If you are reading this guide, we know that you must be facing one of life’s most trying times – facing the serious illness of a loved one or yourself.

Because of the support of the communities we serve, we are here for you. We appreciate the trust you have placed in our staff and volunteers and we will not let you down.

HopeWest has a number of programs and services to help patients and their families during this time of uncertainty and change. These programs are available thanks to the partnership of thousands of people who generously donate time, talent and money to our organization. These are people you may know well, or may never meet, but we believe it will give you a warm feeling to know that even perfect strangers cared enough about their neighbors to reach out. For that we are all very grateful.

There is a lot of information in this guide, but the labeled tabs and table of contents should 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.

(866) 310-8900

A nonprofit, 501 (c)(3) organization serving Delta, Mesa, Montrose, Ouray and Rio Blanco counties in western Colorado.
# Table of Contents

**Story of HopeWest**

- Overview of Programs
- Generosity Inspires Hope

**Getting Organized for Care**

- Time to Get Organized
- Ensuring Safety
- Don't Spread the Germs
- Medication Safety & Disposal
- Oxygen Safety
- Supplies & Equipment

**Caregiving & Symptom Management**

- Pain
- Confusion & Agitation
- Nausea & Vomiting
- Insomnia
- Shortness of Breath
- Worry & Anxiety

**Hospice Care**

- Overview of Programs and How it Works
- Hopewest Care Team
- Hospice Care in Different Settings
- HopeWest Hospice Care Center
- Medicare, Medicaid & Other Insurance

**Being Prepared**

- The Five Senses of Caring
- When Death Is Near
- Preparing for Death
- Responsibilities After Death

**Introduction to Grief**

- The Grief Journey
- Grief Support Programs

**Rights and Responsibilities**

- Patient & Family Rights & Responsibilities
- Notice of Privacy Practices
- Notice of Nondiscrimination
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 History and Story of HopeWest

HopeWest is one of a growing rare number of hospice programs in the United States that is not owned by an outside group, but owned by the communities it serves. Its ability to serve these communities is defined by those who support it.

We were founded in 1993 as a nonprofit organization (501 C3) to serve western Colorado in coordination with the area hospitals, including the VA, and Rocky Mountain Health Plans.

Our Board of Directors provide strategic leadership to the organization and hold responsibility for financial oversight and the scope of the program.

Our senior leaders are some of the most experienced in the field with anywhere from 20 to 30 years in the field of hospice, palliative care and grief support.

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

We care for people who are just born and people over 100 years old. Although we started as just a hospice, we have grown to serve all of those with a serious illness, regardless of the stage or their age.

Most of our programs are provided on a sliding scale basis and/or mostly covered by insurance with little out of pocket costs to the patient.

We serve Ouray, Montrose, Delta and Mesa counties as well as the Grand Mesa and Meeker with our services – more than 9,000 square miles.

Our communities contribute gifts of time, talent and money to make our mission possible. We have more than a thousand volunteers working together in all of our programs and departments to help provide the very best to those we serve.
Overview of Programs

HopeWest has designed a number of programs to support people who are facing a serious illness and those who love them. Programs range from palliative care for people who are coping with a serious illness to helping families cope with the grief that comes from losing a loved one.

Palliative Care

The Palliative care services at HopeWest are designed to meet needs tailored to individuals and families in specific situations.

Palliative care is specialized medical care for people with a serious illness, regardless of life expectancy. It focuses on providing patients with relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Its primary feature is “care coordination” among the person’s health care providers as well as helping patients make informed choices in their future care. Regular visits by the program’s nurses address symptoms and help assure the patient has the most quality of life as possible, regardless of life expectancy. Palliative care services center on relieving pain and other physical symptoms, coordinating care between all of our patients’ health care providers, helping patients and families to make informed choices about their care and treatment, and providing resources to address practical and financial needs.

