Notice at our website at **[www.upmc.com HospitalsFacilities/hippa/Pages/default.aspx](http://www.upmc.com/HospitalsFacilities/hippa/Pages/default.aspx)**. To obtain a paper copy of this Notice, contact your doctor's office or the registration department of the place where you received care.

7. UPMC Insurance Division is prohibited from requesting, requiring or purchasing genetic information with respect to any individual prior to such individual's enrollment in a health plan, and from using genetic information for underwriting purposes.

Violation of Privacy Rights

In the event that a breach of your protected health information occurs by UPMC or one of its business associates, you will be provided with written notification as required by law.

If you believe your privacy has been violated by us, you may file a complaint directly with us. You can do this by contacting the UPMC Privacy Officer at the hospital or facility where you received care or by calling the UPMC Compliance HelpLine at **1-877-983-8442**.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary of Health and Human Services, you must 1) name the UPMC place or person that you believe violated your privacy rights and describe how that place/person violated your privacy rights, and 2) file the complaint within 180 days of when you knew or should have known that the violation occurred. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:

**U.S. Department of Health and
Human Services
200 Independence Ave. S.W.
Washington, DC 20201**

You will not be penalized for filing a complaint.

Changes to This Notice

We reserve (have) the right to change this Notice. We reserve (have) the right to make the revised or changed Notice effective for health information we already have about you and for any future health information. We will post a copy of the revised Notice in the places where we provide medical services. The Notice will contain the effective date on the first page, in the top right-hand corner. We will provide to you, if you ask us, a copy of the Notice that is currently in effect each time you register at UPMC as an inpatient or outpatient for treatment or health care services.

If You Have Questions About This Notice

If you have any questions about this Notice, please contact your doctor or the place where you received care. **You may also contact UPMC's Notice of Privacy inquiry line at 412-647-6286 or the UPMC Office of Patient and Consumer Privacy at 412-647-5757.**

Are You Having Pain?

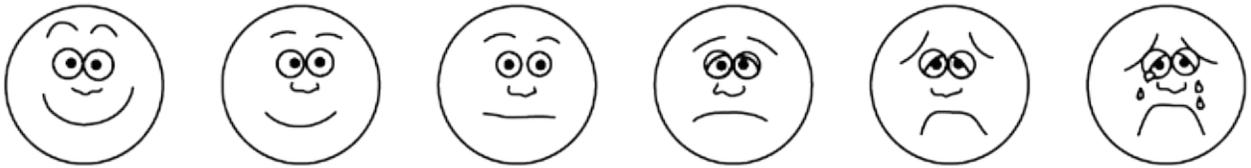
We ask many questions so we know how you feel, such as:

Where is your pain?	How much does it hurt?	What are you doing when you feel pain?	What makes your pain better? Or worse?
What does it feel like?	When do you have pain?	How often? Daily? Every other day?	What makes your pain go away?

Tell Us About Your Pain

Below are pain scales that you can use to help us understand your pain.

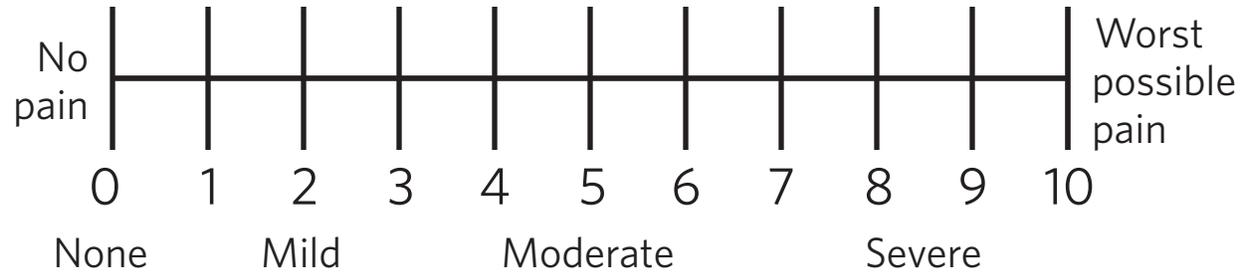
Wong-Baker FACES® Pain Rating Scale



The scale consists of six faces in a row, each with a number below it and a description of the pain level:

- 0**: No Hurt (Happy face)
- 2**: Hurts Little Bit (Slightly smiling face)
- 4**: Hurts Little More (Neutral face)
- 6**: Hurts Even More (Frowning face)
- 8**: Hurts Whole Lot (Very frowning face)
- 10**: Hurts Worst (Crying face)

Pain Rating Scale® Mosby



The scale is a horizontal line with vertical tick marks at each integer from 0 to 10. Labels are placed below the line:

- 0**: None
- 1**: Mild
- 2**: Moderate
- 3**: Severe
- 4**: Worst possible pain

Words used to describe pain:

Aching	Cutting	Numb	Sharp	Spreading	Tingling
Burning	Heavy	Pounding	Shooting	Stabbing	Tugging
Cramping	Pressure	Throbbing	Sore	Nauseating	Vise-Like

- Tell us about any home remedies and over-the-counter medicines that you use to take away your pain.
- Tell us about any medicines ordered by your doctor that you use to get rid of your pain.
- Keeping your pain under control is important to your well-being. It will help you to eat and sleep better, and to move around more easily.
- If your pain is under control, your visits with family and friends will be more enjoyable.

