Dear Friends,

This must be a very trying time for you, the patient and your loved ones. We appreciate the trust you have placed in our staff and volunteers to help. We have one goal – to improve your experience in every way possible through the expertise of our professional team and specially trained volunteers.

We do not create this level of care alone. We do it through the partnership of thousands of individuals who so generously donate time, talent and money. These are people you may know well or may never meet but I hope it gives you a warm feeling to know that even perfect strangers cared enough to support you. For that we are very grateful.

I know this is a lot of information, hopefully the labeled tabs and table of contents will lead you to the information you need. If you have any questions, please do not hesitate to call. You can reach a nurse 24 hours a day, 7 days a week at (866) 310-8900.

Please know that my thoughts and those of many others go with you during this time – praying for comfort, good days and meaningful memories.

Sincerely,

Christy Whitney Borchard
Founding President & CEO
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We are dedicated to profoundly changing the way our community experiences serious illness, aging and grief – one family at a time.

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Our Story

HopeWest is an organization where community and compassion unite. We were founded in 1993 as a non-profit organization (501 C3) to serve western Colorado in coordination with the area hospitals and other medical care systems.

We are governed by a community Board of Directors and believe that our work is done best in partnership with the communities whose residents we serve. We have established Community Advisory Boards in each geographic region to ensure that we understand the unique needs of each area we serve.

Our leaders are some of the best in the nation – many who are pioneers in the hospice and palliative care field with more than 25 years of experience. Our program has received numerous state and national awards and most recently our CEO was honored with the Creative Visionary Award by our local chamber of commerce.

We believe that each patient and family has unique circumstances and needs. We have designed many different programs to address those needs.

We take care of people from birth to over 100 years old through our hospice, palliative care and grief support programs.

Our physicians are specialists in palliative medicine and are board certified in that field. Our nurses and nursing assistants are also certified in palliative care. Our counselors working with grieving children have advanced training.

Most importantly, the people we serve tell us we are meeting their needs. Our family surveys most recent findings show patient and family satisfaction is higher than 95%.

HopeWest has been recognized for its innovation and programs by The American Hospital Association, The El Pomar Foundation and the Colorado Center for Hospice and Palliative Care.

Ranked #30 in the Top 100 Healthcare Companies in the Nation by Modern Healthcare
Named as a Top Company Finalist in The State Of Colorado by Coloradobiz Magazine

Generosity Inspires Hope

Our mission is simply made possible through the communities’ gifts of time, talent and money. We have more than 1,500 volunteers working together to help provide the very best to those we serve. Our volunteers help with every facet of our organization from caring for patients and families to assisting in the office.
Volunteers support our three upscale resale shops, Heirlooms for Hospice, which help fund our mission.

Philanthropy, through memorial giving, events and monthly donations, ensures everyone who needs our care can receive it.
Planning for Care

Getting Organized

When someone in your family is seriously ill, many responsibilities may fall on a family member who has not had experience with his/her loved one's finances. Your HopeWest social worker can offer advice and connect you with the appropriate resources. It is important to locate the following:

- **Wills/Trusts**
- **Birth and Marriage Certificates**
- **Identification Cards** (driver’s license, social security card, etc.)
- **Insurance Cards** (Medicare, AARP, RMHP, other private insurance policies, etc.)
- **Insurance Policies** (life, mortgage/loan, auto, homeowner’s, etc.) – most policies include a phone number for information about your individual policy.
- **Advance Directives** (Medical Durable Power of Attorney, General Power of Attorney, Living Will, etc.)
- **Veteran’s Benefits**
- **Bank Statements**
- **Stocks/Bonds**
- **Retirement Accounts/Annuities**
- **Last year’s tax return**
- **Auto titles**
**Honoring Medical Wishes**

To plan for healthcare decisions, patients should be able to understand treatment choices and be able to express their values and wishes. There are various legal documents, known as advance directives, available to help ensure that patients' wishes will be honored.

**Advance Directives**

HopeWest believes in following the wishes of the patient and family. One of the best ways to ensure we and other health care providers are able to follow your wishes is by having a conversation with your family – this might be your spouse, your children, your grandchildren, your parents, close friends or all of them – and tell them what you would want if you had an unexpected illness or became critically ill from a current condition.

Write down what you decided in a document called an advance directive, which is a recording of your wishes discussed with family. Involving health professionals, such as the team members from HopeWest or your primary care provider, is recommended. Types of advance directives:

- **Medical Durable Power of Attorney** (MDPOA) a document that allows a person to specify who they want to make medical decisions for them if they should be unable to make their own decisions.

- **MOST – The Medical Order for Scope of Treatment** is a tool for documenting treatment preferences.

- **General Power of Attorney** – a document that allows a person to specify who they want to handle their finances and personal business if they should be unable to handle their own affairs.

- **Limited Power of Attorney** – a document that allows a person to specify who may act on their behalf and in what capacity he/she may act (i.e. giving someone the authority to sell a car on their behalf).

- **Do Not Resuscitate (DNR)/CPR Directive** – a document that allows a person to specify that they wish to be allowed to die naturally while being kept comfortable, without receiving cardiopulmonary resuscitation (CPR).

- **Living Will** – a document that allows a person to express his/her personal wishes about treatment related to a life threatening illness.

- **Will** – a document that directs the distribution of personal property after a person has died.

If a person has not completed advance directives prior to becoming mentally unable to participate in decision making, then there are several options for obtaining a decision-maker for health care and financial decisions.

When a patient hasn’t expressed wishes or a patient’s wishes are contested:

- **Medical Proxy** – a document that allows close family members and friends to choose a health care decision-maker for the person.

- **Guardian** – a court-appointed person who has the right to make medical decisions for the patient.

- **Conservator** – a court-appointed person who has the right to make financial decisions.

Note: Several significant changes were made to Colorado's advance directives in 2010. More detailed information is available at coloradoadvancedirectives.com.
Things to Talk About

We encourage families to talk over funeral arrangements with one another and with the patient. Some patients want to be involved in this plan and take comfort in doing so. They may have a special way they want to be remembered. It may seem difficult to do but it is usually better to plan before a loved one’s death; your emotions at the time of the death may interfere with your ability to think clearly. Most families express a sense of relief at having the arrangements settled.

There are times when patients and families are uncomfortable or unable to make funeral plans in advance. If this is the case for your family, the funeral home staff, your spiritual leader or chaplain can help you plan the arrangements after the death.

- In planning a funeral or a memorial service, think of songs, hymns, poems, readings or quotations that will celebrate the life of your loved one.
- Decide where you would like to have the funeral or memorial service (the mortuary, your church, the cemetery, a park, the patient or family member’s home – all are possible locations).
- Decide when you would like to hold the funeral or memorial service. Some families have the service within three to five days after the death. However, some families choose to have a memorial service at a later date (when all the family can attend).
- Consider who you would like to lead the funeral or memorial service. Some families utilize their church leader, a friend, a family member or a HopeWest chaplain to conduct the service.
- Patients and/or families need to decide on burial or cremation. The costs will vary from one mortuary to another and will depend on the services you choose. Cremation is generally less costly than burial. Mortuaries will provide you with prices for all services.
- Determine if the patient would like to write his or her own obituary.
- Determine the patient's wishes or preference on organ or body donation.
- Consider naming a nonprofit in lieu of flowers. When families request memorial gifts be made to HopeWest, they will receive a brick free of charge to be placed on our campus in Grand Junction. The brick can be engraved with a message of your choosing and will become a permanent fixture in the beautiful gardens.

Donations allow HopeWest to continue to provide the same care your family received to anyone in need of our support.
Hospice care is comfort care and symptom management for patients that have a life threatening illness and do not want aggressive treatment or no curative options are available. Care is individualized to every patient and family. It puts the patient in charge of their care and their life when it matters most. For this reason, it is designed to serve patients wherever they are.

HopeWest is devoted to providing both physical and emotional comfort to people who are suffering from a serious illness and supporting their families.

Hospice care requires a team approach. We provide doctors, nurses, counselors, social workers, chaplains, nursing assistants, dietitians and therapists who work with you to design a plan of care that meets your unique needs.

At times, families may not live in the same community as the patient. We are available and happy to communicate with families by telephone or email and encourage you to call us when we can be of help.

To contact the patient’s HopeWest Hospice team, call the appropriate office location and request that one of the team members call you.

- Grand Junction: (970) 241-2212
- Montrose: (970) 240-7734
- Delta: (970) 874-6823
- Plateau Valley: (970) 487-3844
- Meeker: (970) 878-9383
Your care team is designed specifically for you and your family based on your needs.

