Rarely in life do you receive a gift and not know the giver – or even that the gift occurred. But that is what happens for every patient and family here at HopeWest. Your care experience is possible because of the generosity of people like you, most of whom you will never meet.

Through creativity, volunteerism and philanthropy we profoundly change the way our community experiences aging, serious illness and grief – one family at a time.
Facing the serious illness of a loved one can be one of life’s most difficult journeys. We appreciate the trust you have placed in us and we are here for you.

The kind of hospice care HopeWest provides is unique. We are dedicated to providing care driven by the needs of patients and loved ones. Care is provided to all who need it – not just people whose care is paid by insurance. Our team consists of physicians who ensure we are providing the very best there is in symptom management. We have spiritual care providers and counselors who are available to support not only patients but the entire family.

This Guide is filled with information that we believe will be helpful to you. We don’t expect you read it cover to cover today, but to pick it up from time to time when you are looking for answers or you want to know more about what to expect on this journey.

It is important to us for your hospice care to go well. If at any time you have a question or concern, please reach out to us. Every hospice team caring for patients has a leader and we will immediately put you in touch with that person. We stand ready to help you.

We are available anytime, twenty four hours a day, to help you and give you advice when you are worried or don’t know what to do. Our nurses answer the phone every day and night.

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

HopeWest is a nonprofit, 501 (c)(3) organization serving Delta, Mesa, Montrose, Ouray, and Rio Blanco counties in western Colorado.
Contact Information

Mike & Kay Ferris Care Center
Administrative Offices
3090 North 12th Street, Unit B
Grand Junction, CO 81506
Phone (970) 241-2212
Fax (970) 255-7277 - Clinical
Fax (970) 257-2400 - Admin

Montrose/Ouray Counties
725 South 4th Street
Montrose, CO 81401
Phone (970) 240-7734
Fax (970) 240-7263

Plateau Valley
PO Box 294
58128 Hwy 330
Collbran, CO 81624
Phone (970) 487-3844
Fax (970) 487-3422

Herb & Laura May Bacon
Center for Living Your Best
2754 Compass Drive
Grand Junction, CO 81506
Phone (970) 241-2212
Fax (970) 257-2401

Delta County
PO Box 24
195 Stafford Lane
Delta, CO 81416
Phone (970) 874-6823
Fax (970) 874-6903

Meeker
575 3rd Street
Meeker, CO 81641
Phone (970) 878-9383

Spoons bistro & bakery
3090 N. 12th Street, Unit B
Grand Junction, CO 81506
(970) 255-7237

Historic Miller Homestead
3090 N. 12th Street, Unit A
Grand Junction, CO 81506
(970) 623-9665

Heirlooms for Hospice
635 Main Street
Grand Junction, CO 81501
(970) 254-8556

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The Story of HopeWest

HopeWest is not owned by any national company or outside group. It is owned by the communities it serves, and it is defined by those who support it through philanthropy and volunteerism.

HopeWest was founded in 1993 as a nonprofit organization (501c3) and called Grand Valley Hospice to serve Mesa County through the collaboration of St. Mary’s Hospital, Hilltop, Community Hospital, the VA Medical Center and Rocky Mountain Health Plans.

Over the next several years we expanded to serve the Grand Mesa, Ouray, Montrose, Delta counties and as well as Meeker, Parachute, Rifle, all in collaboration with area hospitals and financial support of the communities. We are governed by a Board of Directors who provide strategic leadership to the organization and hold responsibility for financial oversight and the scope of the program. They set the course for us to serve all who need us regardless of their ability to pay.

Our senior leaders are some of the most experienced in the field. They have been recognized with numerous awards over the years and have served on both state and national hospice organizations during their careers. The organization has a deep commitment to keeping their staff up to date and well educated, providing the most expert care possible. Many staff have advanced certifications in the area of hospice and palliative medicine.

Our communities contribute gifts of time, talent and money to make our mission possible. We have more than 1,200 volunteers working together in all of our programs and departments to help provide the very best to those we serve.

Today, HopeWest consists of a number of locations and a collection of programs to meet the needs of not only patients, but their loved ones.

Our “home” office is located in Grand Junction in the Fairmount Health Park, where the 13-bed care center provides state of the art acute hospice care. Read more about the Mike & Kay Ferris Care Center on page 21.

Our hospice teams serving people in Grand Junction at home and in facilities are based in the office at the Herb & Laura May Bacon Center for Living Your Best. This location also is home to our Clinic and Center for Hope and Healing grief counseling program.
Our Meeker team is specially designed to serve that rural population. All services are provided without charge due to the structure of the program that collaborates with Pioneers Home Health. We enjoy the support of many volunteers in Meeker who stand ready to support our patients and their families, whether coping with a new diagnosis or facing end-of-life.

Our staff in Montrose work from The Montrose Center for Hope, built in 2015 through the support of our generous community.

Since 1994, our Plateau Valley team has navigated cattle drives and changes from offices in the nursing home to their current home in the new clinic.

Our Delta County staff work from two offices located across from the hospital in Delta, which were remodeled thanks to gifts from supporters in Delta County.

Western Colorado means horses – whether it’s miniature horses at Itty Bitty Camp with a Giddyup Grief theme or our ongoing equine therapy programs offered through HopeWest Kids.

Adult & family support is provided through grief education classes, support groups, and with individual and family counseling.

Teens receive support in the form of retreats, groups at school and art therapy at Hope's Studio in Grand Junction.

Each community we serve has programs designed to support people of all ages who have lost a loved one. Through the generosity of these communities, programs are provided at little or no charge.
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.

Volunteering
Our family of volunteers helps transform our community. 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.

Monthly Giving
Together we change lives.

The Circle of Hope Society – our monthly giving program – is an opportunity for you to support and sustain the future of HopeWest in your community. A monthly donation of any size adds up quickly and makes a significant impact.

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.

Honoring people through Tribute & Memorial Gifts
HopeWest is very fortunate to have the ongoing support of families we have served. Often that support begins with a decision to request friends and loved ones send a gift to the organization rather than sending flowers.

To thank the families who make this choice we offer a memorial brick or engraved leaf at one of our locations. For others, these tributes may be purchased.

There are many inspiring ways for people to give back.

Gifts of all kinds, of any size, are appreciated and help complete the circle of giving from one person to another.
Businesses Supporting HopeWest

HopeWest, like many hospices around the world, operates thrift stores to help support its mission. Funds raised by these stores are critical to cover the difference of what insurance covers for patients and the comprehensive care provided to patients and families in hospice, palliative care and grief support.

We also operate a commercial restaurant on the Grand Junction hospice campus. These businesses provide funds for programs while supporting people using the campus or those 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.

**Spoons bistro & bakery**

on the lower level of the Ferris Care Center, offers a casual dining option for visitors, staff and the public. We serve breakfast, lunch, dinner and weekend brunch, inside or outdoors on our beautiful patio/pavilion. In addition, Spoons provides food service for patients and their families in the Ferris Care Center.

Spoons also offers a variety of unique gift items for sale. All proceeds help support the mission of HopeWest. Visit Spoonsbistroandbakery.com.
We hope knowing all of the awards and distinctions HopeWest has received will inspire you to trust in the care we provide.

**EXCELLENCE IN CARING**

- National Quality Awards & Hospice Honors awards for “elite” for continuously providing the best patient and caregiver experience from Deyta
- Colorado Hospice & Palliative Care Organization’s President’s Award for Advancement of Quality and Access in Colorado
- El Pomar Foundation Award for Excellence in the Large Health Care Organization Category
- Leadership team members and individual nurses have been recognized by the Colorado Nurses Foundation Nightingale Award for Excellence in Human Caring

**BEST PLACE TO WORK**

- Modern Healthcare Best Places to Work
- Diversity Champion Award – CO Society for Human Resources Management

**INNOVATION**

- Outstanding Achievement Award, Colorado Hospice Organization
- American Hospital Association Circle of Life Honoree (2)
- Colorado Hospice Organization Innovations Award
- Historic Preservation Award for renovation of Miller Homestead
- The Leadership has been recognized by both the Grand Junction Chamber of Commerce and Rocky Mountain Health Plans for Innovation

**ORGANIZATIONAL EFFECTIVENESS**

- Top Company Award Finalist – Colorado Biz Magazine
- Dalby/Wendland & Co Achievement Award
- El Pomar Foundation Award for Excellence in the Large Health Care Organization Category

**BEST OF THE WEST**

In addition to the awards mentioned above, HopeWest, Heirlooms and Spoons have frequently been selected as Daily Sentinel’s "Best Of The West" by our local community. These have included awards in the following categories:

- Best Volunteer Group
- Best Non-Profit
- Best in Home Health Care
- Best Thrift Store
- Best Downtown Store
- Best Consignment Store
- Best Antique Store
- Best Brunch

**The Hospice Concept**

Hospice is a concept, not a place. It was created in the 1960’s by a physician named Cecily Saunders. One of her most famous quotes is:

“You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.”