HopeWest-Meeker is located in the community of Meeker and is specially designed to serve that rural population. All of the services are provided without charge due to the structure of the program that collaborates with Pioneers Home Health and enjoys many volunteers who stand ready to support families and patients whether its coping with a new diagnosis or at the end of life.
Hospice Care
Hospice is a unique form of care focused on both patients and their families. This specialized, compassionate care focuses on alleviating symptoms and making patients comfortable wherever they are – home, hospital, nursing home, assisted living facility or the HopeWest Hospice Care Center. Hospice is a benefit of Medicare, Medicaid and most insurance plans. Most insurance covers 100% of the cost of hospice care including drugs, medical equipment, treatments, oxygen and other needs are covered all at no cost to the patient.

The Hospice Care Center is located in Grand Junction. The Care Center focuses on intensive care for patients who need hospital level of care care for a short period of time in a comfortable, home-like environment. Families and even pets are invited to stay with the patient 24 hours a day. It is a special place built by a generous community who donated $13 million to make this dream a reality. The Care Center is a place where generosity inspires hope, each and every day.

Family and Grief Support
The Center for Grief and Loss offers many grief education and support activities from educational groups, therapeutic groups, individual and family counseling.

Grief is a natural, necessary and highly personal experience. Our programs are open to anyone in our community who has suffered the death of someone close to them – whether or not the loss occurred with HopeWest.

HopeWest Kids
Because loss and grief affect children and teens differently than adults, HopeWest Kids offers specialized education and support designed especially for them. We offer specially trained counselors, support groups during school time, art therapy, equine therapy and three age-appropriate camps.
Generosity Inspires Hope

Throughout this Guide you will see HopeWest referred to as a nonprofit organization. What does that mean? A nonprofit status is a designation given by the IRS to organizations who meet certain criteria and follow specific rules and regulations. For instance, a nonprofit cannot be owned by any one person or group, and the organization must benefit society in a tangible way.

Nonprofits, like HopeWest, depend on the generosity of the communities it serves to help carry out their mission. The funds raised throughout the year are allocated to the programs and services that define the care patients and families receive. Why do we need to fundraise and where does the money go?

Insurance (Medicare, Medicaid and private insurance) doesn’t cover the cost of what it takes to care for patients and families the way we all want our loved ones to be cared for. From medications to medical equipment, and the staffing ratio of patients to nurses and doctors, our services are above and beyond what many hospices provide.

HopeWest offers services to the community for which there is little or no insurance reimbursement. Our bereavement counseling, child and teen grief support programs and palliative care services exist because of donations. No one is ever turned away for an inability to pay.

Generosity is an investment that provides a lasting impact to our community today and in the future – making our community a better place.

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 proving 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.
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.

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.

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.

Each and every gift is appreciated and will make a difference in so many lives. HopeWest is a Colorado Enterprise Zone organization and cash gifts may qualify for an additional 25% tax credit on Colorado Income Tax Returns. In-kind gifts may qualify, but the percentage will vary. For more information, please contact our development office at (970) 257-2365.
HopeWest, like many hospices around the world, operates thrift stores to help support the mission. The funds raised by these stores are critical to cover the difference of what insurance covers for patient and the comprehensive care provided to patients and families in hospice, palliative care and grief support.

We also operate a coffee and gift shop, as well as a commercial restaurant on the Grand Junction hospice campus. These businesses provide funds for programs while supporting people using the campus or looking for a healthy meal with local fare.

**Heirlooms for Hospice Stores**
in Grand Junction, Delta and Montrose are full of treasures and sales help support the mission of HopeWest.

We rely on the generosity of our volunteers and are always in need of donations. Visit our website at HeirloomsForHospice.com for more information.
Sip & Shop to Support HopeWest

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. 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. Visit our website at MillerHomesteadGJ.com.
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.

- Hospice Honors award for “elite” status - recognized for continuously providing the best patient and caregiver experience (2017)
- National Quality Recognition - (2016)
- Top Company Award Finalist - Colorado Biz Magazine (2015 - 2016)
- Colorado Hospice & Palliative Care Organization’s President’s Award for Advancement of Quality and Access in Colorado (2016)
- Deyta Quality Award - (2016)
- Best Company to Work for in Colorado - (2011 - 2014)
- Diversity Champion Award - CO Society for Human Resources Management (2013)
- Colorado Center for Hospice — Outstanding Achievement Award (2012)
- American Hospital Association Circle of Life Honoree (2010)
- Dalby/Wendland & Co Achievement Award (2009)
- Award for Outstanding Achievement-Colorado Center for H & PC (2008)
- Historic Preservation Award for renovation of Miller Homestead (2008)
- American Hospital Association Circle of Life Honoree (2004)
- El Pomar Foundation Award for Excellence in the Large Health Care Organization Category (2000)
- Colorado Hospice Organization Innovations Award (2000)
When someone is seriously ill, it's time to get organized.