Certified Nursing Assistants
Our certified nursing assistants (CNAs) are specially trained and certified to provide comfort and personal care to our patients. We work side by side with the facility staff to ensure patients receive all the personal and comfort care they need.

Chaplains
Our chaplains provide spiritual support to patients and families in keeping with the individual’s personal faith. We are available to contact an individual’s own clergy or clergy of a specific denomination for support.

Counselors
Counselors offer individual, family and group support to patients and families. Bereavement support is available to all family members. We realize that children need special support in dealing with the loss of a loved one, we have counselors who specialize in helping children.

Nurses
Most of our nursing staff have earned advanced certification, which assures expertise in symptom management and hospice care. A registered nurse is assigned as the patient’s and family’s primary nurse to coordinate care. Regular visits are provided to assess the patient’s condition, to provide teaching to the family and other caregivers, and to work collaboratively with the facility staff.

Physician Specialists
We have palliative care certified physicians, nurse practitioners and physician assistants. Our practitioners specialize in managing pain and other symptoms experienced by patients at the end of life. We may be available to serve as the patient’s primary physician.

Social Workers
Our social workers are trained in both counseling and identifying practical and financial resources for patients and families. We will answer questions, facilitate family communication and provide support to families in person and by phone.

Therapists
We work with dietitians, physical therapists, occupational therapists and other specialists who are available to provide specialized care.

Volunteers
Our trained volunteers are individually assigned to patients as requested by the family or care team. Our volunteers provide companionship by listening, reading to a patient or just visiting. Volunteers can be of great support to those spending many hours alone.

The Facility Staff
When the patient lives in a facility, a joint plan of care is developed for each patient. Our staff works closely to coordinate care with the facility staff, including nurses, therapists, CNAs and social workers.
Hospice Care

At Home
We know most people prefer to be at home. HopeWest stands ready to help patients be comfortable and well-cared for at home. Some of the ways we can help include:

- Designing a plan with the patient and family in how other professionals and volunteers can be helpful and scheduling those people.
- Making sure the patient has the medical equipment & supplies they need on a regular basis.
- Working with a pharmacy that will deliver routine medications to the home and providing an emergency kit that can be kept in the home for emergent symptom situations.
- Coordinating care with your primary doctor.
- Doctors making house calls.
- Making routine, scheduled visits by a registered nurse assigned to coordinate the patient’s care.
- An RN available by phone 24 hours a day, 7 days a week who will respond in person when needed to ensure the patient is comfortable.
- Certified nursing assistants who can assist with bathing and personal care of the patient.
- Helping you handle medical bills and working with you to ensure your financial resources are being fully utilized.
- Providing volunteers for social support, transportation and other needs.
- Offering an non-denominational chaplain to visit at home.

In an Assisted Living Residence (ALR)
Hospice care in an assisted living residence is much the same as at home. In addition to the above services, the team coordinates carefully and frequently with the ALR staff to ensure continuity of care is provided to the patient.

The decision to include hospice in the patient’s care in that facility will provide additional resources to the patient and family.

In a Nursing Home
Our role is not to take the place of the professional staff at the nursing home. We supplement care, and coordinate care between doctors, the nursing home staff, the patient, family and others.

Our nurses and physicians see that every measure of comfort is provided to the patient and they communicate regularly with the primary physician. Social workers and chaplains support the patient and the family. Hospice certified nursing assistants provide regular, additional personal care to the patient.

We believe that one of the most important team members in the nursing home setting is the hospice volunteer. They are specially trained to work with our patients to provide support and quality of life.

In a Hospital
We provide care to patients in the hospital, which can be the most appropriate setting to provide the level of tests, interventions and nursing care needed to keep a patient comfortable. The hospice team visits the patient daily in the hospital and assures continuity of care from hospital to home, assisted living residence or nursing home, while supporting the family.
Built in 2008, the Hospice Care Center is simply extraordinary. Its warm design brings comfort to all who enter and its popular bistro, Spoons bistro & bakery, is available for not only patients, but families and the community. You can enjoy an espresso and gift shopping at Artful Cup located on the campus in the restored 1887 Miller Homestead.

Patients receive individualized and specialized short term care in the Hospice Care Center when they have symptoms that are difficult to manage at home.

The Hospice Care Center is designed to meet the needs of hospice patients and their families during times when a more intensive level of care is needed – a level that is difficult to provide in the home. Our building and the grounds are designed for comfort and caring and have been made possible through the generosity of our friends and neighbors in the community.

Each of the 13 patient rooms is large enough for friends and families to visit and can accommodate overnight guests on a pull-out chair or sofa. A coffee pot and small refrigerator make access to a favorite beverage easy. Double doors lead to a patio or balcony that is large enough for the bed to be wheeled outside for those who want to be surrounded by fresh air.

Nurses are present 24 hours a day. Our medical team of physicians and PA’s round daily and are available throughout the day to assist with symptom management. Social workers support families and assist with community resources and transitions of patients to and from the Hospice Care Center.

Many patients enjoy the Spa Room – equipped with a large tub with a special lift that make it easy for patients to get in and out of the warm, soothing water.
Visitors – including children and pets – are welcome at the Hospice Care Center 24 hours a day or as requested by each patient. Patients and visitors may use a shared Hearth Room, complete with fireplace and comfortable furniture. There is also a Family Kitchen with table and chairs, shared refrigerator and vending machines.

The Media Room contains family-friendly books, board games and a Wii console. A computer is available for checking internet-based emails and wireless internet is also available throughout the facility.

The Reflection Room (chapel) is a special place for patients, families and visitors. Prayer requests can be made in writing and staff will pray individually for each request. The room may also be scheduled for a service or ceremony – contact the receptionist at the front desk if desired.
### Patient Care
Our team at the Hospice Care Center includes registered nurses and certified nursing assistants on each shift. Social workers, chaplains and trained volunteers are available throughout each day. Counselors provide additional support to patients and families, including children. Our physician, nurse practitioner or physician assistant will visit each patient daily and provide specialized medical care focusing on symptom management and comfort. The patient’s regular attending physician is also welcome to visit.

The Hospice Care Center provides the following types of care:

- **Acute care** for hospice patients requiring skilled medical care, generally for 5-7 days. Often, acute care enables patients to return to their homes. In fact, 50% of the hospice patients who come to the Hospice Care Center get well enough to return home.
- **Respite care** is for hospice patients needing care while giving the family caregiver a break, generally for five days.
- **Residential care**, when the level of care is “residential” or more routine; short stays up to two to four weeks may be arranged. At the “residential” level of care, the patient is responsible for a daily room and board charge as the Hospice Care Center becomes a substitute for a home setting.

### How Hospice Care Is Paid For
The daily charge for the Hospice Care Center is based on the level of care required and is often fully covered by insurance, including Medicare, Medicaid and most private insurances when the level of medical care needed is higher and the Hospice Care Center is an alternative to hospitalization, as in the case of acute care.

When insurance does not pay for the cost of an acute care stay at the Hospice Care Center, private pay is an option. In addition, HopeWest relies on philanthropic support to provide care to those in need, regardless of ability to pay.

### Electronic Medical Records
HopeWest uses technology to document care and support our patients. As the healthcare industry has evolved to utilizing electronic medical records, we are no exception.

We want to make sure that your care team has the most updated information possible as they deliver care. We know that the most accurate and timely information should be entered “at the patient’s bedside” in order to make that information available to other care team members so the care is seamless.

You will likely see your care team carrying their laptops, tablets and/or cell phones when they come to visit. They will be typing information into the patient’s medical record at the time care is given, which may require sitting for a few minutes in their room or in another space nearby in order to complete their charting.

We respect your privacy and take extra means to protect all of your health information. Electronic medical records are much more secure than paper charts.
Spoons bistro & bakery, on the lower level of the Hospice Care Center, offers a casual dining option for visitors, staff and the public in addition to providing food service for patients. Check with staff for current hours. Visit our website at Spoonsbistroandbakery.com.

Artful Cup is located in the Miller Homestead (the Victorian home adjacent to the Hospice Care Center). Artful Cup offers a variety of coffee drinks and pastries, as well as cards and miscellaneous gift items. Check with staff for current hours. Visit our website at Coffeeandart.com.
HopeWest Hospice Care Center

Located in Fairmount Health Park
3090 North 12th Street, Grand Junction, Colorado

Directions From North Avenue in Grand Junction

1) Take North Avenue to North 12th Street;
2) Turn north on North 12th Street and drive 1.3 miles;
3) Turn east into Fairmount Health Park;
4) The Hospice Care Center is on the right.

Directions From I-70

1) From I-70 take Horizon Drive exit;
2) Head west on Horizon Drive and turn south on 12th Street;
3) Turn east into Fairmount Health Park;
4) The Hospice Care Center is on the right.