Hospice advocates that people need to be able to live as fully as possible every day of their life. HopeWest is dedicated to supporting that principle and making it possible through our total care perspective.

Some basic components of this concept that are unique:

- The patient and the family are the focus of care.
- Care must be provided by a team of people with different skills and backgrounds: nurses, physicians, nursing assistants, counselors, social workers and spiritual support professionals.
- Care must be organized by a Plan of Care that the patient and family guide and contribute to.

Hospice Care provided by HopeWest includes the role of volunteers.

Volunteers receive specialized training to support hospice patients and families. For many they become significant support during this experience.

Volunteers can sit with patients and provide company, they can run errands or sometimes provide music or a visit from a furry friend.
**Hospice Care at Home**

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

- Nurse Practitioner and Physician house calls and coordinating care with the family doctor.
- Making sure the patient has the medical supplies and equipment needed – usually without additional charge.
- Helping plan for how various professionals and others can be of assistance during this time.
- Being there to listen when people just need to talk it out, voice concerns or have questions.
- Volunteers go into the home to provide support, transportation and many other needs.
- Teaching how to make home a safe environment for patient care.

**Hospice Care in a Nursing Home or Assisted Living Facility**

Many aspects of hospice are similar when care is provided in a facility. HopeWest has collaborative relationships with area nursing homes and assisted living residences and that allows for smooth coordination of care.

- Nurse Practitioner and Physician house calls and coordinating care with the family doctor.
- 24-hour RN telephone consults and advice to the facility staff members and patient’s family.
- 24-hour RN telephone consultations and advice to the facility staff members and patient’s family.
- Nurses and other team members visit the patient on a scheduled basis and when there is an urgent need at any time, all week long.
- Helping you make a plan for how various professionals and others can be of assistance during this time.
- Volunteers go into the facility to provide support, transportation and many other needs.
- We work with the facility regarding medications and ensuring access to medications when an urgent need arrives.

The team social worker who provides both support and practical resource help is particularly helpful when facility care is required. The team chaplain providing spiritual support is also very valuable.
A Professional Team Meets Each Person’s Special Needs

Every patient and every family is unique. Hospice care is holistic, considering the patient and family as the complete picture. Therefore, care will be designed specifically for the patient and their unique situation or needs.

**PHYSICAL NEEDS**

Our hospice team of nurses, physicians and certified nursing assistants meet the physical needs of patients. We also ensure the patient has access to other professionals when the need arises such as dieticians, occupational therapists, speech therapists or physical therapists.

**SOCIAL & EMOTIONAL NEEDS**

When people are ill, they often lose a lot of social connections, which can further inhibit their health. They also face a number of challenging emotions they may not expect. In addition to other social or emotional needs family communication can break down. Our social workers are especially helpful in these areas and can assist when needed.

**PRACTICAL NEEDS**

Practical needs always arise when someone experiences an illness, and this time is no exception. Some of the practical needs can be met through visits by our certified nursing assistants. Volunteers are willing to meet many practical needs as well. Our social workers can connect patients and families to other resources they may not be familiar with.

**SPIRITUAL NEEDS**

As people approach the end of life they often have many spiritual questions and needs. Others are very connected to a church or religious group that meets those needs. Our chaplains are people who bring an interdenominational approach to all patients and families. They have advanced education and special training to be spiritual support chaplains in a health care setting. They can also connect people to their church of choice.

Getting Organized

It is really helpful to pause and get organized as care begins.

**Patient’s Records**

- Driver’s license
- Social Security card
- Insurance cards
- Veterans ID and discharge papers
- Banking and credit union records
- Other investment documents
- Patient’s will
- Mortgage or leasing records
- Other bills like utilities, cable & phone
- Retirement account records

**Advanced Care Planning**

Planning for the kind of health care we want when the unexpected event occurs is important. 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.

**Phone Numbers & Addresses**

It would be helpful to make an easy to reach list of important phone numbers and addresses.

**Power of Attorney**

It may be helpful to speak to your attorney or the hospice social worker regarding how a power of attorney over financial matters works if and when the patient in no longer able to take of their own financial record keeping and bill paying. This is a different document than the Medical Durable Power of Attorney.

Take care of things you may have put off such as completing a simple will.
Supplies & Equipment

The HopeWest team will review your medical history and current status and make recommendations 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. Supplies that have been exposed to a body fluid such as urine, feces, saliva, or blood can be double bagged while wearing gloves and disposed of in the regular trash. Oxygen tubing and masks can be disposed of in the trash.

Medical Equipment
For patients who are receiving hospice care, most 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.

Call your HopeWest team if you are having any problems or malfunction with any equipment.

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.

Medication Safety & Disposal

The medical team will review patient’s medical history and 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 or container
  - 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.

The Colorado Medication Take-Back Program
The program accepts and destroys unused and expired over-the-counter and prescription medications generated by households. All locations accept prescribed medications.

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.

All medications EXCEPT marijuana, illicit drugs, chemotherapy, used Fentanyl patches, needles, or syringes are accepted.

To see a list of all available locations near you, visit the website:
www.Colorado.gov/pacific/cdphe/Colorado-medication-take-back-program

Do not bring medications to a HopeWest office or the Ferris Care Center as these are NOT approved disposal locations.
Avoid Infections
- Always cough in your sleeve.
- Wash hands often. Have hand sanitizer available that has at least 65% alcohol. When washing hands, to be effective, sing the “happy birthday song” at least once.
- Keep disposable gloves nearby for handling any item with blood or any other body fluid.
- Keep surfaces that have contact with food clean and use an disinfecting product to clean tables and counters.

Avoid Fires
- 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.
- Take extra care to ensure that frail patients are not operating ovens, microwaves or stoves without knowing they are capable.
- Make sure things are not left on top of the stove unattended.
- Check for frayed cords on lamps and do not overload extension cords.

Avoid a Trip or Slip
- 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 tackled down so no one will trip over the edge.
- Be cautious of pets. Pets are the number one cause of falls in the home.

Avoid Slips in a Bathroom
- Tubs and showers should have a textured surface or nonskid mats or strips to avoid falls.
- Grab bars to assist with transfers should be installed in the 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 a non-skid bathmat to avoid slipping on flooring.

Avoid a Fall on Stairs
- Keep stairs well lit and eliminate any clutter.
- Install handrails – ideally on both sides of stairs.
- Avoid using stairs while wearing only socks or smooth-soled shoes to avoid slipping.

Home Safety
HopeWest is committed to helping you be safe. We have volunteers and other means of assisting with any adaptations you may need for the safety of the patient. Please just ask.