It’s a good idea to be a little more organized than usual. Stress can often make us feel out of control, and this is one way to be ready with what you may need to access benefits and plan for unsure times.

**Organize your cards:**

- I.D. Cards
- Social Security Card
- Insurance Cards
- Medicare/Medicaid Cards

**Organize your files:**

- Insurance Policies for health, home, life, etc.
- Medicare/Medicaid Cards
- Directions of where your important papers are kept
- VA and Service Records/ Veterans Benefits
- Bank Statements
- Any investment documentation such as stocks/bonds
- Retirement accounts

**Preparing for your future through Advanced Care Planning**

Planning for the kind of health care we want when the unexpected event occurs. We want to be sure that as health care providers we know and follow what the patient wants done in an emergency.

We ask our patients to complete a Medical Durable Power of Attorney that names a person the patient trusts to make decisions regarding health care if they cannot. We will also ask about specific desires regarding resuscitation.

**Take care of things you may have put off such as completing a simple will.**
Ensuring Safety

When people are frail or are recovering from being very ill, safety is important to avoid further trouble.

Safety in the Home

Think about Stairs
- Keep stairs well lit and eliminate any clutter.
- Ideally there should be handrails on both sides – if you need assistance with this, ask your team providers.
- Avoid using stairs while wearing only socks or smooth-soled shoes to avoid slipping.

Look at the Floor
- Loose rugs, runners and mats should be secured to floor with double-sided adhesive or rubber matting. It’s best to avoid small area rugs altogether.
- Carpet edges should be tacked down so no one will trip over the edge.

Avoid Fires
- Take extra care to ensure that frail patients are not operating ovens, microwaves or stoves without knowing they are capable.
- Make sure microwave times are appropriate and that things are not left on top of the stove unattended.
- No open flames, cigarette smoking or candles lit with oxygen in use. If someone is going to smoke, not only should the oxygen be turned off, it needs to be in another room.
- Check for frayed cords on lamps and do not overload extension cords.

Safety in the 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.
- Use bathmats to avoid slipping on flooring.

Make an evacuation plan for your family in the event of emergency and keep a key close to any deadbolt locking door.
Don't Spread the Germs!

How to avoid spreading or catching viruses or infections

Handwashing

- Handwashing is the best way to prevent spread of infection.
- When washing hands, to be effective, sing “the happy birthday song” once through to assure you wash long enough.
- Wash your hands after potential contact with infectious materials and before eating to protect your health and the health of others.

Avoiding Contact

- Keep throw away gloves handy for handling any item with blood, or any other body fluid.
- Keep surfaces that have contact with food clean and use an antibacterial liquid to clean tables and counters.

Don’t Spread a Cold

- Cough in your sleeve to avoid spreading viral germs.

GLOVES ARE NOT ENOUGH

Wearing gloves is NOT a substitute for cleaning your hands.

- Your hands can get contaminated while wearing or removing gloves.
- Cleaning your hands after removing your gloves will help prevent the spread of potentially deadly germs.

Protect Yourself. Protect Your Patients.

Who do your #CLEANHANDSCOUNT for?
Medication Safety & Disposal

The medical team will review the patient's medical history and medication.

The HopeWest nurses and physicians can work to identify opportunities to decrease medications that are not beneficial or even dangerous for palliative care or hospice patients and recommend medications that will keep the patient as comfortable as possible. They will keep in communication with the patient’s community doctor.

HopeWest works with a pharmacy for hospice patients that checks for drug interactions and assures that conflicting medications are not prescribed. There are specific delivery options under hospice care and most drugs are covered under hospice insurance plans.

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 that are made (starting or stopping) in medications.

Medication Safety Tips
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 as prescribed.