Directions From Montrose or Delta

1) Take US-50 West;
2) Turn east onto Pitkin Avenue;
3) Turn north onto South 12th Street and drive 2.2 miles;
4) Turn east into Fairmount Health Park;
5) The Hospice Care Center is on the right.
Generosity Inspires Hope

HopeWest relies upon the generosity of our community to help us provide our kind of hospice care. Medicare, Medicaid and most insurance plans do not sufficiently cover the cost of hospice care, particularly when patients are enrolled for just a short period of time.

Most insurances pay hospice a set amount per day of enrollment, despite whether a patient has a lot of visits or very few and regardless of the costs of other medical care paid by HopeWest.

The support of the communities we serve is defining. Hospice is meant to be special. The staffing ratio of patients to our nurses and doctors is significantly different than other health care institutions. We are able to do that because of philanthropy.

Generosity also provides care when insurance coverage is not available. It covers expensive treatments and medications not adequately paid for by insurance. Bereavement counseling and support as well as our children's programs are possible because of our neighbors' support.

Choosing HopeWest as the Recipient of Memorial Gifts

Many families want to give back to HopeWest so that others facing illness, death and grief can benefit from the same kind of care they received. Families will request that in lieu of flowers, donations be made to HopeWest. This can be done by telling the funeral home at the time of arrangements. You can request it be placed in the death notice by the newspaper or it can be included in an obituary.

To honor those who request this, HopeWest recognizes the person in a special way. In Grand Junction, when you request memorial gifts be made to HopeWest, you will receive a brick free of charge to be placed on our campus. The brick will be engraved with a message of your choosing and will become a permanent fixture in the beautiful gardens. Memorial giving allows us to continue to providing the same care your family received to anyone in need of our support. In other locations, there are other means of recognizing such a gift.

There are many ways families can support our mission.

Memorial Tributes

Memorial tributes create a lasting way to honor those who have touched our lives, while ensuring HopeWest can continue the important work of providing care to anyone in need.

Each of our campuses provide many ways to celebrate the life of your loved one with a special tribute. From memorial bricks to garden benches, tributes are places of comfort and peace for our entire community.
Heirlooms for Hospice
Heirlooms is a special part of the community and provides a way to honor your treasures through donation. Heirlooms accepts home décor, clothing, jewelry and antiques. The resale shops, located in Grand Junction, Delta and Montrose, feature items from the communities we serve and all proceeds support our mission. Heirlooms is staffed in part by a devoted group of volunteers. And because our merchandise changes every day – it’s the best place to shop! Please visit heirloomsforhospice.com for more information.

Volunteering
Our family of volunteers helps transform our community. Explore the many volunteer opportunities at HopeWest. Whatever your interests and schedule, we’ll find the right fit for you. Get creative at our Heirlooms stores, help with administrative duties, beautify our gardens and much more. We would love to have you to join us.

Planned Giving
Planned gifts ensure our services are available for many years to come. The Legacy Society honors friends who share a commitment to our organization and its future by providing financial support through wills or other estate planning.

Vehicle Donations
Your vehicle may have lost its value, but it hasn’t lost its worth! We welcome donations of any vehicle, any condition. Towing is free and best of all it is tax deductible.

Each and every gift is appreciated and will make a difference in so many lives. HopeWest is a Colorado Enterprise Zone organization and cash or in-kind gifts may qualify for an additional 25% tax credit on Colorado Income Tax Returns. For more information, please contact our development office at (970) 257-2365.
# Medicare, Medicaid and Other Insurance

## Paying for Care

Many of our hospice services are covered by Medicare, Medicaid and private insurance companies. When that is not possible – we’re here for you. Our services are available to anyone in our community regardless of ability to pay because of the generosity of our community.

## Benefits At A Glance

<table>
<thead>
<tr>
<th></th>
<th>Medicare &amp; Medicaid</th>
<th>Other Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>HopeWest is paid by day of care approximately $160 for all care and other purchased services in the residential setting.</td>
<td>X</td>
<td>Most</td>
</tr>
<tr>
<td><strong>Patient Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>As needed – daily, after hours or weekly as patient needs</td>
<td>As needed – daily, after hours or weekly as patient needs</td>
</tr>
<tr>
<td>Social Worker/Counselor</td>
<td>Patient and family need determines</td>
<td>Patient and family need determines</td>
</tr>
<tr>
<td>Chaplain</td>
<td>Available at patient and family's request</td>
<td>Available at patient and family's request</td>
</tr>
<tr>
<td>Nursing Assistant</td>
<td>Based on patient need, typically 3 times per week.</td>
<td>Based on patient need, typically 3 times per week</td>
</tr>
<tr>
<td>Doctor</td>
<td>As needed for symptom control</td>
<td>As needed for symptom control</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Available for support to all patients</td>
<td>Available for support to all patients</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>For patients who need help with walking or medical equipment</td>
<td>For patients who need help with walking or medical equipment</td>
</tr>
<tr>
<td>Speech/Physical Therapy &amp; Dietary Counseling</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>24-hours/7 days per week, access to Registered Nurse by telephone and visit if needed.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Medical Transportation &amp; Ambulance</td>
<td>X</td>
<td>Varies by Insurance Carrier</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>X</td>
<td>Varies by Insurance Carrier</td>
</tr>
<tr>
<td>Oxygen / Lab Work / X-rays</td>
<td>X</td>
<td>Varies by Insurance Carrier</td>
</tr>
<tr>
<td>Medications related to diagnosis</td>
<td>X</td>
<td>Varies by Insurance Carrier</td>
</tr>
<tr>
<td>Hospitalization or care at the Hospice Care Center</td>
<td>X</td>
<td>Varies by Insurance Carrier</td>
</tr>
<tr>
<td>Tube Feeding when it is the sole source of food</td>
<td>X</td>
<td>Varies by Insurance Carrier</td>
</tr>
</tbody>
</table>
Curative therapies like radiation / chemotherapy with some exceptions
- Dialysis
- Major surgeries
- Room and board in a hospice facility

Can I go back to regular Medicare or Medicaid after I elect Hospice?
Yes, you can decide to leave hospice care and return to other benefits in an instant. There are also times where HopeWest may discharge a patient because they no longer meet the prognosis criteria for Medicare or Medicaid, want to pursue curative therapies or pose a safety threat to themselves or staff.

When patients are discharged from hospice or decide to leave (revoke) they are offered a palliative care program to continue to meet their needs.

Forms and Notices for Medicare
Patients will sign a Hospice Election Form when they are admitted to Hospice and sign a Revocation Form when they decide to leave hospice. Patients will periodically receive a Medicare Summary Notice (see example) following hospice services.

People find the Medicare Summary Notice form extremely misleading. The notice from Medicare appears to reflect the charges and services rendered to the patient and what Medicare paid HopeWest.

However, the notice from Medicare only reflects the visits of some of the staff and medications covered by the hospice but no other services like the ones listed in the table on the previous page.

It appears as though HopeWest was paid thousands of dollars in a month for a few staff visits and a few medications, when often there are many other costs HopeWest covered as part of that period of time and those costs are not reflected on the Medicare notice.

Your Hospice Claims for Part A (Hospital Insurance)
- Payment amount: This amount is paid by Medicare. It is usually 80% of the Medicare-approved amount. Maximum You May Be Billed: This is the total amount the provider is allowed to bill you. It is usually 20% of the Medicare-approved amount.
- Amount Medicare Paid: This is the amount Medicare pays the provider.

### Example of Medicare Summary Notice

Please call if you have questions or need further clarification.
(866) 310-8900
Managing Common Symptoms

Hospice patients can experience many kinds of symptoms such as: pain, restlessness/agitation, confusion/delirium, lethargy/weakness, shortness of breath and nausea/vomiting. Our doctors and nurses are committed to working with each patient, family and primary doctor to identify the source of the symptom and create a plan to manage the symptom. Communication with the HopeWest Team is the best way to get a symptom managed as soon as possible.

Pain

Pain control is one of the central goals of hospice care. Most patients and families who use hospice services expect that the care team will make every effort to relieve the pain which afflicts their loved one. There are many different types of pain. The following are examples of pain that the HopeWest team will monitor for and treat:

- Physical
  - Nerve pain
  - Muscle pain
  - Bone pain
- Emotional
- Spiritual

Signs and symptoms of pain:

- Facial grimace/furrowed brow
- Holding/grasping at area affected by pain
- Restlessness/agitation
- Withdrawal/sleep
- Moaning

Treatment for pain:

- Medication (over the counter and prescription)
- Alternative treatments (massage, acupuncture, healing touch and chiropractic adjustment)
- Prayer/meditation/guided imagery
- Adjustment to the environment
- Music therapy

Restlessness/Agitation

Many families may be surprised when a seriously ill (and usually calm) family member becomes restless or even agitated. Restlessness or agitation varies from person to person, and some do not experience restlessness or agitation at the end of life.