Things that may increase your pain are:

- > Anxiety
- > Not sleeping well
- > Fear
- > Stress

Treatment of Pain

Because everyone's pain is different, we treat each person individually.

- Take pain medicine before walking, exercising, or wound care. The medicine can make that activity less painful.
- Pain medicines are safe if taken as ordered by your doctor.
- Other comfort measures that may help to control your pain include:
 - > Rest
 - > Heat/Cold
 - > Repositioning
 - > Massage
 - > Music
 - > Relaxation
- If you help us to know and understand your pain, together we can find the best way to treat it.

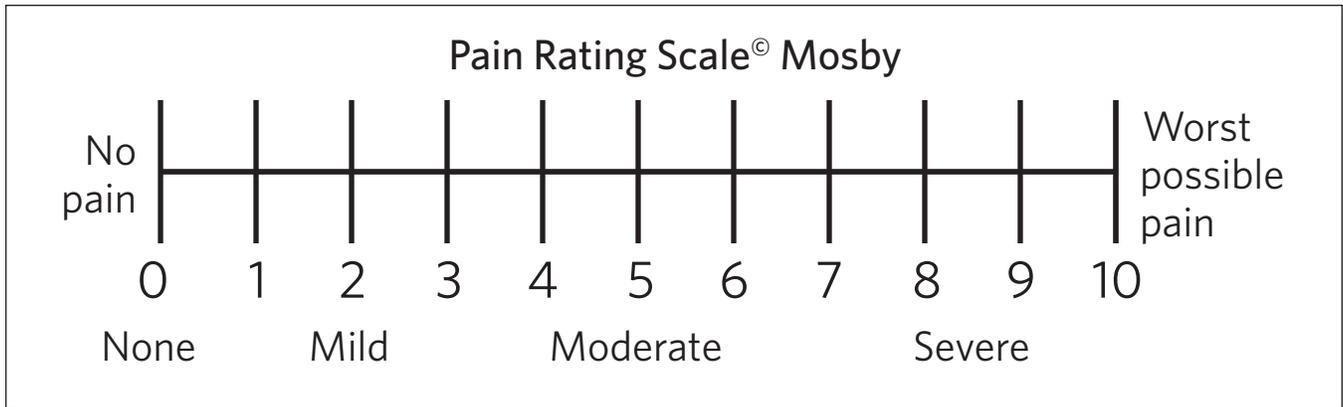
Tell your hospice staff, doctor, or health care provider if you have these symptoms, as they could be related to your pain medicines:

- Extreme tiredness (loss of energy)
- Sleepiness
- Depression
- Loss of appetite
- Emotional distress (nervousness)
- Upset stomach
- Constipation
- Itchiness all over

Reminder: This information is meant to be used along with advice from your health care provider. If you have questions or concerns, talk with your hospice nurses. You should not use this information to diagnose and treat yourself.

Pain Management Diary

You may use this diary to track your pain and the way your pain medicine is working. Pain medicines are safe if taken as ordered by your doctor. We want you to be as comfortable as possible. Show this to your health care providers so that we may find the best way to treat your pain.



Name _____ Branch _____ Phone Number _____					
Monthly Schedule					
Month _____ Year _____					

Name _____ Branch _____ Phone Number _____					
Monthly Schedule					
Month _____ Year _____					

Name _____ Branch _____ Phone Number _____					
Monthly Schedule					
Month _____ Year _____					

Smoke-Free Environment

To protect our patients, visitors, and staff from the harmful effects of second-hand smoke, smoking is not permitted anywhere on UPMC property. All UPMC hospitals, facilities, and grounds, including parking lots, garages, and other outdoor locations such as UPMC-owned sidewalks, are smoke-free. UPMC has no designated smoking areas. If you choose to smoke, you cannot do so on the UPMC campus.

A patient who smokes does so against our advice and assumes the risk for any problems as a result of smoking. For information about smoking and how to quit, access the patient education materials on UPMC's website at **patienteducation.upmc.com** (select Smoking).

If you're interested in "Becoming a Quitter," call **1-800-QUIT-NOW (1-800-784-8669)** or visit **www.1800quitnow.org**.

Language Interpretation Services

English:

Please notify your caregiver if you speak [language]. Interpretation services are provided at this facility free of charge.

Nepali नेपाली

तपाईं नेपाली भाषा बोल्नुहुन्छ भने कृपया आफ्नो सेवाकर्मीलाई जनाउनुहोस्। यहाँ नःशुल्क दोभाषे सेवा उपलब्ध गराइन्छ।

Spanish Español

Por favor avise a su proveedor de atención de salud si usted habla español. En estas dependencias se proporcionan servicios de interpretación libres de costo.

Arabic العربية

إن كنت تتكلم العربية، نرجو إبلاغ القائمين بخدمتك. تُقدَّم خدمات الترجمة الكلامية في هذه المنشأة أناً

Mandarin 普通话

如果您讲普通话，请告诉您的护理人员。我们免费为您提供口译服务。

Russian Русский

Если вы говорите по-русски, пожалуйста, скажите об этом работнику, осуществляющему уход за вами. Мы предоставляем бесплатные услуги переводчика.

American Sign Language (ASL)

Please let your provider know when you make your appointment that you will need an ASL interpreter.



**Visiting Nurses Association of
Venango County, Hospice**

491 Allegheny Blvd.
Franklin, PA 16323

814-432-6555

UPMCVisitingNurses.com

UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.