Disposal of Medications at Home

- Do not flush medications down the toilet or sink as they will end up in our rivers and drinking water.
- Using a ziplock bag or other plastic container with a lid:
  - Empty all pills, liquids or suppositories into the bag or container
  - Squeeze any prescription ointments or creams into the bag
  - Add kitty litter, coffee grounds, dirt or sawdust to the bag or container, followed by a small amount of water, soda, or vinegar. (This will make the medication unusable.)
  - Place the bag or container inside an unmarked paper/plastic bag into your regular trash.
  - Use a marker to cross out the name on the prescription bottle and dispose of the empty bottles in regular trash
**Colorado Medication Take-Back Program**

One way to safely get medications out of the house is to take them to a designated Colorado Take-Back location in your county. All medications EXCEPT marijuana, illicit drugs, chemotherapy, used Fentanyl patches, needles, or syringes are accepted.

You may keep the medications in their original container (use a marker to cross out the name) or empty all medications into a plastic ziplock bag and seal it.

*Do not bring medications to a HopeWest office or the Hospice Care Center as we are not an approved disposal location.*

---

**Approved Medication Take-Back Locations**

**MESA COUNTY**
- Canyon View Pharmacy
  2373 G Road, Suite 120, Grand Junction
- Walgreens
  1st & Patterson, Grand Junction
- DeBeque Marshall’s Office
  380 Curtis Ave., DeBeque

**DELTA COUNTY**
- Delta County Sheriff’s Office
  555 Palmer St., Delta
- Hotchkiss Marshall’s office
  276 W. Main St., Hotchkiss

**MONTROSE COUNTY**
- Montrose Memorial Hospital
  800 S. 3rd St., Montrose
- Genoa Pharmacy
  605 E. Miami Rd., Montrose
  *(located at The Center for Mental Health Clinic)*

**RIO BLANCO COUNTY**
- Meeker Drugs
  315 6th St., Meeker

This list is updated periodically and can be found online at www.colorado.gov.
Oxygen Safety

Because things burn faster and hotter in the presence of oxygen, it is very important to keep any type of flame or fire away from you and your oxygen supply.

Tips for using oxygen safely:
- Always turn oxygen off when you are not using it.
- NEVER smoke or allow anyone else to smoke around you when oxygen is in use or turned on.
- Post “no smoking” signs in your house and on the main door as a reminder.
- Avoid any open flame – this includes cigarettes, matches, pipes, lighters, candles, fireplaces, gas burners, and pilot lights.
- Keep all oxygen tanks 5-10 feet away from any heat source or things that could create a spark. This includes: space heaters, e-cigarettes, electric razors, hair dryers, electric blankets, or friction toys.

Oxygen can be in your clothing, hair and fabrics
- Keep the door to your room open so that air circulates.
- Do not spray aerosol cans around you or your oxygen supply.
- Do not use petroleum-based lotions or creams (such as Vaseline) as they can become flammable in the presence of oxygen.
- Store your oxygen in a well-ventilated area away from direct sunlight.

Other safety tips:
- Be careful where you place your tubing as it is easy to trip, especially if you or someone in the household are unsteady or have sensitive feet.
- Do not change the rate of oxygen flow without consulting your hospice nurse or physician.
- Turn the oxygen off right away if it starts making a hissing noise.
Supplies & Equipment

The HopeWest team will review your medical history and current status and make commendations based on your diagnosis & personal needs. If the patient is under the Hospice Medicare or Medicaid benefit, medical equipment is rented on your behalf by HopeWest on a monthly basis.

Storage of Medical Supplies
Supplies should be stored in an area close to the patient care area for ease of use, but not clutter the patient area.

Disposal of Medical Supplies
Supplies such as dressings, and tubing that is soiled with body fluids must be disposed of properly to prevent contamination or exposure to others. Wearing gloves these supplies can be double bagged if they have been exposed to a contagious condition or exposed to a body fluid such as urine, feces, saliva or blood. Oxygen tubing and masks can be disposed of in the trash.

Medical Equipment
For patients who are receiving hospice care, their medical equipment is a covered service and will be handled, ordered and delivered by HopeWest without any copay. Medical equipment is often referred to as DME (durable medical equipment), and includes things like wheelchairs, walkers, etc.