When a person is in the last days or hours of life, some may experience mood changes. The mood changes can be difficult for family members to handle. Causes and treatments for restlessness and agitation are well-known among our palliative care professionals who work with the dying on a regular basis.

Signs and symptoms of restlessness and agitation:

- Increase in physical activity that is not purposeful (wanting to move from the bed to the chair and then from the chair back to bed)
- Abnormal behavior (irritable or over sensitive when normally calm)
- Delusions and/or hallucinations (believing and/or seeing things that are not real)

Treatment for restlessness and agitation:

- Rule out other symptoms/treatable cause (pain, infection, constipation, urinary retention, etc.)
- Medication
- Alternative treatments (aromatherapy)
- Adjustment to the environment
- Oxygen if appropriate for condition
- Redirection
- Music therapy
**Delirium/Confusion**

Delirium is a complex psychiatric syndrome that is also called confusion, encephalopathy and impaired mental status. It often looks like a sudden change in alertness and behavior that may change over the course of a day, usually gets worse at night.

**Signs and symptoms of delirium/confusion:**
- Change in level of consciousness with decreased awareness of the surrounding environment
- Decreased short-term memory and attention span
- Disorientation to time and place
- Delusions and/or hallucinations (believing and/or seeing things that are not real)
- Change in speech – may be really loud or soft, very fast or slow, or not understandable
- Mood swings
- Sleep disturbances – insomnia or reversed sleep cycle
- Abnormal activity - body movements may be increased or decreased, very fast or slow

**Treatment for delirium/confusion:**
- Rule out other symptoms/treatable causes (pain, infection, constipation, urinary retention, etc.)
- Medication
- Alternative treatments (aromatherapy)
- Adjustment to the environment
- Oxygen if appropriate for condition
- Redirection
- Music therapy

**Signs and symptoms of lethargy/weakness:**
- Feeling tired or giving up
- Mentally (having difficulty comprehending)
- Physically slow
- Depression
- Decreased activity
- Increased sleep
- Withdrawal/lack of interest

**Treatment of lethargy/weakness:**
- Rule out other symptom/treatable causes (anxiety, over medication, infection, etc.)
- Decrease the pressure on the patient to be energetic
- Give permission to rest

**Shortness of Breath/Dyspnea**

Many patients with serious illness experience shortness of breath, a symptom that health care professionals call dyspnea. Dyspnea can be very frightening to patients and their families. The experience of shortness of breath can range from mild (the general feeling that happens only with physical movement, such as walking up stairs) or it can be so severe that the patient cannot talk, walk or eat.

**Signs and symptoms of shortness of breath:**
- Feeling tightness in the chest or can't breathe
- Fast breathing pattern
- Light headed feeling
- Confusion
- Discoloration around the lips or nail beds

**Treatment of shortness of breath:**
- Medication
- Oxygen
- Change in position
- Cool circulating air (fan in the room or open window)
- Relaxation techniques/ decrease stimulation
- Provide emotional support
Nausea and Vomiting

Nausea and vomiting are common and distressing symptoms in many hospice care patients. Identifying the cause or causes and treating the symptoms promptly can increase comfort and quality of life. Nausea is an unpleasant feeling in the stomach that may or may not be followed by vomiting. Nausea is very common as a patient moves toward the end of life. There are several causes of nausea and vomiting. Noxious odors, tastes, or sights can sometimes trigger this response. Certain medications, constipation, or a bowel obstruction can be causes of nausea and vomiting.

Signs and symptoms of nausea and vomiting:
- Queasy feeling
- Lack of appetite
- Decreased interest in food or drink

Treatment of nausea and vomiting:
- Rule out other symptoms/treatable cause (pain, infection, constipation, etc.)
- Medication
- Homeopathic remedies
- Cool compress
- Fresh or cool air
- Avoid odors that trigger nausea
- Offer small meals

Apnea

It is quite common for the terminally ill to exhibit altered patterns of breathing. What this means is that the patient may breathe abnormally slowly, quickly, may pause for short or very long periods (called apnea), or may breathe in irregular patterns or rhythms of breathing. Each pattern or rhythm of irregular breathing has a specific cause, meaning and interpretation which experienced hospice physicians and nurses will recognize.

Although you may find it difficult to see your loved one breathing in these ways, it may be a sign that he or she is in decline and getting closer to death, or that certain organs are failing. Longer and longer periods of apnea (pausing when breathing) can occur, lasting from five to ten seconds or even up to one minute or more.

After these periods of apnea, breathing again resumes and the pattern may repeat itself. These periods may get longer as your loved one approaches closer to passing away, but this does not happen in all cases. Some patients may breathe extremely fast up to thirty or forty breaths per minute or more.

These altered patterns are to be expected and do not necessarily mean that the patient is suffering due to that pattern. Sometimes these altered patterns of breathing continue for weeks or even months. It is important that you report any changes in breathing pattern to your HopeWest Team.

If you have any questions or concerns, contact us ANYTIME at (866) 310-8900.
It is an absolute human certainty that no one can know his own beauty or perceive a sense of his own worth until it has been reflected back to him in the mirror of another loving, caring human being.

– John Joseph Powell
The following information is specifically for patients and families living in a residential home or assisted living facility.

### Electrical Safety

**To prevent fires**

- Cords must not be placed beneath furniture or rugs.
- Replace frayed cords.
- Extension cords must not be overloaded.
- Check rating labeled on appliance cord.
- The plug shape and number of prongs should match the outlet.
- Multiple outlet adapters should not be used on electrical outlets.

### Rugs, Runners and Mats

**To prevent falls and injuries**

- Loose rugs, runners and mats should be secured to floor with double-sided adhesive or rubber matting.
- Carpet edges should be tacked down.
- Torn, worn, frayed carpeting should be repaired, replaced or removed.

### Telephone

- Locate at least one phone where it is accessible in the event an accident renders a person unable to stand. Emergency phone numbers should be posted near the phone.

### Fire Safety

*Fire regulations recommend one smoke detector on every level of the home*

- Develop an evacuation plan to exit the residence in the event of a fire. Prioritize family members who are dependent, non-ambulatory or will require assistance.
- Establish clear pathways to all exits. Do not block exits with furniture or boxes.
- Have a key accessible near deadbolt locked doors.
- Do not leave cooking unattended for extended periods of time.
- Chimneys should be inspected annually to avoid dangerous build up of creosote.
- Kerosene heaters, wood stoves, fireplaces should not be left unattended while in use.

### Cupboards and Closets

- Cupboards should be organized so that frequently used items are within reach on lower shelves.
- A sturdy step stool should be used to reach items on high shelves.
- Heavy items should be stored flatly on lower levels of the closet to avoid falls and injuries.

### Bathroom

- Tubs and showers should have a textured surface or nonskid mats or strips to avoid falls.
- Grab bars to assist transfers should be installed in tub, shower and toilet areas.
- Check water temperature with your hand before entering the tub or shower.
- A night light should be used in the bathroom.

### Stairs

- Stairs, hallways and passageways between rooms should be well-lit and free of clutter.
- Stairs should have sturdy, well secured handrails on both sides.
- Avoid using stairs while wearing only socks or smooth-soled shoes.

### Outdoors

- Entrance ways should be clear of leaves, snow and ice.
Infection Control

- Hand washing is the best way to prevent the spread of infection.
- Wash your hands after potential contact with infectious materials and before eating to protect your health and the health of others.
- Surfaces that have contact with food or infectious materials should be kept clean.
- If you believe you may have a contagious illness, take measures to control the spread of infection through:
  - Notifying HopeWest
  - Covering your mouth when coughing or sneezing
  - Washing your hands frequently
  - Notifying your HopeWest nurse if you have an open wound/issue with your skin

Tube Feeding and IV Solutions

Tube feeding (enteral) and IV nutrition (parenteral) are two ways to provide nutrition to people who cannot digest food and medication normally.

- **Storage** – Tube feeding (also known as enteral) products can be stored at room temperature for the time period based on the expiration date. Most tube feeding products come premixed in a can, however there are some products that come packaged in powder form. These products are mixed with the instructed amount of water before being administered. An open can or container of tube feeding product must be dated, covered, stored in a refrigerator and used within 24 hours after being opened.

- IV nutrition (also known as parenteral nutrition) products must be stored in a refrigerator and must be used/given to the patient within 12 hours of being mixed by a pharmacist or a registered nurse.

