



# HOSPICE

S A V A N N A H

## Patient & Family Guide

Nurse: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Chaplain: \_\_\_\_\_

Certified Nursing Assistant: \_\_\_\_\_

Volunteer: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

## How to reach us

24 hr main telephone number & for emergencies: **912.355.2289**

Mailing address: 1352 Eisenhower Drive, Savannah GA 31406 • Fax: **912.298.0305**

Full Circle Grief and Loss Center:

6000 Business Center Drive, Savannah, GA 31405 **912.303.9442**

**[www.HospiceSavannah.org](http://www.HospiceSavannah.org)**

For complaints, call or write the Compliance Officer  
P.O. Box 13190, Savannah, GA, 31416 • 912.355.2289





Dear Family,

Thank you for choosing Hospice Savannah, Inc. at this time in the life of your family. You have already received information from our Referral Center staff about the many services available to you and your family. The staff and volunteers hope that this Patient and Family Guide will serve as a resource to answer questions and offer a few tips on caring for your loved one and yourself.

I have had families tell me that after reading this Guide, they had a better understanding of what to expect. You may want to keep it in a convenient location and refer to it often.

Your Hospice Savannah, Inc. nurse is the coordinator of a team of people who will be assisting you in the coming weeks and months. Please use their expertise and desire to help you during this time. Please contact your nurse should you have any questions or concerns. If you have any issues not addressed by your nurse, please do not hesitate to call me at 912.355.2289.

Again, we consider it a privilege to be of service to you and your family. We are here to help.

Sincerely,

*Kathleen Deloach Benton*

Kathleen Deloach Benton, DrPH, MA  
President & CEO



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# PHILOSOPHY

## **Hospice Savannah, Inc. Affirms Life**

Hospice Savannah, Inc. provides support and care for anyone with a life-limiting illness, in order for them to live as fully and comfortably as possible. We recognize dying as a normal and natural process all of us will experience some day.

Hospice Savannah, Inc.'s philosophy considers our patients and their loved ones as one unit of care. Together with our team of professionals and dedicated volunteers, we will help patients to have the freedom to enjoy the highest quality of daily living possible during this time in their lives. We provide a wide range of therapies, medications, and programs when cure is no longer possible.

We want our patients to enjoy the pleasures of eating, sleeping, socializing, traveling and any other activity they normally would enjoy. Since our treatments are designed to maximize comfort. We actually may help patients to enjoy life and interact with family and friends longer than they would live without these pain control and symptom management techniques.

A life-limiting illness may cause many reactions initially, including pain, discomfort, fear and loneliness, concern about family and friends, and anxiety about what lies ahead. Pain control and symptom management are areas of special expertise of our Hospice Savannah, Inc. professionals. Hospice Savannah, Inc. staff use a wide range of medications and treatments to insure our patients experience the greatest level of comfort possible.

*People with a gift for helping.™*

## MISSION STATEMENT

*Hospice Savannah, Inc., a not for profit organization, provides our community the best services and resources on living with a life-limiting illness, dying, death, grief and loss.*

# PATIENT AND FAMILY BILL OF RIGHTS

Hospice Savannah, Inc., in recognition of your rights as a patient and family, and of its responsibility to provide quality health care to patients with life-limiting illness, and their families, affirms these rights for all patients and families.

1. You have the right to appropriate assessment and management of pain.
2. You have the right to receive quality care, regardless of gender, race, age, sexual orientation, religion (including the right to espouse no religious belief), type of illness, ancestry, or source of payment.
3. You have the right to exercise your religious beliefs as well as exclude religion from your treatment if you wish.
4. You and your family have the right to considerate and respectful care.
5. You and your family have the right to every consideration of privacy and dignity concerning your care through Hospice Savannah, Inc.
6. Discussion, consultation, examination, and treatment are confidential and will be conducted discreetly. Persons not involved in your care must have your permission to obtain patient or family-related information or to visit with you.
7. You and your family have the right to receive a paper copy of our Notice of Privacy Practices.
8. You have the right to expect reasonable safety insofar as Hospice Savannah, Inc. practices are concerned and to expect respect for property and security of same.
9. You and your family have the right to know the identity and professional status of all staff providing services. All personnel have been asked to introduce themselves, state their status and explain their role in caring for you.
10. You or your representative has the right to choose your own private attending physicians, so long as the physician agrees to abide by the policies and procedures of Hospice Savannah, Inc.
11. Your possible participation in clinical training programs, or in the gathering of data for research conducted by Hospice Savannah, Inc. shall be voluntary, and only with your permission.
12. You and your family have the right to know, by name, the physician responsible for coordinating your care, and to expect complete and current information concerning your diagnosis, treatment, and prognosis, presented in terms you can understand from the physician.
13. You and your family have the right to participate in the development of your plan of care and be made aware of any changes to the plan.
14. You and your family have the right to review, upon request, information contained in your medical record and care plan while under the Hospice Savannah, Inc. program of care.
15. You have the right to access your protected health information for inspection and/or copying. You also have the right to amend your records, if you believe your health information is incorrect or incomplete.
16. You have the right to request restrictions on certain uses and disclosures of your health information.
17. You have the right to receive confidential communication.