*If you are not using a piece of equipment or supply please let your team know, as many could be returned to save resources.*

*If you have unopened plastic wrapped supplies, the items can be donated to a company who processes them for those in need. Your care team can provide information on this process.*
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
When we treat pain, the team tries to identify what the root cause of the pain is so that it can be most effectively treated.

**Things To Tell The Nurse Or Doctor**

- Is this a new symptom?
- When did it start?
- Where is the pain? Does it radiate to other places?
- Is the pain sharp or dull, constant or intermittent?
- What makes it worse? What makes it better?
- What have you done so far?
- It is helpful to note the time of the pain and what medicine has been given when

**Approaches to Reducing Pain**

**Pain may be:**

- Physical
- Nerve pain
- Muscle pain
- Bone pain
- Emotional or Social Pain
- Spiritual Pain or Spiritual Conflict

**Signs and symptoms of pain:**

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

**Managing Pain Medication**

- Typically pain medicine is given at regular times rather than just when it hurts the worst.
- Keep in a safe and secure place
- Follow all directions and instructions
- Make sure the patient has plenty of water to drink when able.
- Alert someone on the care team or our after hours staff if there are any unusual reactions or side effects.
Confusion & Agitation

Things To Tell The Nurse Or Doctor

- Is this a new symptom?
- When did it start?
- Have you noticed symptoms happening more frequently at night or after dark?
- Has the patient had any troubles with elimination (frequency or constipation)?
- Has the patient had any change in appetite?
- Is the patient having pain?
- Has the patient been started on any new medications recently?
- What medications have worked for agitation? What hasn’t worked?
- Keep a record of when medications are given for confusion/agitation.

Tips to Alleviate Confusion & Agitation

- Discuss the situation with the HopeWest team as soon as possible.
- Keep a calm and quiet environment – avoid loud TV or music.
- Be reassuring with the patient – you might say “I am right here with you.”
- It does not help to argue. Instead, try and change the subject.
- Tell the patient what you are going to do with them before you do it. For example, say, “I am going to help you out of bed” before you start to move the patient.
- Try keeping the lights on low if symptoms occur only at night.
- Play the patient’s favorite or soothing music.
- Place a couple drops of peppermint or lavender essential oil on a cotton ball or use in a diffuser.
- Take the patient for a walk or ride in a wheelchair.
- Activities like folding clothing or washcloths can help keep the patient busy.
- Talk with a soft and calm voice.
Nausea & Vomiting

Things To Tell The Nurse Or Doctor

- Is this a new symptom?
- When did it start?
- Has the patient had any troubles with constipation?
- Is the patient still able to eat and drink OK?
- Can the patient keep pills down?
- Is the patient having dizziness?
- What makes the nausea worse?
- What makes it better?
- Does pain bring on the nausea?
- Keep a record of when medications are given for nausea/vomiting.

Tips to Alleviate Nausea & Vomiting

- Constipation can lead to nausea.
- Encourage the patient to drink small, frequent sips of water.
- Avoid spicy, greasy and fried foods.
- Meals should be small, frequent and eaten slowly.
- Bananas, rice, applesauce, toast, saltine crackers and tea can be easy on the stomach.
- Avoid having the patient lay down for at least two hours after eating.
- Create a cool breeze with a door, window or fan – a cool compress to the back of the neck.
- Gentle massage of the wrist may help.
- Place a couple drops of peppermint or lavender essential oil on a cotton ball or use in a diffuser.
- Flat ginger ale can soothe the stomach.
Insomnia

Not being able to sleep night after night is a serious symptom, as it impacts how a patient feels the next day as much as anything. Please discuss this symptom with your nurse or physician.

**Things To Tell The Nurse Or Doctor**

- Is this a new symptom?
- When did it start?
- Has the patient had any troubles with elimination (passing urine frequently at night)?
- Is the patient having pain?
- What medications have worked in the past? What medications haven’t worked?