- **Handling and Administration**
  Tube feeding can be handled the same way you handle perishable foods. Good hand washing and clean supplies are required. When the tube feeding product expires you can dispose of it in the trash. Tube feeding is administered through a tube in the stomach (also known as a G-tube or J-tube) placed by a doctor, or a tube that is passed through the nose into the stomach (also known as a NG tube) that is placed by a nurse or doctor. The tube feeding solution can be given by gravity or with the use of a pump.

  IV nutrition must be handled the same way medication given through an IV is handled. Good hand washing and new sterile supplies are required for each administration. Sealed bags of the nutrition product are prepared by a pharmacist or registered nurse, administered with IV tubing through a catheter that is in a vein placed by nurse or doctor. The catheter delivers the nutrition directly into the bloodstream. A pump is utilized to administer the IV nutrition.

- **Disposal** – Unused or expired tube feeding and IV nutrition can be disposed of in the sink or toilet. Tubing supplies can be disposed of in the trash. Supplies that are contaminated with body fluid must be double bagged and thrown in the trash.

Questions?
We are here to help.
Contact us anytime at
(866) 310-8900
Medications

The HopeWest Team will review your medical history, current status and medications. The HopeWest nurse and doctor will identify opportunities to decrease medications that are not beneficial or even dangerous for hospice patients and recommend medications that will keep you as comfortable as possible. Communication will occur with you, your doctor, the HopeWest nurse and HopeWest doctor at the time of admission and any time a need is identified.

The HopeWest nurse will monitor all medications (including over the counter medications), minerals/supplements or treatments that are being taken to ensure that there are no dangerous drug interactions. It is important that the nurse is informed of any food or drug allergies that you have. Please inform the nurse of any/all changes (starting or stopping) in medications that are made by the primary doctor or any consulting doctors.

Medication that is related to the hospice diagnosis will be provided by HopeWest by our contracted pharmacy provider. The nurse will order/refill these medications, and they will be delivered directly to your home. If/when a medication is needed the same day, the nurse will order the medication from a local pharmacy, and it will be made available for you to pick up.

Follow these general safety instructions when taking or administering medication:

- Check to make sure the correct name and correct dose are listed on the medication bottle/container.
- Read and understand the instructions listed on the medication and the purpose of the medication.
- Medication should be administered exactly by the instructions on the bottle/container – **DO NOT CRUSH** any medication without checking with a doctor or nurse.

And life is what we make it,
always has been, always will be.

– Grandma Moses
– Understand the possible risks/side effects of the medication.
– Check to make sure the medication is not expired.
– Check with a nurse or doctor before consuming alcohol when taking medication.
– Do not take any medication that is prescribed for another person.
– Report any side effects or “bad/different” feelings after a new medication is started immediately to HopeWest.

• Storage - All medication should be stored in an area secure from children and pets in tamper resistant containers, as well as protected from heat, water, dust and contamination. Medication should be stored in a container that is correctly labeled for the specific drug. Check labels to see if refrigeration is needed.

• Handling/Administration – Medication should be handled and administered by people who have been trained or instructed by a doctor or nurse, on the proper use and safety risks. Your HopeWest nurse will assist you with this. Before each dose is given, check the label to confirm it is the correct medication and correct dose. If you are running low on a medication, let your nurse know so that it can be re-ordered before you run out.

• Disposal – Assistance will be provided by the nurse with disposal of medications. All controlled medications such as pain medication (also known as narcotics) and anti-anxiety medication (also known as benzodiazepines) MUST be destroyed when the medication is no longer being used by the patient.

HopeWest disposes of medications by a process known as “Team Green Protocol,” this process is used to make sure that soil and ground water are not contaminated with medication waste.

The Team Green Protocol involves the following steps:
– Cross out any personal information on all medication containers.
– Keep medications in their original containers when feasible. If not, use a plastic container, such as a plastic beverage container with a screw-top lid.
– Render all medications unusable in order to prevent the unintended ingestion of discarded medication.

– Liquids – add kitty litter or flour to the container, recap and shake.
– Tablets/capsules – add rubbing alcohol or water to the container followed by kitty litter or flour, recap and shake.
– Suppositories – add kitty litter or flour to the container and recap.
– Transdermal (skin) patches – while wearing disposable gloves, remove the patch from the packaging. Cut the patch in half, handling it by the edges. Place the patch in a plastic container, add kitty litter or flour to the container, and recap.
– Medicated ointments and creams – add kitty litter or flour to the container and re-cap.
– Syringes and needles – place in puncture resistant containers, such as empty bleach or detergent bottles. These containers should be kept out of the reach of children and adults who may be experiencing confusion. When ¾ full, these containers should be sealed with heavy tape, such as duct tape, and disposed of with the household garbage. Place all medication containers in a plain paper bag to discourage identification and tampering. Dispose of the paper bag in a trash bin.
**Supplies and Equipment**

**Durable Medical Equipment and Medical/Surgical Supplies**

Durable medical equipment are pieces of equipment (electric bed, bedside tables, wheelchairs, bedside commodes, etc.) that are used for your comfort and safety.

The HopeWest team will review your medical history and current status and make commendations based on your hospice diagnosis and personal needs. Durable medical equipment is rented on your behalf by HopeWest on a monthly basis.

All delivery, maintenance and pick up will be coordinated by HopeWest and performed by the rental company. Please inform your care team if you would like to discuss equipment needs or you need a piece of equipment picked up that is no longer being used.

**Medical/Surgical supplies** are supplies (mouth swabs, personal wipes, disposable gloves, disposable briefs, bedpans, urinals and wound supplies) that are supplied by HopeWest to enhance your comfort, based on your hospice diagnosis and need. Supplies will be delivered on a weekly basis to your home, by your care team. Please inform your care team if you would like to discuss supplies needs or options. Supplies that are delivered to the home cannot be returned or reused by other HopeWest patients.

- **Storage** – Equipment/supplies should be stored in an area close to the patient care area for ease of use, but not clutter the patient area. All equipment/supplies should be stored in an area secure from children and pets, as well as protected from heat, water, dust and contamination.

- **Handling** – Equipment/supplies should be handled by people who have been trained or instructed by the patient care team on the proper use and safety risks. The care team and the rental company will provide teaching on the use of equipment upon delivery and as often as needed. Medical supplies should be checked for an expiration date before use.

- **Disposal**
  - Rental equipment – Arrangements will be made for rental equipment to be picked up by the rental company when an item is no longer needed.
  - Supplies – (dressing, IV tubing) that are soiled with body fluids must be disposed of properly to prevent contamination or exposure to others. Your care team will provide education if needed.
  - Body fluids – items soiled with body fluids, such as urine, feces, saliva or blood, must be disposed of in such a way to prevent contamination or exposure to others. It is best to put those items in a double bag and place in your trash bin. Your HopeWest care team will instruct you what to do with items that contain a large amount of body fluids, such as a drain system or items that may contain chemotherapy. Sharp objects must be placed in a puncture resistant container.

If you have unopened plastic wrapped supplies, the items can be donated to a company who can reuse them for those in need. Your care team can provide information on this process.
Oxygen

- **Storage** – Oxygen should be stored away from heat and open flames. Oxygen tubing should not come in contact with stoves, space heaters, baseboard heating coils or any other heating source.

- **Handling** – Oxygen should be handled by people who have been trained or instructed by the patient care team or oxygen provider on the proper use and safety risks.

- **Disposal** – Oxygen tubing and masks can disposed of in the trash. All other oxygen equipment will be maintained or picked up by the rental company.

We can all make a difference in the lives of others in need, because it is the most simple of gestures that make the most significant of differences.

– Miya Yamanouchi
The Five Senses of Caring

Sharing a person’s final days, weeks or months of life may be difficult. During this time, the people we love need our support and care. Sometimes it is helpful to know what to expect and how we can better communicate with the person who is facing this unique time in life.

It is our hope that you will find the strength to give support, provide comfort and take the opportunity to show your loved one what they mean to you. The following may offer insight.

Vision
Vision is often the first sense to be affected by serious illness. A person's vision can be greatly reduced due to:
- Excessive tearing or dryness
- Inability to tolerate a great deal of light
- Lying in a position in bed that makes it hard to see others
- Not wearing glasses
- Inability to focus due to medications

You can do the following to help:
- Keep glaring lights out of the person's eyes
- Allow frequent times for the person to rest their eyes
- Stand or sit in a place where the person can easily see you – use pillows or roll the bed to a position where it is easier for the patient to see
- Offer to assist with glasses
- Give the person permission to close their eyes when they are visiting with you

Smell
Smell is one of the senses that stays the longest and is often highly sensitive until the very end of life. Many times it is scent that brings back a host of memories. Sometimes, when people cannot speak or hear, smell can provide comfort. Remember, scents should be VERY light and it is best to avoid mixing scents.