Medicare, Medicaid and Other Insurance

<table>
<thead>
<tr>
<th>Benefits At A Glance</th>
<th>Medicare &amp; Medicaid</th>
<th>Other Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice is paid for by the day of care (per diem). The rate is set nationally and adjusted by geographic area. This rate changes depending on how long the patient is in hospice and what level of care they need.</td>
<td>X</td>
<td>Most</td>
</tr>
</tbody>
</table>

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<tr>
<th>Patient Visits</th>
<th>Medicare &amp; Medicaid</th>
<th>Other Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Care</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 and Emotional Support</td>
<td>Patient and family need determines</td>
<td>Patient and family need determines</td>
</tr>
<tr>
<td>Spiritual Care</td>
<td>Available at patient and family’s request</td>
<td>Available at patient and family’s request</td>
</tr>
<tr>
<td>Personal Care</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>Physician / Nurse Practitioner</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>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 Ferris Care Center</td>
<td>X</td>
<td>Varies by Insurance Carrier</td>
</tr>
<tr>
<td>Physical Therapists, Occupational Therapist, Dietician, Speech Therapy</td>
<td>Available when specific needs arise</td>
<td>Varies by Insurance Carrier</td>
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Benefits At A Glance

- Hospice is paid for by the day of care (per diem). The rate is set nationally and adjusted by geographic area. This rate changes depending on how long the patient is in hospice and what level of care they need.

- Patient Visits
  - Nursing Care: As needed – daily, after hours or weekly as patient needs
  - Social and Emotional Support: Patient and family need determines
  - Spiritual Care: Available at patient and family’s request
  - Personal Care: Based on patient need, typically 3 times per week
  - Physician / Nurse Practitioner: As needed for symptom control
  - Volunteer: Available for support to all patients
  - 24-hours/7 days per week, access to Registered Nurse by telephone and visit if needed.
  - Medical Transportation & Ambulance: X
  - Medical Equipment: X
  - Oxygen / Lab Work / X-rays: X
  - Medications related to diagnosis: X
  - Hospitalization or care at the Ferris Care Center: X
  - Physical Therapists, Occupational Therapist, Dietician, Speech Therapy: Available when specific needs arise

- Medicare, Medicaid and Other Insurance

- Medicare
- Medicaid
- Other Insurance

- Benefits
- Hospice is paid for by the day of care (per diem).
- Patient Visits
- Nursing Care
- Social and Emotional Support
- Spiritual Care
- Personal Care
- Physician / Nurse Practitioner
- Volunteer
- 24-hours/7 days per week, access to Registered Nurse by telephone and visit if needed.
- Medical Transportation & Ambulance
- Medical Equipment
- Oxygen / Lab Work / X-rays
- Medications related to diagnosis
- Hospitalization or care at the Ferris Care Center
- Physical Therapists, Occupational Therapist, Dietician, Speech Therapy
Why does the informed consent state that the patient is not pursuing curative treatment?
The Medicare benefit is an all inclusive benefit that is capped at a certain amount for every hospice. It is not designed to include expensive therapies that are aggressive or curative such as dialysis, radiation, chemotherapy, or major surgeries.

Why doesn’t the benefit cover room and board in a hospice facility?
Because the benefit was designed for people in their own residence, it does not pay for room and board in ANY facility of any kind.

Could the patient go back to regular Medicare or Medicaid after “electing” the hospice benefit?
A patient can return to regular Medicare or Medicaid and discharge from hospice at any time. This is called a revocation. A paper must be signed stipulating the patient desires to leave hospice benefit coverage and return to the other payer.

Why would a patient be discharged from hospice?
This would be in the circumstance of getting better and no longer being eligible because of a prognosis greater than six months if the disease ran its normal course. Patients may also be discharged if the conditions of caring for the patient are a danger to the hospice staff.

What is a Medicare Summary Notice?
The Medicare Summary Notice is mailed to patients at intervals from the Center for Medicare and Medicaid Services. It often is a confusing statement of what was charged for your care. It actually misrepresents the services because it only states certain costs and not others. It appears as though HopeWest was paid thousands of dollars in a month for a few staff visits and a few medications when many other costs covered by HopeWest during that same period are not reflected. These costs include things like hospital beds, oxygen, after hours visits, doctor visits, ambulance rides, emergency room visits and many others. It does not include visits by our chaplains, our nursing assistants or our volunteers. These are just a few. Every year Medicare pays us the same for every patient regardless of their costs and HopeWest has to fundraise to make up the difference. You are not responsible for the difference or anything listed as a “non-covered charge.”

Mike & Kay Ferris Care Center
Built in 2008, the Mike & Kay Ferris 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.

The Ferris Care Center is designed for the short-term, acute care needs of patients as an alternative to hospital care when:
- A patient’s symptoms are more than the team can manage in the setting where the patient resides
- There is a need for significant medication or dosage change that requires frequent monitoring
- Family or caregiver emergencies significantly affect a patient’s safety

For patients who need longer term care, our capable staff may be consulted to assist with long-term care arrangements at a skilled nursing facility or assisted living residence.

While at the Ferris Care Center patients receive advanced pain and symptom management, as well as emotional and spiritual support in an atmosphere different from most medical facilities. Each of the 13 patient rooms is large enough for friends and families to visit and can accommodate overnight guests.

Our policies regarding visiting hours, food and beverages, pets, and children are designed with patients and families in mind. There are comfortable provisions for families to stay together 24 hours a day. Kitchen, dining, and laundry areas are available for family use.

Our expert medical team of physicians, nurses, caregivers and volunteers provide outstanding care, both for patients and for their loved ones. Nurses are present 24 hours a day. Physicians and nurse practitioners round daily and are available throughout the day to assist with symptom management. Our family support coordinator assists families and patients with community resources. Our team chaplains are available to offer continued comprehensive support emotionally and spiritually for the patient and all members of the family.
Visitation

- Visiting hours are 24 hours a day, 7 days a week.
- Please sign in at the reception area when you arrive. For the safety and security of our staff, volunteers and patients we request that you let us know you are here.
- Parking is reserved for patients and families immediately in front of the Ferris Care Center.
- Children are welcome under parental supervision. They should not be left unattended in the family kitchen or other areas where they cannot be seen.

- Room balconies are for patient and family use. For safety reasons, they are kept locked except when in use. You may ask any team member to assist you to unlock if you wish to use. We discourage use of the balconies after dark. There is no smoking on the balconies.
- Overnight stays in the room are available to the loved ones of patients. Depending on the room, there is either a chair, rollaway bed or sofa in the patient’s room. If you need additional accommodations, please discuss with your care team.

- Pets that are clean, well behaved and important to the patient are welcome. We ask you to coordinate with staff and have the vaccination papers for pets available upon request.

- Smoking Areas have been designated outside of the Ferris Care Center. In compliance with Colorado State Law, our care center is a nonsmoking facility and there is no smoking within 25 feet of any building door or window at any time, including the patient room and family kitchen balconies. Patients may smoke only when accompanied by a staff member, volunteer or visitor in the designated smoking area adjacent to the building.

- Doors of the Ferris Care Center are locked from 8:00 p.m. to 8:00 a.m. daily. Visitors may ring the bell and a staff member will respond. There are 24-hour security cameras placed throughout the campus to protect our facilities and those who are here.

- Patient valuables should not be kept at the Ferris Care Center. If unavoidable, personal items can be kept in a locked cabinet in the team center. We have jewelry bags for your use to take items home.
- Medical Marijuana or any other illicit drug use is not allowed on the HopeWest Campus. We understand that patients may possess medical marijuana cards but they may not use the drug while admitted at the Ferris Care Center.
Dan’s Walk is a half-mile paved path around the campus, which we share with Primary Care Partners. It starts at 12th Street and has gardens, sculptures, benches, and fountains for your pleasure. Take a moment, get some fresh air and read about Dan Cummings along the walkway.

The Reflection Room (chapel) is a place for patients, families and visitors to find peace, quiet and reflection. Candles and musical instruments in the room assist in promoting a space to find rest and calm during a difficult time. 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 by contacting the receptionist in the lobby.

The Family Kitchen is a special amenity just for families. You will find the kitchen stocked with utensils and tableware standing ready for you to cook a special meal or to gather at the family table. If you want to bake, an oven is available for your use. We only ask that after using the kitchen you clean up for the next family.

The Hearth Room is located in the back corner of the Ferris Care Center when you need a quiet space or a gathering place with family and friends. Make yourself at home next to the cozy fireplace, to read or relax.

Washer and Dryer are available for patient/family use. If needed, ask a staff member to show you where they are so you can use them.

The Ferris Care Center was created to be a place of comfort for all. The amenities that surround you and your loved one were made possible through the generosity of others. The short stories and reflections in the rooms honor the people who help us embrace our patients and families in comfort and support.
Giving Back

The sustained generosity of our community members makes care in the Ferris Care Center possible.