18. You have the right to request an accounting of disclosures of health information.
19. You have a legal right to informed participation in all decisions involving your hospice care.
20. You have the right to be free from unnecessary use of restraints.
21. You have the right to receive care in a manner which is free of physical, emotional abuse and neglect.
22. You have the right, at your own request and expense, to consult with other specialties.
23. You have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of this action. Hospice Savannah, Inc., the medical directors, and the attending physician will not be responsible for any harm this action may cause you or others.
24. If transferred to another program is necessary or desirable, you will be told why. Advance notice of any transfer or discharge will be given to you.
25. You have the right to continue with hospice services during periods of coordinated or approved appropriate hospital admissions.
26. You and your family have the right to be notified of a discharge at least one day, if possible, before it is accomplished, to request a consultation by an expert on the desirability of discharge, and to have a person of your choice notified.
27. You have the right to expect adequate and thorough instructions to you and your caregiver at home, for your care at home following your discharge, including diet, medications, treatments, exercise, and follow-up care with your physician or clinic, nursing care, or other services deemed necessary.
28. You and your family have the right, regardless of source of payment, upon request, to examine and receive an itemized and detailed explanation of your total bill for services rendered through Hospice Savannah, Inc. You have the right to timely notice prior to termination of eligibility for reimbursement by any third party payer for the cost of care.
29. You and your family have the right, regardless of source of payment, for an explanation of treatments, procedures and associated costs prior to the service being rendered.
30. You and your family have the right to assistance and counseling from Hospice Savannah, Inc., to help you obtain financial assistance from public or private sources as available to meet the expense of services received through Hospice Savannah, Inc.
31. You have the right to know which Hospice Savannah, Inc. rules and regulations apply to you as a patient. You are entitled to information about Hospice Savannah, Inc.'s mechanism for the review and resolution of any complaints you may have. You have the right to lodge complaints about our privacy practices.
32. You have the right to draw a "Georgia Advance Directive for Health Care," which may be surest method of securing your right to self-determination, should you become unable to make decisions.
33. You have the right to copies of any inspection or survey reports completed within two years of such request.

## Patient and Family Responsibilities

As Hospice Savannah, Inc.'s patients, you (the patient and family member, or other person serving as primary caregiver) will be expected, within the limits of your abilities, to assume a share of the responsibility for your hospice care and are expected to:

1. Understand the family or patient is ultimately responsible for the primary care of the patient; Hospice Savannah, Inc. is expected to supplement the care provided by family members and others.
2. Agree to initiate 24-hour care, (family member, hired outside help, nursing agency employee, etc.) at the patient's home, if the patient lives alone, if Hospice Savannah, Inc. team members determine it is necessary, due to safety precautions, pain control measures, or other changes in the patient's condition.
3. Provide, to the best of your ability, information about the patient's past illness, hospitalizations, medications, and other matters regarding the health of the patient. Report unexpected changes in the patient's condition to his or her hospice nurse.
4. Agree to ask questions and seek information about anything you do not understand regarding treatment, medications, or directions given the patient.
5. Cooperate with the people caring for the patient, and follow instructions given by Hospice Savannah, Inc. staff as they carry out the coordinated plan of care and implement the attending physician's orders, as well as Hospice Savannah, Inc. policies and procedures.
6. Assume responsibility for your own actions, if the physician's instructions or requests are not followed, or if the patient or caregiver refuses treatment.
7. As an inpatient of Hospice Inpatient Unit, be considerate of other patients and family members, particularly with regard to smoking, noise, and the number of visitors.
8. Follow Hospice Savannah, Inc. policies and procedures, as outlined, and as they pertain to you as a patient or family member.
9. Respect the property of others, of Hospice Savannah, Inc., and of other patients, and return any loaned items when no longer needed.
10. Assure the financial obligations of your hospice care are fulfilled as promptly as possible.
11. Inform Hospice Savannah, Inc. Administration as soon as possible if you believe any of your rights have been violated or if you feel you need to register a complaint about any of the services you have received.