**Tips to Alleviate Insomnia**

- Discuss the situation with the HopeWest team. Do not hesitate to call after hours for help.
- Be aware of safety risks. Discuss ways to ensure safety with your nurse.
- Consider turning off the TV or other electronics just prior bedtime for the patient.
- Place a couple drops of peppermint or lavender essential oil on a cotton ball or use in a diffuser.
- Talk with the doctor or nurse before giving any over the counter medicines. They may consider using supplements like Melatonin 30 minutes prior to bedtime.
- If the patient is confined to bed, sometimes a backrub or warm bed bath can help relax them.
- Evaluate whether the patient has pain, other discomfort, urinary retention or constipation.
- Two hours of sunlight a day regulates sleep-wake cycles, so try keeping sunlight in the home or room during the day or take the patient outside. Artificial light can inhibit sleep, so use low wattage bulbs in the bedroom.
- Minimize liquids later in the day.
- Move alarm clocks out of view or cover.
- Maintain a consistent sleep schedule.
- Have the patient avoid caffeine late in the day.
Shortness of Breath

Things To Tell The Nurse Or Doctor

- Is this a new symptom?
- When did it start?
- Does the patient have a fever or chills.
- What makes the shortness of breath worse? What makes it better?
- Keep a record of when medications are given for shortness of breath.

Tips to Alleviate Shortness of Breath

- Find a position comfortable for the patient that allows the lungs to expand:
  - Have the patient sit in a chair, leaning forward with arms and upper body supported on a table.
  - Have the patient lie down with their back and head elevated.
- Focus on the breathing pattern:
  - Take slow even breaths with the patient.
  - When the patient breathes out tell them to put their lips together like they are blowing out a candle.
- Create a cool breeze by opening a window or door, or use a fan.
- Speak to a nurse or doctor regarding medication options to help with shortness of breath.
- Try relaxation techniques:
  - Help the patient focus thoughts on pleasant things, pray and/or meditate.
  - Muscle relaxation – have the patient slowly contract and relax each muscle group one at a time.
  - Make sure the patient rests between activities.
  - Try to keep the environment quiet.
Worry & Anxiety

Things To Tell The Nurse Or Doctor

- Is this a new symptom?
- When did it start?
- Is there a history of this issue before the illness?
- Is the anxiety caused by other symptoms such as pain, nausea or shortness of breath?
- What medications have helped with this in the past?

Tips to Alleviate Worry & Anxiety

- Avoid caffeinated beverages such as coffee, tea and soda.
- Try slow, deep breathing, meditation and/or prayer.
- Call the chaplain or social worker on the HopeWest team who have special training in supportive listening that can help decrease worry and fears.
- Consider limiting visitors unless they can provide a supportive role.
- Read or provide reading material to the patient that is supportive or can get their mind off of the worry.
- Listen and reassure the patient without judgment.
- Consider other distractions such as going outside, watching an old movie or another activity such as looking through pictures or a craft.
- Ask your team about a volunteer to visit the patient who can brighten their day and be a support.
Overview of Hospice Care and How it Works

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
The HopeWest Care Team

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.
**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 nurse practitioners 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.
**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.
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.
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.
### 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.

<table>
<thead>
<tr>
<th>Benefits At A Glance</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>
</tbody>
</table>

#### Patient Visits

<table>
<thead>
<tr>
<th>Service</th>
<th>Medicare &amp; Medicaid</th>
<th>Other Insurance</th>
</tr>
</thead>
<tbody>
<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>
Services not typically covered by the Hospice Benefit under Medicare or Medicaid. These benefits may vary under other insurance providers:

- 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.

![Example of Medicare Summary Notice](image)

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

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.

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.
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 (i.e. “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.

---

*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
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.

• 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.
• 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.
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.

**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.

For information about Veterans benefits for burial assistance, 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.

It may not always be possible for the family member who is ill to share in these talks, but try to include him or her as much as possible. The grief process continues after the death of a loved one. There may be a period of numbness and shock immediately after the death when the loss feels unreal. This is usually followed by a time of anguish and pain as the loss becomes more of a reality. Family and friends will need to make changes in their activities and relationships as they adjust to life without the person who has died.