Different kinds of gifts include
- Designating HopeWest for memorial gifts
- Gifts that honor loved ones on the campus such as memorial bricks and benches
- Providing financial support through wills, trusts, life insurance and annuities
- Cash gifts
- Donations of goods to our Heirlooms for Hospice stores

Memorial Tributes

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

The HopeWest Campus provides 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.

When families request memorial gifts be made to HopeWest, you will receive a brick free of charge to be placed on our campus in Grand Junction. The brick will be engraved with a message of your choosing and will become a permanent fixture in the beautiful gardens.

Memorial giving allows HopeWest to continue to provide the same care your family received to anyone in need of our support.

Memorial opportunities include
- Garden Arches with Benches
- Outdoor Feature Benches
- Stained Glass Window of Hope
- Garden Sculptures
- Art Pieces throughout the Ferris Care Center
- Wings of Hope Keepsake Wall
- Name included on a Fountain Bench
- Memorial Bricks
Mike & Kay Ferris 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.

There is value in the saying . . .
There is value in the praying . . .
How can we help you to say goodbye?

Song Lyrics by Karen Taylor Good
Artwork by Diana Woods
The Four Things That Matter Most

Words matter, and this is a time when it is important to say these things... 

Please forgive me.

I forgive you.

Thank you.

I love you.

Sometimes it’s hard to do this by yourself.
Our team of social workers and chaplains stand ready to help.

Author, *Four Things That Matter Most*

Ira Robert Byock is an American physician, author, and advocate for palliative care. He is founder and chief medical officer of the Providence St. Joseph Health Institute for Human Caring in Torrance, California.

Handling Emotions

It is hard to always be conscious of the ways people cope when under stress and when facing loss. Often there is a sense of grief that comes long before a loss—in anticipation of the loss. We hope to help people understand that these emotions are common, and we encourage you to talk over some of these feelings with one of your HopeWest team members.

**Shock & Denial**
When it comes time for hospice, often some of the shock of the situation of serious illness has started to wear off. But sometimes the coping mechanism of denial creeps in. One person in the family may be having trouble coping and taking in the fact that they are losing someone close and just shut down. Sometimes there are days people need that denial to just cope, and it may disappear the next. This is a time of up and down emotions.

**Anger**
When someone is near the end of life, emotions can arise that we may not expect, such as anger. Sometimes people suffering from an illness are fine, but the person close to them may be angry or scared at how life will be without the person they love. Typically, when someone feels or expresses anger it is toward the situation they are in and not directed towards someone. Understanding that this anger will likely be temporary and talking through these emotions with someone you trust can be helpful.

**Distraction & Detachment**
Sometimes the only way loved ones can cope with the realization that their worst fear could be coming true, is to detach or try to stay busy, looking for a distraction. It is not uncommon for a wife of 70 years to continue cleaning and cooking despite her ill husband asking her just to sit close. These emotions may be upsetting for some, but for others it may be a means of dealing with the situation. You may see detachment happen by both patients and people close to them.

**Role Confusion**
When a person suddenly becomes seriously ill, roles can change within the family unit. Sometimes this is seen as a daughter who has to suddenly care for a mother, or a wife who has to start paying bills and taking care of household issues her husband had always taken care of, or a husband who has to start cooking. All of these changes in roles take some adjustment and may lead to irritability and anger. These feelings are normal and can take time to work through.

**Guilt & Regret**
Throughout the course of an illness, people may feel guilty or full of regret. These emotions may be felt differently and at different times, but most people do face these feelings at some point throughout the illness. There are four statements that may help manage the feelings of guilt or regret when said to the person who is dying—“Please forgive me. I forgive you. Thank you. I love you.”
The Five Senses of Caring

These caregiving tips are organized by our five senses. It is often amazing to see how little things can make all the difference.

Vision
Vision is often the first sense to be affected by serious illness.
• Keep glaring lights away from the patient’s eyes
• Allow patient to rest their eyes frequently
• Stand or sit in a place where the patient 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 patient permission to close their eyes when you are visiting with them

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 a 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.
• Lavender can be a calming scent
• Diffusers with pleasant fragrance
• Fresh flowers
• Citrus air fresheners
• Special “memory” fragrances like apple pie

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

Hearing
Hearing is almost always the sense that remains present even when someone is unable to speak or appears to be asleep.
• 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. A touch of the hand or gently massaging the skin with warm lotion can be 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.

Caregiving often calls us to lean into love we didn’t know possible.

– Tia Walker, author
Time to talk about the hard things...

Bringing up the subject of planning a funeral or memorial service is hard and different for every family. Sometimes patients are interested in making sure things are handled in a certain way, yet other times they truly just don’t want to talk about it.

If you are the one planning a funeral or memorial service, do what is best for your family and circumstance. Keep in mind that you can have it right away, or a later time – even after a burial or cremation.

Try to determine whether the patient wishes cremation or has wishes for organ donation. If organ donation is a request, it is best to investigate prior to the death.

For most families, doing some pre-planning and choosing a mortuary is helpful so you do not have to make this decision afterwards while you are grieving. Mortuaries differ in expense and capability, such as whether cremation can be completed on site. For some families these are important factors to consider when making a choice. It is important to note that HopeWest does not endorse any particular mortuary.

While making these decisions, HopeWest social workers and chaplains stand ready to help guide you through these difficult conversations.

HopeWest also offers free obituary placement on our website, which can then be forwarded along to family and friends, near and far. If interested, discuss with your chaplain or social worker.

When Death is Near

It is truly impossible to accurately predict the exact timeframe that people approach death. Every person and every condition people die from can change things in a way we cannot know. These are general guidelines.

One to Three Months
- There may be a withdrawal or detachment from people and activities
- There may be less communication
- Eating and drinking less
- Sleeping More

One to Two Weeks
- People can seem to have periods of disorientation or confusion
- We see use of symbolic language like “I want to go home”
- Often people see others not present in the room who have passed before them. At times patients may be observed talking to the people they see.
- Physical changes may include:
  - Changes in pulse
  - Decrease in blood pressure
  - Changes in skin color
  - Irregular breathing patterns
  - Changes in body temperature
  - Eating and drinking less

Days to Hours
- People may sleep a good part of the time
- Sometimes a day or two before death people experience a surge in energy that may seem as if they are getting better
- Restlessness may occur
- Difficulty swallowing and even choking can happen. Be aware when giving liquids or medicines by mouth
- Increased changes in skin color
- Breathing changes with long pauses between breaths
- Gurgling sounds when breathing may occur
- Pulse weakens
- Lower blood pressure
- Decreased urine output
- Sometimes eyes appear to not close completely

Hours to Minutes
- Longer time between breaths
- Breathing may be shallow
- Mouth breathing rather than through the nose
- Patient may be unable to arouse
At Time of Death

The time of death may come when the patient is in their own home or in a facility. What happens at home is different than when a patient is in a facility or the Ferris Care Center. No matter where the death occurs HopeWest wants to support the family.

If the Patient is at Home

- Call us at (866) 310-8900. That number goes directly to an RN and let her know you believe the patient is close to death or has died. You do not need to call 911. A nurse will be notified and make a visit to your home.
- The nurse will verify the death and call the physician to pronounce the patient. If necessary, in some areas, the coroner will be notified.
- The nurse will be happy to arrange for the patient’s body to be transferred to the mortuary of your choosing. The timing of removal is up to you and can be as long as 24 hours.
- The nurse will assist in preparing the body for the mortuary, and will instruct you on the proper destruction procedures for medications. If there is equipment in the home they will assist by calling the medical supply company for removal.

For Patients in Any Setting

- The nurse will visit.
- The social worker can assist in calling family members, if desired.
- The social worker or chaplain may visit to assist and provide support.

Hospice Closure Visit and Bereavement Support

Members of your hospice team will contact you after the death of your loved one. This is a time to review all you have been through together and set the stage for the future. They will ask you about your interest in participating in our grief programs and assist you with other issues that might arise.