Light scents people tend to enjoy include:
- Potpourri
- Scented candles
- Fresh flowers
- Citrus air fresheners
- Special “memory” fragrances like apple pie or peach cobbler

An idea: Try presenting a scent that you know will connect the person with you, like roses. Then talk quietly about the memory involving the two of you and the roses.

Taste
The sense of taste often leaves when a person is ill. This can be difficult to cope with when we are accustomed to showing our love by sharing food. It is tempting to try to make a person eat to regain their strength or feel better. Unfortunately, patients may have no appetite or food makes them feel worse. It is sometimes helpful to share small amounts of a patient’s favorite food...a small piece of candy, juice, a favorite beverage or just a bite of a favorite food or dessert. Good, frequent mouth care can sometimes help and is an important comfort measure.
**Hearing**

We know that hearing almost always endures the longest, even though the patient may be unable to speak. Things to remember include:

- Make sure the person wears their usual hearing device if they are accustomed to having one and it is comfortable.
- If one ear is better than the other, remember to conveniently position the person so their good ear is nearest to you.
- Speak clearly in a distinct tone.
- Try to be aware of other sounds or noises that may interfere with the person’s hearing, like several people talking across the room.
- Talking to those we love, even very close to death, is very comforting. Often, they can hear us in ways we may not even understand. Don’t be afraid to share your feelings and encouragement. You likely will be heard.

**Touch**

Touch is usually the very last sense to be diminished. Even when a person is close to death, the skin around the face and neck is particularly sensitive to touch. Touch is very important. A touch of the hand or gently massaging the skin with warm lotion can be very, very comforting. Some people love to have their feet massaged with lotion. Others appreciate a cool cloth to the forehead or behind the neck. Sometimes, people don’t want to be touched, particularly if they are in pain.

At other times, people may be withdrawing from those they love, perhaps making it easier to separate. Sometimes, just touching one finger is all that can be tolerated, accepted or received. It is helpful to ask permission to touch. Watch carefully for a response. You will be fine if you move gently and with love.

There is nothing so healing as the human touch.

— Bobby Fischer
When Death is Near

Each person is unique and it is hard to predict exactly what may be encountered as our loved ones approach the end of life. Often, there are physical, mental and spiritual signs that death is near. On the physical level, the body literally begins to shut down. These changes are normal and to be expected. They are not considered a medical emergency at this time of life. Your HopeWest team can provide additional information about what to expect.

The following are things that may be observed and comfort measures that can be provided.

- **Refusal of Food and/or Fluids**
  This means the body is reserving energy for other essential functions. The person will not experience pain or other discomfort, such as feeling thirsty, as this is a natural process. Often, as people become dehydrated, their discomfort lessens. It is important not to try to force a person to eat or drink. Doing this generally makes a patient more uncomfortable and will not improve their condition.

- **Changes in Skin Temperature or Color**
  You may notice a coolness, paleness or mottling of skin on the arms, legs and back. This occurs as circulation is conserved for vital organs. Blankets can increase the patient’s comfort. We avoid using electric blankets or heating pads as they can cause burns without the patient feeling it due to the lack of circulation.

- **Loss of Urine or Bowel Control**
  As muscles relax, the patient may lose control of these functions. There is often a decrease in urine output. Patients should be kept clean and dry. Turning the patient frequently is important to assure good skin care and to prevent bed sores. A catheter may be considered for urinary incontinence.

- **Altered Breathing or Congestion**
  Gurgling or gasping may occur as the muscles in the throat tend to relax. At times, the patient may appear to stop breathing for a moment and then gasp. This is called Cheyne Stokes breathing. Elevating the head may decrease the sounds. To help with secretions, gently turn the patient’s head to the side and wipe out the mouth with a damp cloth or mouth sponge. Suctioning is not helpful and can make secretions worse.

- **Mental, Emotional and Spiritual States**
  While death remains one of the universe’s mysteries, many believe the spirit of the dying person actually begins a process of release from the body, its environment and all emotional attachments. This release tends to follow its own priorities, including the resolution of unfinished business, and it will always relate to a person’s lifestyle, values and beliefs. It is often said that, “people die consistent with the way they lived.”

- **Restlessness**
  Sometimes a person may become restless, try to get up or make repetitive motions. Try to avoid restraining these motions. Speak in a quiet, natural way. Try reading to the person, playing soothing music and keeping lighting slightly dimmed.
**Disorientation**

The person may become confused about time, place and/or the identity of people. Many people at this time speak of going home. It is important to speak softly and clearly remind the person of where they are and any care that is being given (ie: “I am going to give you this medicine to keep you from hurting.”) Try to keep as many things the same and in routine as possible.

**Unusual Communication**

A surprising number of people make out of character statements. They may speak in metaphors, speak to other loved ones who have previously died or talk about being somewhere they’ve never seen before. Research suggests these may not be hallucinations, but rather a form of communication.

**Withdrawal and Increased Sleeping**

As death approaches, people may begin to withdraw. They may close their eyes often or seem to have a decreased desire to communicate. This is often hard for loved ones. Try not to take it personally. It is a normal process of letting go that has to happen. The person may actually become unresponsive at some point. Know that hearing remains even when a patient appears to be in a coma. Be cautious in what you say during this time. Speak to the person in a normal tone of voice, identifying yourself by name. Hold their hand.

You may want to touch their neck as this is a place where sensation seems to stay. This can be a good time to let the person know what they have meant to you. Other physical signs that death is near:

- Decrease in blood pressure
- Increase in pulse rate and difficulty finding it
- Increase in perspiration
- Elevation in body temperature

**Saying Good-Bye**

Not everyone gets to say good bye to the people they love before they die. Seize the chance if one seems to present, so you never have to wish you had told them something. Tell the person you love them and what you have loved about them. You might share special memories, activities or places you remember. Consider saying these things:

- I love you
- I am sorry for any difficulties I contributed to
- I forgive you for any hurt I perceive you have caused me
- Thank you

Sometimes it is appropriate to give the person permission to go. Often, people are so worried about how their loved ones will cope when they are gone that they hold on despite prolonged discomfort. You may provide the key for the person to release and let go by giving your permission. Tears are a natural part of saying good-bye. There is no need to hide them if they come. These will be your final gifts. Don’t worry if you say something when the person is not responsive or has their eyes closed. They will hear you.

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**When you lose someone, a period of grief usually follows and it may be difficult for you to concentrate or focus on your responsibilities.**

*The HopeWest team understands this and will help you manage both your personal and financial responsibilities.*
Preparing for Time of Death and Your Next Steps

What happens at the time of death?
At the time of death, the patient’s:
• Breathing stops
• Heartbeat stops
• Control of bladder and bowel ceases
• Responses to verbal commands or shaking cease
• Eyelids may be partially open with eyes in a fixed stare
• Mouth may slightly open as the jaw relaxes

What should you do?
Call us at (866) 310-8900 and ask to have the HopeWest nurse paged. (Do not call 911 or the emergency number for your area.) You may call the secondary backup number at (970) 241-2212, if necessary. Spend time alone with the patient if you would like and wait for the nurse to arrive.

What will the nurse do?
• Verify absence of heartbeat and breathing
• Contact the doctor who verifies the death
• Assist in contacting family members, if desired
• Contact the coroner/medical examiner, if necessary
• Contact the mortuary
• Clean the patient’s body, if necessary
• Help dispose of the patient’s medications and notifies the medical supply company to pick up any medical equipment, if applicable
• Complete the patient’s discharge paperwork
• Call or visits the family
• May attend the funeral or memorial service

What will the social worker do?
• Call or visit family
• Assist in contacting family members, if desired
• Provide counseling as needed
• May make referrals to appropriate resources for the family
• May attend the funeral or memorial service

What will the chaplain do?
• Assist in contacting family members, if desired
• Assist in choosing a mortuary if previous arrangements have not been made
• Inform family about HopeWest grief recovery and support groups
• Provide counseling or prayer as needed
• May call or visit family
• May conduct the funeral or memorial service, if requested
• May attend the funeral or memorial service

What other decisions must you make?
If you or other family members would like additional time, the patient’s body may stay at home for up to 24 hours. A HopeWest team member will call the mortuary when the family is ready and the mortuary will pick up the body when requested to do so. If a decision has been made to donate organs or tissues, the nurse or funeral director can answer any questions you may have and assist you in signing the required consent forms.