Usually, with time and an opportunity to face grief, the tide of feelings will lessen and the bereaved person will be able to reach out and reinvest in living again. This will take time, with many ups and downs along the way. If you find this is not happening for you, consider contacting a HopeWest grief counselor.
The journey of grief is unique to everyone. Learning about grief and sharing your experience with others can help provide comfort after the loss of a loved one. Grief is a natural, necessary and highly personal experience. While grief does not follow a timetable, it does ease over time. Facing grief and working through it can result in newfound peace, strength and purpose.

HopeWest offers an array of support groups where families and loved ones can learn how to cope with grief and connect with others who share a common bond. Groups are a community service provided by HopeWest and most are free of charge. Programs include:

- 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

### For Adults or Families

#### Mending Hearts
Although each person’s grief is unique, those coping with the death of a loved one share a common bond. This ten-week group begins each session with grief education, followed by a small group discussion. Topics include:

- Understanding grief and loss
- Coping skills for grief
- Dealing with emotions of grief
- Adjusting to new roles

#### Healing Hearts
This eight-week, evening group is best for working professionals or those who cannot attend day groups. You will be able to explore your feelings while connecting with people who are facing similar experiences. You will learn new ways to cope with your grief and discover a path to healing.

#### Art for the Grieving Heart
You’ll be led by an experienced HopeWest grief counselor and an art therapist during this six-week course. As you move through thoughts, feelings and challenges of grief you will discover how to find new ways to connect with your loved one.

#### Individual & Family Counseling
Counseling is available to anyone who has experienced the death of a loved one or those connected to someone facing serious illness and may be experiencing anticipatory grief.

#### Forget-Me-Not Family Group
This group provides a safe and caring place to explore grief and its impact on the family. Families will receive education and support regarding the grieving process through games, arts and crafts projects and music. Children and teens will work in age-specific groups, as will parents, allowing participants to connect with peers facing similar experiences.

#### Caregiver Connections
This group is designed to help caregivers learn more about available resources and allows participants to connect with others facing similar situations. Sessions will cover how the caregiving role may change relationships and discuss advance directives, community resources, caregiver burnout, anticipatory grief and decision making.
**Pregnancy & Infant Loss**
Angel Babies is a monthly grief support group for parents and family members who have experienced the loss of a baby during pregnancy or shortly thereafter.

**Forever In My Heart**
This is a seven-week group offered in the evening. Members will receive support and gain coping skills as they navigate their grief journey.

**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.
Patient and Family Rights & Responsibilities

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

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.

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.

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 Ocober 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 509F, HHH Building
Washington, DC 20201

(800) 868-1019, (800) 537-7697 (TDD)
<table>
<thead>
<tr>
<th>Language</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td><strong>ATENCIÓN:</strong> si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-970-241-2212 (TTY: 1-800-659-2656).</td>
</tr>
<tr>
<td>Vietnamese</td>
<td><strong>CHÚ Ý:</strong> Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Goi số 1-970-241-2212 (TTY: 1-800-659-2656).</td>
</tr>
<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>
</tr>
<tr>
<td>Russian</td>
<td><strong>ВНИМАНИЕ:</strong> Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-970-241-2212 (телетайп: 1-800-659-2656).</td>
</tr>
</tbody>
</table>
| Amharic   | ዢንበቁ መሪያ ከማይነበረ ከማህበር ውስጥ ከማህበር ከማረጋጫ ለማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስ phéल የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈልጉ የማስፈल የማ }
| German    | **ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-970-241-2212 (TTY: 1-800-659-2656). |
| Nepali    | धि यान दिनुहोस् तपाईले नेपाली बोल्नुहुन्छ भने तपाईको निर्मिति भाषा सहायता सेवाहरू निषेधक सम्पर्क उपलब्ध छ। फोन गन्तुहोस् 1-970-241-2212 (टिटिवाइः: 1-800-659-2656) |
| 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。 |
| Persian   | **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌کند. با 1-970-241-2212 (TTY: 1-800-659-2656) تماس بگیرید. |
| Kru       | **NOTE:** No formal written language. Written documentation is in Oromo. |
| Ibo       | **NOTE:** No formal written language. Written documentation is in Farsi. |
| *Yoruba*  | **NOTE:** 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