Checklist of Things to be Done

The following list of financial responsibilities can serve as a guide for what needs to be done in the first few weeks and months after the death of a loved one. Since each individual’s affairs vary, you may need to seek legal counsel in order to satisfy all financial obligations. Some of these things are more easily handled prior to death.

- **Banking Records And Investments**
  Be aware that it will be difficult to access accounts that are solely in the patients name until after a will is read or an estate account is set up. You may want to ask the bank to set up accounts as POD (Pay on death) in a certain person’s name. This is the same for investments and other financial accounts.

- **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.

- **Death Certificates**
  You can order certified copies of the death certificate through your funeral director for a small fee. Ask for ten copies. Many issues that come up require an original death certificate.

- **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. There may be benefits available for the surviving spouse.

- **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.

- **Survivor Benefits**
  Contact the employer of the deceased regarding any benefits available for the survivors. Also contact past employers to find out 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, spouse, or minor child of someone who served in the military. Veterans are entitled to burial and a headstone in a national cemetery such as Fort Logan. Also, veterans are eligible for a Presidential Memorial Certificate, expressing the nation’s recognition of service, and an American flag to drape the casket of the veteran. The flag is presented to the next of kin after the funeral service. If the deceased was receiving disability benefits, other financial benefits may be available to you. If you have questions about veteran benefits, call the VA Regional Office at (800) 827-1000.

- **Department of Human Services**
  If a person has been on Medicaid state medical insurance, the survivor can apply for assistance from the local Department of Human Services immediately after the death occurs. It is recommended that you call ahead of time to learn the specific amounts so that you can plan appropriately.
Grief Support Programs

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, is available online
- Special grief counseling for children which includes grief camps, groups, and one-on-one counseling
- Telephone support
- Various grief groups

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.

Examples of grief education and support groups offered by HopeWest:

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

- Healing Hearts
  This 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 while learning new ways to cope with your grief and discover a path to healing.

- Forget-Me-Not Groups
  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.

- Art for the Grieving Heart
  You’ll be led by an experienced HopeWest grief counselor and an art therapist during this 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.

Contact your local HopeWest office to talk with a trained, experienced, and credentialed grief counselor about the individual and additional group offerings to support you.

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 & Teens

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.

Every community served by HopeWest offers HopeWest Kids groups. They are supported by philanthropy and there is no charge for most services. Examples of activities include:

- Individual & Family Counseling
  Counseling can help children and families communicate about their experiences, learn and utilize coping skills, and grow and heal through their difficult experiences. Services are offered on a ‘sliding scale’ and scholarships are available.

- School Programs
  Grief support groups are co-facilitated with school counselors, providing education and peer support from those who are also coping with grief. Kids on the Block presentations use puppets in the classroom to teach about dying and grief.

- 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.

- 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.

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  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.
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

Your Basic Rights

You have the right 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.
- 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.
- Be provided information about the rules and regulations of our organization and inpatient facility that apply to you.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source.
- Be advised of the availability of the toll free Home Health Agency Hotline in Colorado (800) 842-8826 to register complaints or ask questions regarding home health care services.
- For Medicare/Medicaid Beneficiaries: If you have a complaint for care you receive, you may place your complaint in writing and send it to:
  
  KEPRO
  
  5700 Lombardo Center Drive, Ste. 100
  
  Seven Hills, OH 44131
  
  (844) 430-9524

Privacy and Confidentiality

You have the right to:

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

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.
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

Your Choices
You have some choices in the way that we use and share information as well:
- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospice directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

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

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.

Get a list of those with whom we’ve shared information
- 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.

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.

Get a list of those with whom we’ve shared information
- 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 copy of this privacy notice
- 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.

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 47.
- 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

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.

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

Your Choices
You have some choices in the way that we use and share information as well:
- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospice directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

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

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.

Get a list of those with whom we’ve shared information
- 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 copy of this privacy notice
- 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.

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 47.
- 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

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.
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 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.

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

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

Our Responsibilities

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

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

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

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

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

• Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  – Qualified sign language interpreters (remote interpreting service or on-site appearance)
  – Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language assistance services to people whose primary language is not English, such as:
  – Qualified interpreters (remote or on-site)
  – Information written in other languages

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

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.

As part of a federal requirement we are mandated to issue a survey about our services. This survey, which helps ensure that we provide top quality care, is provided through a third party vendor.

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

Notes
This section of the guide offers materials that may be helpful during the hospice journey. Patients and caregivers will be able to find information on how to manage symptoms that may be present for the patient. Additionally, information regarding resources and additional forms are included.

**SYMPTOM MANAGEMENT**

- Oxygen Safety
- About Your Medication
- Agitation and Restlessness
- Confusion and Disorientation
- Changes in Appetite
- Nausea
- Constipation
- Pain
- Shortness of Breath
- Worry and Anxiety
- Insomnia
- Sadness and Depression

**RESOURCES**

- When More Help is Needed: Resources for Caregiving Needs
- Long Term Care Medicaid: Eligibility and Application
- Medicaid Answers: Long Term Care Medicaid Q&A
- Emergency Response Wishes
Oxygen Safety

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 is unsteady or has 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.

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.

OXYGEN Can Be in Your Clothing, Hair, and Fabrics

Keep Your Medications Safe:
• Keep out of the reach of children or others who should not have access to them.
• HopeWest can supply a locking box upon request.
• Keep medications in their original containers as much as possible; some pills look alike and this will help you tell them apart.
• Do not give your prescription medications to anyone else - these were prescribed by your physician ONLY FOR YOU.
• If you have been given an emergency medication kit, keep it closed in your refrigerator unless otherwise instructed by a HopeWest nurse.

Proper Use of Medications:
• Take medications as directed on the label. It is important to only take the medication for the reason listed and to take the correct dose with the right timing.
• Report any signs of irritation or allergic reaction to your HopeWest nurse or physician.
• Do not take any medications that were prescribed for someone else. They may have harmful reactions with your medications.
• Never split tablets in half without asking your pharmacist or nurse first.
• When using medication patches take off the old one before applying a new one.
• Let your nurse know if you stop any medications or start any new ones.
• If someone in your household is taking your medications without your permission, please report this to your HopeWest nurse and to the police.

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PAYMENT FOR MEDICATIONS:
- Your hospice insurance benefit may provide coverage of medications related to the reason you are in hospice care if the medications are medically useful for you. Ask your nurse if you have questions.
- For medications covered under your hospice insurance:
  - HopeWest will obtain the prescriptions and either have the medications delivered to your home or arrange for you to pick up at a local pharmacy (when needed right away)
  - The pharmacy will bill directly to HopeWest; there is no co-payment
- For medications not covered under your hospice insurance:
  - Continue to obtain these as you did prior to hospice and pay the pharmacy directly.
  - If you have Medicare D or other pharmacy benefit coverage, the pharmacy may be able to bill for medications not covered under your hospice insurance.
  - Your HopeWest nurse can still help you with obtaining the correct prescriptions.

COLORADO PRESCRIPTION DRUG MONITORING DATABASE:
- All pharmacies filling prescriptions for controlled substances in Colorado will upload information daily into the Colorado Prescription Drug Monitoring Program database. This includes patient name, address, birth date, prescription number, date prescription filled, quantity filled, and prescribing doctor’s ID number. (Social security number is not included.)
- This database can be accessed by any physician or pharmacist, law enforcement, the State Board of Pharmacy and/or other regulatory boards.
- This information is provided for your information and awareness only; no action is needed.

WHAT ARE AGITATION AND RESTLESSNESS?
When an individual is nearing their final days, agitation and restlessness are common symptoms. Symptoms can include an urge to move, making angry accusations, their body may jerk or twitch and they may pull at the bedding or clothing.

THINGS TO TELL THE NURSE OR DOCTOR
- Is this a new symptom? When did it start?
- Does it appear that the patient is in pain?
- Have you noticed symptoms more frequently in the day or night?
- Has the patient started on any new medications lately?
- Has the patient had any trouble with elimination (frequency or constipation?)
- Does the patient report hearing or seeing things that you don't hear/see?
- Has the patient taken any medications that have helped this problem in the past?