What will the funeral home do?
At the appropriate time, contact the funeral home of your choice. They will help you with any specific questions and clarification of their services, which may include:
• Pre-need planning
• Exploring funeral/memorial service options; including viewings, cremation, burial and grave side option
• Finding a minister or pastor to conduct the service
• Contacting Social Security Administration and/or Veterans Administration for death benefit, if applicable
• Life insurance benefits
• Death certificates
• Cemetery arrangements – pricing and location
• Anatomical donation of a body for science
I am standing upon the seashore.

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

Then someone at my side says:

There, she is gone! Gone where?
Gone from my sight.
That is all.

She is just as large in the mast and hull and spar as she was when she left my side and she is just as able to bear her load of living freight to her destined port.

Her diminished size is in me, not in her. And just as the moment when someone at my side says: “There, she is gone!” there are other eyes watching her coming, and other voices ready to take up the glad shout: “Here she comes!”

And that is dying.

~Henry Van Dyke
Responsibilities After Death

The following list of financial responsibilities can serve as a guide for what needs to be done in the first few months after the death of a loved one. However, this is only an overview. Since each individual’s affairs vary, you may need to seek legal counsel in order to satisfy all financial obligations.

### Changing Ownership or Title
You may want to change the following documents to your name only:

- Insurance policies – change the beneficiary
- Automobile policies – if the deceased owned a car, the title needs to be changed
- Bank accounts – change the title and signature card on account
- Safe-deposit box – a court order may be required to open a safety deposit box. The bank where the box is located can assist you with that matter. As with bank accounts, the signature card should be changed.

### Credit Cards
Cancel any credit cards issued in the name of the deceased. Any payments due on the card should be paid by the estate.

### Death Certificate
The County Coroner will issue a death certificate signed by the attending doctor. You can order certified copies of the death certificate through your funeral director for a small fee. The certificates are issued by the Clerk of the Court in the county in which the death occurred. You will need certified copies for:

- Insurance companies
- Stocks and bonds
- Transfer of property

### Insurance Policies
The proceeds from an insurance policy are usually processed quickly and are paid directly to the named beneficiary. Usually, you must provide a certified copy of the death certificate to receive proceeds. Types of insurance may include:

- Life
- Benevolent
- Mortgage or loan
- Accident
- Auto
- Credit card
- Employee

### Social Security
The funeral director may notify the Social Security Administration (SSA) about the death, using a form designated by the SSA. The surviving spouse, dependent(s), or the individual acting on their behalf should call the SSA at (800) 772-1213. When calling, be sure to have the Social Security numbers available for both the surviving spouse and the deceased.

### Survivor Benefits
Contact the employer of the deceased regarding any benefits there may be for survivors. Contact past employers to check if survivors are entitled to payments from a pension plan. You may be required to provide a certified copy of the death certificate to receive these benefits.
**Veteran’s Benefits**

The funeral director may assist you in applying for burial benefits if the deceased is an eligible veteran. Veterans are entitled to burial in a National Cemetery such as Fort Logan. Veterans are also eligible for a grave marker and a flag. If the deceased was receiving disability benefits, other financial benefits may be obtained. If you have questions about veteran benefits, call the Veterans Administration (VA) at (800) 827-1000.

**Will**

A will is a legal document that directs how such assets as money, property, vehicles and personal items are distributed after death. The deceased may or may not have a will. A will often needs to be filed with the probate court within 10 days.

**Probate**

Probate is a process for formally distributing assets after death including all assets that do not have an assigned beneficiary. The Colorado Bar Association has many helpful resources that are available on their website at cobar.org.

**Benefits through the Department of Human Services**

If a person has been on Medicaid state medical insurance, their survivor can apply for assistance immediately after the death to their local Department of Human Services. The funeral and burial assistance program has a limit on the benefit, so contacting them before final funeral/memorial arrangements are made is important. It is recommended that you call ahead of time to learn the specific amounts so that you can plan appropriately.

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**For information about Veterans benefits for burial assistance, contact the VA Regional Office at (800) 827-1000.**

**Benefits from the Social Security Administration**

Survivors benefits through Social Security will pay a lump sum to the surviving widow(er) of the Social Security recipient if living in the same household when the recipient dies.

If the recipient dies in a hospital or other care facility, the widow(er) may still be eligible. The current amount is $255. Call (800) 772-1213 for more information.

**Veteran’s Benefits for Burial Assistance**

Individuals who served in the military, their spouses and minor children are eligible for a headstone and a burial plot in a national cemetery. Veterans are eligible for Presidential Memorial Certificates, expressing the nation’s recognition of the veteran’s service. Veteran Administration also provides an American flag to drape the casket of the veteran and to a person entitled to a retired military pension. The flag is presented to the next of kin after the funeral service. Contact the VA Regional Office at (800) 827-1000.
The Grief Journey

For the Patient

- Shock about what is happening, sadness, loss and anger are all part of the grief process
- Grief for past, present and future losses
- Regret about events of the past that can no longer be changed
- Fear of losing control as you face physical changes, have less energy and a reduced ability to do things
- Grief at leaving family and friends

The patient may feel sensitive about being treated differently. It can be very hard to realize that they can no longer take care of themselves and will need friends and family members to help. At times, the thought of all these changes can be overwhelming and can seem impossible to accept.

For Family and Friends

- Grief can begin before death actually occurs
- Feeling a sense of helplessness, sadness, panic and anger about what is happening is not unusual
- As caregiving responsibilities increase, family members and friends may feel angry and resentful that there is little time for other activities or for rest
- Thoughts may wander to the future – to what life will be like without the person who is ill. Caregivers may feel guilty about these feelings. At times, all these thoughts and emotions can be intense and overwhelming but, again, they are very normal

It can help to share these feelings. Family members and friends can encourage each other to talk together – to share and review the good and bad times that made up life together – to share accomplishments. Acknowledging and expressing feelings of sadness are steps in the grief process and can help you feel less lonely.

Memorializing Your Loved One

A memorial gift is a meaningful way to honor the memory of someone who has touched your life.

At HopeWest we offer many ways for families to create a lasting tribute to their loved one.

Please call (970) 257-2365 for more information.
HopeWest Grief Support

HopeWest offers a grief support program for the loved ones of our patients. This program includes:

- One-on-one counseling
- The HopeWest newsletter, Grief’s Journey for 13 months
- Special grief counseling for children that includes grief camps, groups and one-on-one counseling
- Telephone support
- Various grief groups

Don’t hesitate to ask your HopeWest Team about our grief support services.

Other Resources:

- HopeWest website: HopeWestCO.org
- National Hospice & Palliative Care Organization website: nhpco.org
- Caring Connections website: caringinfo.org

HopeWest Kids

HopeWest Kids is the only program of its kind in western Colorado that provides grief and bereavement services to children, teens and their families who are coping with the serious illness or death of a loved one. Specially trained counselors offer grief education and counseling in Delta, Mesa, Montrose, Ouray and Rio Blanco counties.

Grieving Children

Grief in children looks different from grief in adults, making it difficult to identify. Since they cannot sustain emotional pain for long periods of time, they grieve in spurts. Episodes of tears and crying can be followed quickly by laughter and play. Grief may present itself as changes in behavior, such as tantrums, or with physical complaints such as stomachaches and headaches. Children have feelings they may not share – such as the fear that someone else they love may die or guilt that something they said or did caused their loved one to die. As they mature they may re-grieve the loss and need support long after adults think they are healed.

How to Help

- Answer questions clearly and accurately using age appropriate language
- Maintain structure and routine
- Encourage a variety of outlets for grief
- Model honest expressions of grief
- Partner with school personnel to promote academic success
- Keep the memory of the loved one alive

Grieving Teens

Teens respond more like adults. They may try to assume adult roles, participate in risk-taking behavior, struggle academically or socially, experience physical complaints and turn to peers for support while withdrawing from parents and adults. At this developmental stage, they may struggle with identity issues.

How to Help

- Create rituals to honor the deceased
- Allow for changes in mood and maturity level
- Answer questions and provide factual information
- Allow for flexibility in completion of schoolwork
- Support relationships with understanding adults
- Share your grief
- Find a peer support group
Individual & Family Counseling
Counseling can help children and families communicate about their experiences, learn and utilize coping skills, grow and heal through their difficult experiences. Services are offered on a “sliding scale” and scholarships are available.

Forget-Me-Not Family Support
This 8-week grief support group in Grand Junction is designed for grieving children and their families. Volunteers provide dinner; children divide into age-appropriate groups for journaling, art and music therapies; and adults meet as a group to share their experiences. Forget-Me-Not groups are sponsored by donations and are free of charge.

School Programs
Grief support groups are co-facilitated with school counselors and provide education and experiences with peers who are coping with grief. Kids on the Block presentations use puppets in the classroom to teach about dying and grief.