TIPS TO REDUCE AGITATION OR RESTLESSNESS
- Discuss the situation with the HopeWest team. A registered nurse is available 24 hours a day to assist with symptom management.
- Keep a calm and quiet environment – avoid loud TV or music. Speak in a soft, calm voice. Try playing the patient’s favorite or soothing music. Consider reducing the amount of visitors. Try adjusting the lighting in the room. Take the patient for a walk or ride in a wheelchair if they are able to tolerate activity.
- Be reassuring to the patient – you might say “I am right here with you and you are safe.” It does not help to argue. Instead, try to change the subject.
- Try reading something inspirational or meaningful to the patient.
- Holding hands/light touch may be reassuring.
- Help the patient resolve issues and tasks-help them delegate unresolved tasks to a trusted person.
- Talk with the team about other interventions including the use of essential oils, medications, guided imagery, etc.
Confusion & Disorientation
Symptom Management Suggestions

WHAT ARE CONFUSION AND DISORIENTATION?
People nearing the end of their life may have confusion about the time, their surroundings, and the identity of those around them. They may report seeing people or things that are not visible to others, and they may engage in conversation with others who are not visibly present or who have already passed on. Confusion and disorientation can be common symptoms at end-of-life and with some disease processes.

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 change in appetite?
- Has the patient been started on any new medications recently?
- Has the patient had any troubles with elimination (urinary frequency or constipation)?
- Has the patient had trouble sleeping?
- Does the patient have a fever or low oxygen level?

TIPS TO REDUCE CONFUSION OR AGITATION
- Discuss the situation with the HopeWest team. A registered nurse is available 24 hours a day to assist with symptom management.
- If appropriate, gently try to reorient the patient. Remind them of who you are and point out familiar landmarks in their surroundings. Provide reassurance. Give the patient time to respond to your statements. Face the patient, speak slowly and use short statements.
- Tell the patient what you are going to do with them before you do it and explain the reason behind your action. For example, say “I am going to help you out of bed to keep you safe” before you start to move the patient.
- Allow and acknowledge whatever experience the patient may be having without trying to contradict or argue it away. Avoid denying hallucinations, instead try, “You spoke with your mother? I miss my mother too.”
- Keep a calm and quiet environment – avoid loud TV or music. Turn off the TV or radio during conversations or when the patient is sleeping. Sometimes limiting visitors can decrease the level of confusion or disorientation.
- Engage the patient in activities that distract them, like folding clothing or washcloths, fidget pillows, etc.
- Talk with the team about other interventions including the use of essential oils, medications, guided imagery, etc.

Changes in Appetite
Symptom Management Suggestions

WHAT DOES IT MEAN?
When a patient is near end of life, it is natural for a person to no longer be interested in food or be unable to eat or drink. The body is slowing down and they are no longer able to digest and absorb food and nutrients in the same way. Our culture symbolizes food with love so this may be distressing to some family members and they may consider giving the patient nutritional supplements, tube feedings and IV nutrition. Weight loss is expected and does not mean that the person is hungry or “being starved” by the absence of food. Findings published in several studies report that IV nutrition or forced feedings can lead to several harmful effects in patients nearing end of life, including:
- The rate of tumor growth may increase. Feedings might actually shorten the patient’s life expectancy by providing nourishment for the tumor.
- Forced feedings may increase the patient’s gastrointestinal distress causing increased suffering.
- Serious infections may occur with the use of IV nutrition (also known as TPN).
- Weight gain is marginal and is usually associated with increased fluid retention.

WHAT YOU CAN DO
- Let the patient be the guide; he or she will let you know if food or fluids are needed or wanted.
- Liquids are preferred to solids. Some people find thickened liquids easier to swallow. Small chips of ice or frozen juice may be refreshing in the mouth. If the person is able to swallow, fluids may be given in small amounts by syringe (without a needle) or dropper (ask the Hospice nurse for guidance).
- People who can’t speak will sometimes cough, bite the spoon, clamp their teeth closed, turn their heads, or spit food out to let you know they don’t want to eat.
- Respect the person’s wishes by trying not to force food or drink. Often a person near death may appear thirsty but are unable to drink water; frequent mouth care may provide comfort. Use mouth swabs to keep the mouth and lips moist.
**Nausea**

Symptom Management Suggestions

**THINGS TO TELL THE NURSE OR DOCTOR**
- Is this a new symptom?
- When did it start?
- Has the patient had any trouble with constipation?
- Is the patient eating/drinking ok?
- Is the patient able to keep pills down without vomiting?
- What makes the nausea better/worse?

**TIPS TO REDUCE NAUSEA**
- Discuss the situation with the HopeWest team as soon as possible.
- Encourage the patient to drink small, frequent sips of water if able.
- Meals given should be small, frequent and eaten slowly. If nausea occurs between meals, have the patient keep something in their stomach by eating small snacks in between meals.
- Bananas, rice, applesauce, toast, saltine crackers, flat ginger ale, and tea can be easy on the stomach.
- Avoid fatty, fried, spicy or very sweet foods.
- Have the patient rest quietly while sitting upright for at least an hour after each meal.
- Create a cool breeze with a open door, window, or fan.
- Provide a cool washcloth on the forehead.
- Gentle massage of the wrist may help relieve nausea.
- Relaxation techniques such as meditation or breathing exercises can help relieve nausea.
- Try listening to soft music or watching the patient’s favorite TV program.
- Place a couple drops of peppermint essential oil on a cotton ball, tissue placed in a bowl or use in a diffuser.

**Constipation**

Symptom Management Suggestions

**WHAT IS CONSTIPATION?**
Constipation is infrequent bowel movements or difficult passage of stool.

**WHAT CAUSES CONSTIPATION?**
Dehydration, lack of dietary fiber, decreased physical activity, and medication side effects. Constipation can also be common at end of life.

**THINGS TO TELL THE NURSE OR DOCTOR:**
- Is this a new symptom?
- When did it start?
- Is the patient eating/drinking ok?
- Is the patient nauseated or vomiting?
- Is the patient having abdominal pain/stomach pain?
- What does the patient’s stool look like? Is there blood in the stool?
- Is there any personal or family history of digestive problems?
- Have you missed any recent bowel medication doses?
- Which medications have worked in the past for constipation? Which medications have not worked?

**TIPS TO REDUCE CONSTIPATION**
- Alert the HopeWest nurse if constipation is a concern.
- Discuss your fluid and fiber intake with the HopeWest nurse.
- Talk to the nurse about nonpharmacological interventions including: prune juice and butter, Yakima fruit paste, etc.
- Increase physical movement if able to do so safely.
- Keep track of your bowel movements and notify HopeWest if you are not having comfortable and regular bowel movements at least every 3 days.
- Attempt to have a bowel movement when you feel the urge to go. Waiting or holding can increase the risk of constipation.
Pain
Symptom Management Suggestions

THINGS TO TELL THE NURSE OR DOCTOR
• Is this a new symptom?
• When did it start?
• Is there a history of pain before the illness?
• Where is the pain?
• What words would describe the pain?
• What makes the pain better/worse?
• Keep a record of when medications are given for pain

TIPS TO REDUCE PAIN
• Getting ahead of the pain means that medication must be taken before pain becomes severe. If pain is severe or increasing, it will be more difficult to control, especially after waiting for the medication to be absorbed by the body and take effect.
• Discuss the situation with the HopeWest team as soon as possible.
• Relaxation: try deep-breathing exercises and abdominal breathing with or without calming music in the background.
• Distraction: turn on the patient’s favorite television show, listen to peaceful music or recordings such as waterfalls, ocean sounds, or other environmental sounds that relax the patient.
• Massage: use medicated cream or ointment as ordered by the patient’s doctor or massage a favorite lotion onto the skin.
• Heat or cool-check with your doctor or nurse to ask which would be most likely to help. Never put a heating pad under the patient and never apply the heating pad or ice pack directly to the skin to avoid burns.
• Consult with the nurse or doctor before starting any over the counter pain medications.

Shortness of Breath
Symptom Management Suggestions

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/better?

TIPS TO REDUCE SHORTNESS OF BREATH
• Discuss the situation with the HopeWest team as soon as possible. There are medication options that can help with shortness of breath.
• If the patient wears oxygen, ensure that the oxygen is turned on and the tubing is not kinked.
• Help the patient find a position that is comfortable for them and allows their lungs to expand:
  – Have the patient sit in a chair, leaning forward with the arms and upper body supported on a table.
  – Have the patient sit with their head of bed/chair elevated.
• Help the patient focus on their breathing pattern.
  – Take slow, deep breaths with the patient.
  – When the patient breathes out, tell them to purse their lips together like they are blowing out a candle.
• Create a cool breeze by opening a window or door, or using a fan.
• Try relaxation techniques:
  – Help the patient meditate, focus on pleasant thoughts, or pray.
  – Have the patient slowly contract and relax each muscle group, one at a time.
  – Keep the environment calm and quiet.
  – Allow rest breaks between activities.
**Worry & Anxiety**

**Symptom Management Suggestions**

**THINGS TO TELL THE NURSE OR DOCTOR**
- Is this a new symptom?
- When did it start?
- Is there a history of anxiety before the illness?
- Is the anxiety caused by other symptoms such as pain, nausea or shortness of breath?
- Have any medications or techniques helped with this in the past?
- Is the patient sleeping ok?

**TIPS TO REDUCE WORRY AND ANXIETY**
- Discuss the situation with the HopeWest team as soon as possible. The social worker and chaplain have specialized training in supportive listening that can help decrease worry and anxiety.
- Consider limiting visitors unless they can provide a supportive role to the patient.
- Listen and reassure the patient without judgment.
- Help the patient take slow, deep breaths, meditate, or pray.
- Have the patient slowly contract and relax each muscle group, one at a time.
- Read or provide reading material to the patient that is supportive or enjoyable.
- Consider other distractions such as going outside, watching an old movie or another activity such as looking through pictures or enjoying a craft.
- Consider giving the patient a relaxing massage with their favorite lotion.
- Turn on the patient’s favorite music or recordings such as waterfalls, ocean sounds, or other environmental sounds that relax the patient.
- Place a couple drops of lavender essential oil on a cotton ball, on a tissue placed in a bowl, or use in a diffuser.
- Avoid caffeinated beverages such as coffee, tea, and soda.

**Insomnia**

**Symptom Management Suggestions**

**THINGS TO TELL THE NURSE OR DOCTOR**
- Is this a new symptom?
- When did it start?
- Does the patient have any trouble with elimination (passing urine frequently at night)?
- Is the patient having any pain/discomfort/constipation/urinary retention/anxiety?
- Have any medications worked in the past?

**TIPS TO REDUCE INSOMNIA**
- Discuss the situation with the HopeWest team as soon as possible.
- Talk with the nurse or doctor before giving any over-the-counter medications for sleep.
- Consider turning off the TV or other electronics prior to bedtime.
- Place a couple drops of lavender essential oil on a cotton ball, on a tissue placed in a bowl, or use in a diffuser.
- Some medications can have stimulating effects. Review the patient’s medication list with the nurse and ensure you are giving the medications at appropriate times.
- Address the environment: keeping the room cool, well-ventilated and with low light at night may help. The use of a white noise machine may also help the patient sleep.
- Two hours of sunlight a day regulates sleep-wake cycles, so try keeping sunlight in the room or take the patient outside. Artificial light can inhibit sleep, so use low wattage bulbs in the bedroom.
- Maintain a consistent sleep schedule. Reduce or avoid daytime naps.
- Reduce or avoid large meals or excessive fluids at bedtime and avoid caffeine.
- Consider giving the patient a backrub or a warm bath/bed bath.
Sadness & Depression
Symptom Management Suggestions

THINGS TO TELL THE NURSE OR DOCTOR

- Is this a new symptom? When did it start?
- Is there a history of sadness/depression before the illness?
- Is there a history of mental illness?
- Could the depression be caused by other symptoms such as pain?
- Have any medications or techniques helped with this in the past?
- Is the patient sleeping ok?
- Has the patient stated they wish to end their life/have a plan to end their life?

TIPS TO REDUCE SADNESS OR DEPRESSION

- Discuss the situation with the HopeWest team.
- If the patient expresses desire to end their life or is an imminent danger, contact 911 immediately.
- Be present for the patient and relay that they are not alone. Ensure availability of significant others or pets that can provide comfort to the patient.
- Check on the patient frequently.
- Encourage continued contacts with community, churches, friends, etc.
- Help the patient explore their belief system. The team chaplain can assist with this.
- Allow the patient to express their feelings and validate what they are feeling.
- Talk with the team about other interventions including the use of essential oils, medications, guided imagery, volunteers, etc.

When More Help is Needed
Resources for Caregiving Needs

WHEN INCREASED CAREGIVERS ARE NEEDED:
Most of us have been independent for a large part of our lives, but require more help to care for ourselves as we age, become ill, or more frail. Maybe you have a family member or friend caring for you already – what happens as they age, their health deteriorates, or they are no longer able to care for your increased needs? These are important questions to ask yourself and plan for.

CARE PLANNING:
Planning for your care can be difficult to think about and decide in a moment of crisis. Planning before you need the extra help can relieve the stress involved with these difficult decisions. HopeWest encourages you to look forward and consider your options before you need them.

EXTRA CARE OPTIONS:
Caregivers are available to help provide care when your needs are not met in your current situation and exceed what hospice provides. Some options for caregiver services include:

- Extended Caregiving Services Provided by HopeWest
  Additional care provided by Certified Nursing Assistants (CNAs) with a minimum block of time for a low cost, hourly rate.
  * Discuss availability with your social worker.

- Caregiving Agencies
  Caregiving agencies and some home health agencies can provide caregivers to assist with your basic care needs at an hourly rate. This option provides you with vetted caregivers who are licensed and bonded.

- Private Caregivers
  Some individuals in the community offer caregiver services privately at a low hourly rate. This can come at a risk to you as they may not be licensed and bonded.

RESIDENTIAL CARE OPTIONS:
Sometimes people are in need of more care than can be provided in their home. If this arises, you may consider residential care options, including:

- Independent Living
  Independent living is intended for individuals who are independent, requiring no care.
  A manager is on site and emphasis is primarily on safety and security. Additional care can be provided through extra care options listed above.

(continued on back of page)
**Assisted Living Residences**

Assisted living residences are designed to provide more assistance than independent living residences. Caregivers are provided who can help with personal care needs such as dressing, toileting, bathing, medications, meals, and housekeeping services. Some have different levels of care depending on the amount of assistance that you need. Memory Care can provide a safe living environment for those with Dementia or Alzheimer’s.

- **Nursing Homes:**
  Nursing homes provide long term care with nurses and CNAs once you are unable to live independently and require more care with skilled medical providers. Short-term rehabilitation may also be provided in a nursing home after a hospitalization. However, short-term rehab or a ‘skilled stay’ is generally an option outside of hospice care.

**PAYING FOR CARE:**

Paying for additional care can be stressful. Whether you have the finances to pay for care privately or you need assistance, HopeWest is able to support you through your options.

- **Private Pay:**
  All additional care options, whether at home or in a residential setting, are able to be paid for privately, out of pocket.

- **Private, Long Term Care Insurance:**
  Private long term care insurance can assist with covering out of pocket expenses; however, it needs to have been purchased prior to requiring the help. Every policy is different; contact your policy holder to begin discussions about coverage and the claim process.

- **Long Term Care Medicaid:**
  Long Term Care Medicaid is available to those who are financially AND medically eligible. It can provide care for people who are at home or in a facility, yet cannot afford the expense.

- **Veteran’s Administration:**
  If you are a veteran, the VA may assist with paying for care in the home or in a VA contracted skilled nursing facility, however, this can depend on your service connection.

**HOW HOPEWEST CAN HELP:**

HopeWest social workers are familiar with the options that patients and families have. Social workers can provide assistance to patients and families in developing safe plans for additional care, whether at home or in residential care.

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**Long Term Care Medicaid**

Eligibility and Application

Medicaid is a state and federally funded program that can provide help in a variety of ways. Long Term Care (LTC) Medicaid can provide support services such as room and board in a nursing home, assisted living costs, and personal care assistance at home.