Camp Good Grief!
A weekend summer camp for youngsters entering third through eighth grades. Camp provides a safe and compassionate environment for kids and teens to explore their grief issues with peers and build skills for coping with difficult times.

Teen Retreat
The activities for this three-day mountain retreat for older teens are designed to allow the expression of both sorrow and hope within a supportive environment. Our staff guides teens through creative activities using art, writing and music with free time for hiking and fun.

Itty Bitty Camp
A summer day camp for grieving “itty bitty” children entering Kindergarten through second grade. The curriculum is designed especially for very young children.

Equine Therapy
Healing with Horses is a one-of-a-kind program that allows kids to understand and cope with their grief through self-expression and participation with horses. This program gives youth the tools and skills to cope with their grief, build confidence, feel safe, set boundaries and experience emotions.

The horses in this program act as mirrors to the children, reflecting the children’s issues with grief into the arena at that precise moment. The children are able to recognize feelings and emotions they’ve been ignoring. Sometimes they don’t even realize they’re harboring these feelings, until they start interacting.

HopeWest Kids is supported by grants and donations by individuals, foundations and businesses. To learn more about our programs for kids or to make a gift to HopeWest Kids, please call us at (866) 310-8900.
I started missing you long before you were gone.

I’ll keep loving you long after the memories bring you back.

– Molly Fumia
### Your Basic Rights
- To receive quality care regardless of race, religion, color, national origin, sex, age, physical or mental disabilities, marital status, sexual preference, source of payment or ability to pay.
- To be given safe, considerate care that is ethical, in your best interest, and respectful of your life values and religious preference, and offers dignity and individuality.
- To be provided information about the rules and regulations of our organization and inpatient facility that apply to you.
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source.
- Be advised of the availability of the toll free Home Health Agency Hotline in Colorado (800) 842-8826 to register complaints or ask questions regarding home health care services.
- For Medicare/Medicaid Beneficiaries: If you have a complaint for care you receive, you may place your complaint in writing and send it to:
  KEPRO
  5700 Lombardo Center Drive, Ste. 100
  Seven Hills, OH 44131
  (844) 430-9524

### Privacy and Confidentiality
You have the right to:
- Privacy in treatment and in caring for all personal needs, to the extent possible.
- Privacy with family, visitors and phone calls.
- Information about proposed experimental procedures or research included as part of care, and the right to refuse to participate in the experiment or research without jeopardizing your continuing care.
- Have all property treated with respect.
- Information about the uses and disclosures of your health information as outlined in HopeWest’s Notice of Privacy Practices and your rights with regard to your health information.

### Your Medical and Physical Care
You shall have the right to:
- Know the name and qualifications of your physician and others who care for you.
- Receive care by professional staff and volunteers adequately prepared for the level of service they provide.
- Choose your attending physician.
- Receive effective pain management and symptom control.
- Receive information about your illness including diagnosis, prognosis and your treatment in terms you can understand, enabling you to participate in developing the plan of care and give informed consent for all treatments and procedures.
- Actively participate in decisions involving your health care, including the refusal of any service or treatment offered or withdrawal from the HopeWest program.
- Present any complaints you may have without fear of reprisal.
- Sign an advance directive such as a living will.
- Know before your discharge or transfer about the continuing health care that you may require.

### Financial Issues
You have the right to:
- Be informed orally and in writing prior to receiving HopeWest care of all items, services and scope of services furnished by HopeWest or by arrangement for which payment shall be made, and any charges that the individual may have to pay, and any changes in these charges.
- Receive an explanation of any bill, regardless of the source of payment.
- Receive, upon request, information relating to financial assistance available through HopeWest.
**Patient & Family Responsibilities**
The patient and family have these responsibilities:
- Provide complete and accurate medical history to the best of your knowledge.
- Participate in decisions involving your care.
- Make it known whether your proposed plan of care is understood and things expected of you are understood.
- Follow the mutually developed plan of care.
- Provide information about complications or symptoms in a timely manner.
- Be considerate of the rights and property of HopeWest staff and volunteers.
- Provide information to your HopeWest team regarding any treatment plans that change during the course of care.
- Provide accurate and timely information about sources of payment and ability to meet financial obligations.

**Notice of Privacy Practices**

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

**Your Rights**
You have the right to:
- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**Our Uses and Disclosures**
We may use and share your information as we:
- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

**Your Rights**
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.
Ask us to correct your medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting the HopeWest Privacy Officer using the information on page 44.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospice directory
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:
We may contact you for fundraising efforts, but you can tell us not to contact you again.
Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you
We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization
We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Bill for your services
We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Students
Students/interns in health service related programs work with us from time to time to meet their educational requirements or to get health care experience. These students may observe or participate in your treatment or use your health information to assist in their training. If you do not want a student or intern to observe or participate in your care, please let us know.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Hospice Directory
If you are receiving care in a HopeWest inpatient facility, HopeWest may disclose certain information about you in a directory, including your name, your general health status, and your room number while you are in the facility. HopeWest may disclose this information to people who ask for you by name. Please inform us if you do not want your information included in the directory.

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

If you have any questions regarding this Notice, please contact the HopeWest Privacy Officer. HopeWest’s contact for all issues regarding patient privacy and your rights under the Federal privacy standards is:

HopeWest
Attn: Privacy Officer
3090 North 12th Street, Unit B
Grand Junction, Colorado 81506
(970) 241-2212

Notice of Privacy Practices Effective Date
Original Notice is effective April 14, 2003
Revised Notice is effective October 1, 2014
HopeWest complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HopeWest does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HopeWest takes reasonable steps to ensure meaningful access and effective communication is provided timely and free of charge:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters (remote interpreting service or on-site appearance)
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
  - Qualified interpreters (remote or on-site)
  - Information written in other languages

If you need these services, contact the HopeWest Access Department at (866) 310-8900, (970) 241-2212 or TTY (800) 659-2656.

If you believe that HopeWest has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: HopeWest Compliance Officer at (866) 310-8900, (970) 241-2212, or TTY (800) 659-2656., or via email, TWalter@HopeWestCO.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the HopeWest Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health & Human Services
200 Independence Avenue SW.
Room S09F, HHH Building
Washington, DC 20201

(800) 868-1019, (800) 537-7697 (TDD)
<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
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<tbody>
<tr>
<td>Chinese</td>
<td>注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-970-241-2212（TTY：1-800-659-2656）。</td>
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<tr>
<td>Amharic</td>
<td>ለማስታወሻ ክፋል መጡር እውነት ያስጠቀመ ሳልክ ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ሳልክ ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠቀመ እውነት ያስጠቀመ ያስጠKeyEvent 발생했습니다.</td>
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<tr>
<td>Arabic</td>
<td>متى حذف اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجاني. اتصل برقمه 1-970-241-2212 (رقم هاتف الصم والبكم: 1-800-659-2656).</td>
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<tr>
<td>Nepali</td>
<td>ध्यान दिनुहोस्: तपाईले नेपाली बोल्नुहुन्छ भने तपाईको निम्नलिखित भाषा सहायता सेवाहरू निश्चितकर्म सरकार उपलब्ध हुन्छ। फोन गर्नुहोस् 1-970-241-2212 (टिटिवाइ: 1-800-659-2656)</td>
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| Japanese | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-970-241-2212（TTY:1-800-659-2656）まで、お電話にてご連絡ください。

*Cushite: No formal written language. Written documentation is in Oromo.*

**Persian:** No formal written language. Written documentation is in Farsi.

***Kru:** No formal written language. Written documentation is in Bassa.*

**NOTE:**

*Cushite: No formal written language. Written documentation is in Oromo.*

**Persian: No formal written language. Written documentation is in Farsi.*

***Kru: No formal written language. Written documentation is in Bassa.*
For Concerns or Complaints

Our goal is to provide patients and families with exceptional care, assistance and support. Our Quality Improvement Program is designed to seek opportunities for improving our services.

Your feedback is key to our ability to provide the highest quality of service. All concerns will be investigated by the organization with documentation recording the issue, findings and resolution. If you have any concerns, we encourage you to contact our office and speak with our Quality & Compliance Officer. You may also choose to speak with our Vice President of Clinical Services or our President by calling (970) 241-2212. A Clinical Supervisor is also available 24 hours each day at (970) 241-2212. If your concern is not appropriately addressed, you may also wish to contact other community resources designed to help you resolve any care concerns; these include:

- Colorado Home Health Agency Hotline (800) 842-8826
- KEPRO (Medicare & Medicaid only) (844) 430-9504
- Long Term Care Ombudsman (for patients in nursing homes or assisted living facilities)
  – Mesa County (970) 248-2717
  – Montrose, Delta & Ouray Counties (970) 249-2436