LTC Medicaid is based on financial and physical eligibility. In addition to assessing for financial eligibility, Medicaid will conduct a ‘functional assessment’ to determine how many services you need and how many they will reimburse.

All sources of payment for services, including the patient and spouse’s income and resources, should be fully used before Medicaid is pursued.

**HOW YOU QUALIFY FINANCIALLY FOR ASSISTANCE:**

There are criteria the state considers when applying for LTC Medicaid. If you meet these criteria you are eligible to apply. These amounts are based on 2020 requirements and are subject to change in the future.

- The total value of assets and resources must be less than $2,000. This includes: bank accounts, stocks, bonds, CDs, annuities, retirement funds, life insurance, vehicle(s) other than your primary vehicle, and property other than your primary.
- If you are married, your spouse’s resource limit is $119,000.
- If you are married and you and your spouse both need assistance at home or both are in a nursing home, the resource limit is $3,000.
- Monthly gross income must be below $2,349. If your monthly income is over this amount, then an Income Trust will be required.
- Your primary residence and vehicle, household goods, and irrevocable burial plan are not counted as assets in determining your eligibility for Medicaid.

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HOW TO APPLY:
You are able to obtain a paper copy of the Medicaid application from your social worker or online at https://www.colorado.gov/hepf/how-to-apply.

When applying, copies of the following items may be requested by the Medicaid office. If requested documents are not received within 30 days of the application, it will be closed and a new one will need to be submitted.

› Picture ID
› Social Security Card
› Medicare Card
› Proof of all monthly gross income (i.e. Social Security and pension income)
› 6 months of recent records to verify savings and checking accounts, certificates of deposit, IRA statement
› Proof of one month of current living expenses: rent/house payment, utilities including phone
› Car registration and documentation of insurance costs on vehicle
› Insurance card and any unpaid medical bills from the last 3 months
› Tax assessments for any property owned
› Proof of purchase of irrevocable burial/funeral plan (nonrefundable, nontransferable)
› Documentation of life insurance policy (face value amount and cash surrender amount)

HOW HOPEWEST CAN ASSIST YOU:
HopeWest is able to assist you with providing the paper application and information regarding Medicaid; however, HopeWest does not make any determinations about eligibility nor complete the application for the applicant. If you are in need of additional support during the application process, see your HopeWest social worker.

LONG TERM CARE (LTC) MEDICAID
For most people there are questions that arise when discussing eligibility and the application process for LTC Medicaid. Here are answers to some frequently asked questions.

HOW YOU QUALIFY FINANCIALLY FOR ASSISTANCE:
Is long term care Medicaid based only on income?
ANSWER: No. Long Term Care Medicaid has two different eligibility pieces that often happen at the same time.

They include the following:
• Financial Assessment: You will need to submit a regular Medicaid application, which the Medicaid office uses to assess whether you are financially eligible for Long Term Care Medicaid.
• Functional Assessment: Your provider will complete a referral for Long Term Care Medicaid documenting what medical and care needs you have due to your condition. Usually, this is completed by the social worker. The Medicaid office will then schedule a time to visit and physically assess how much care you need.

What if you have more income or resources than allowed?
ANSWER: If you have more income or resources than what is allowed, you must spend down until the value is below the allowed amount. Medicaid will not begin until you are BELOW this cap.

The following are some ways you can spend down:
• Payment for a Nursing Home or Assisted Living
• Payment of medical bills
• Payment for caregivers
• Purchase of a funeral/burial plan
  *Plan must be irrevocable (unable to be changed, removed, or revoked)
• Payment of repairs/maintenance of your home

How long will it take before you get approved?
ANSWER: Medicaid has a minimum of 45 days, after receiving your application and documents, to process the case. If you do not receive Social Security benefits, the minimum could be 90 days, as Medicaid will request a Disability Application be submitted. If living at a facility, during this time you may be required to pay the facility 30 days in advance for room and board.

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Do you have a monthly payment if you live in a nursing home or assisted living facility?

ANSWER: Yes. Medicaid requires a monthly payment if you live in a Nursing Home or Assisted Living Residence. This payment is typically your gross monthly income minus a monthly Personal Needs Allowance for you. This portion is paid directly to the facility by Medicaid. If you are married, Medicaid your spouse's needs into consideration.

Will you get penalized for gifting or transferring money?

ANSWER: Yes. Transferring or gifting finances/assets to make yourself financially eligible for Medicaid will disqualify you for a period of time depending on the dollar amount. Medicaid will look back 5 years to review all transfers or gifts. All transfers must be disclosed to Medicaid.

Will Medicaid take your home or estate?

ANSWER: If you are 55+ and used Medicaid to pay for a nursing home, they can consider recovering medical costs from the sale of your home after your death. However, there are several factors used when considering if this will happen, including:

- Whether you have a spouse, child under 21, or blind/disabled dependent
- Whether you have your sibling live with you for at least 1 year before you moved to a nursing home
- Whether you have your adult child (21+) live in the home for at least 2 years before you moved to a nursing home and has lived in your home since and they provided care to you throughout those years.

HOW HOPEWEST CAN ASSIST YOU:

HopeWest is able to assist with providing the paper application and information regarding Medicaid; however, does not make any determinations about eligibility nor complete the application for you. Please ask your HopeWest social worker where you can get further assistance with applying for benefits.

Emergency Response Wishes

Name: ___________________________ Date of Birth: ___________________________

- [ ] I want all resuscitation procedures implemented in an emergency situation.  Initials: ________
- [ ] I wish to decline any medical treatment that does not provide reasonable benefit to my current condition and allow a natural death (A-N-D):  
  - [ ] I do not want CPR if my heart stops  Initials: ________  DNR
  - [ ] I do not want to be intubated for breathing assistance  Initials: ________  DNI

I understand that all therapeutic measures will be directed to alleviate my suffering/and or pain and maximize my comfort and dignity.

My Signature: ___________________________ Date: ___________________________

Please Check:  [ ] Patient  [ ] MDPOA  [ ] Proxy  [ ] Appointed Guardian

Medical Provider: ___________________________ (print) Phone: ___________________________

Signature: ___________________________ Date: ___________________________

(recommended, not required)

Appointment of my MDPOA (Medical Durable Power of Attorney)

* The person I appoint to communicate my health care decisions when I cannot. This gives My Agent the power to consent to, refuse or stop any health care, treatment, service or diagnostic procedure. My agent also has the authority to talk with health care personnel, get information and sign forms as necessary to carry out those decisions. (Note: This designation supersedes any previously completed MDPOA form.)

My MDPOA is:

Agent Name: ___________________________ Phone Number: ___________________________

If that person is unreachable, I appoint:

Agent Name (2): ___________________________ Phone Number: ___________________________

My Signature: ___________________________ Date: ___________________________

Witnesses (Optional):

Witness #1: ___________________________ Date: ___________________________

Witness #2: ___________________________ Date: ___________________________

NOTE: Please take this form to your medical provider to scan into QHN

Nursing home patients, hospitalized patients and many assisted living residents will need a M.O.S.T. form completed.

* Pursuant to CCRS 15-14.505-509
This form developed by Mesa County ACP Project Team 2016  Revised 5-15-18
RECOMMENDATIONS

Discuss these wishes with your close family members and those persons you will ask to make medical decisions if you are unable to do so.

- Take to your primary physician to sign and upload into Quality Health Network (QHN), the regional health information exchange.

  Providers note: Instructions for uploading this form are available under the Resources tab, QHN System Tip Sheets, at: www.qualityhealthnetwork.org.

- Keep this in a “butterfly folder” on your refrigerator. This folder is used to notify emergency personnel of your wishes, and may be taken with you if you are admitted to the hospital.

- For ease of access in an emergency, complete a Medical Durable Power of Attorney (MDPOA) wallet card with this information. Cards are available at www.hopewestco.org or at your doctor’s office.

- How to revoke this document or change MDPOA or desires: remove and destroy this form from your folder, and complete a new form.

- New forms can be found at www.hopewestco.org or you may ask your health care provider.