COMMENTS: \_\_\_\_\_

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## NOTICE OF HOSPICE SAVANNAH, INC. 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.**

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

**Hospice Savannah, Inc.** may use your health information, information which constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Hospice Savannah, Inc. has established policies to guard against unnecessary disclosure of your health information.

### **THE FOLLOWING ARE THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Provide Treatment.** Hospice Savannah, Inc. may use your health information to coordinate care within Hospice Savannah, Inc. and with others involved in your care, such as your attending physician, members of the Hospice Savannah, Inc. interdisciplinary team and other health care professionals who have agreed to assist Hospice Savannah, Inc. in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Hospice Savannah, Inc. also may disclose your health care information to individuals outside of Hospice Savannah, Inc. involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** Hospice Savannah, Inc. may include your health information in invoices to collect payment from third parties for the care you receive from Hospice Savannah, Inc. For example, Hospice Savannah, Inc. may be required by your health insurer to provide information regarding your health care status so the insurer will reimburse you or Hospice Savannah, Inc. Hospice Savannah, Inc. also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice care and the services which will be provided to you.

**To Conduct Health Care Operations.** Hospice Savannah, Inc. may use and disclose health information for its own operations in order to facilitate the function of Hospice Savannah, Inc. and as necessary to provide quality care to all of Hospice Savannah, Inc.'s patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions which do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analysis and formulary development.

- Business management and general administrative activities of Hospice Savannah, Inc.
- Fundraising for the benefit of Hospice Savannah, Inc.

For example Hospice Savannah, Inc. may use your health information to evaluate its staff performance, combine your health information with other hospice patients in evaluating how to more effectively serve all hospice patients, disclose your health information to Hospice Savannah, Inc. staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

Hospice Savannah, Inc. may disclose certain information about you including your name, your general health status, your religious affiliation and where you are in Hospice Savannah, Inc.'s facility in a directory while you are in Hospice Savannah, Inc.'s inpatient facility. Hospice Savannah, Inc. may disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.

**For Appointment Reminders.** Hospice Savannah, Inc. may use and disclose your health information to contact you as a reminder of your appointment for a home visit.

**For Treatment Alternatives.** Hospice Savannah, Inc. may use and disclose your health information to tell you about or recommend possible treatment options or alternatives which may be of interest to you.

**When Legally Required.** Hospice Savannah, Inc. will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** Hospice Savannah, Inc. may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect Or Domestic Violence.** Hospice Savannah, Inc. is mandated to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. Hospice Savannah, Inc. will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** Hospice Savannah, Inc. may disclose your health information to a health oversight hospice for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Hospice Savannah, Inc., however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** Hospice Savannah, Inc. may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Hospice Savannah, Inc. makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State law, Hospice Savannah, Inc. may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Hospice Savannah, Inc. has a suspicion your death was the result of criminal conduct including criminal conduct at Hospice Savannah, Inc.
- In an emergency in order to report a crime.

**To Coroners and Medical Examiners.** Hospice Savannah, Inc. may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** Hospice Savannah, Inc. may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Hospice Savannah, Inc. may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation.** Based upon your request, Hospice Savannah, Inc. may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** Based upon your request, Hospice Savannah, Inc. may, under very select circumstances, use your health information for research. Before Hospice Savannah, Inc. discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**In the Event of a Serious Threat to Health or Safety.** Hospice Savannah, Inc. may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice Savannah, Inc., in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize Hospice Savannah, Inc. to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** Hospice Savannah, Inc. may release your health information for worker's compensation or similar programs.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, Hospice Savannah, Inc. will not disclose your health information other than with your written authorization. If you or your representative authorizes Hospice Savannah, Inc. to use or disclose your health information, you may revoke the authorization in writing at any time.

#### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information which Hospice Savannah, Inc. maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Hospice Savannah, Inc.'s disclosure of

your health information to someone who is involved in your care or the payment of your care. However, Hospice Savannah, Inc. is not required to agree to your request. If you wish to make a request for restrictions, please contact the **Privacy Official at 912-355-2289**.

- **Right to receive confidential communications.** You have the right to request for Hospice Savannah, Inc. to communicate with you in a certain way. For example, you may ask Hospice Savannah, Inc. to only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the **Privacy Official at 912-355-2289**. Hospice Savannah, Inc. will not request you to provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the **Privacy Official at 912-355-2289**. If you request a copy of your health information, Hospice Savannah, Inc. may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information.** You or your representative have the right to request Hospice Savannah, Inc. amend your records, if you believe your health information is incorrect or incomplete. This request may be made as long as the information is maintained by Hospice Savannah, Inc. A request for an amendment of records must be made in writing to **Privacy Official, P. O. Box 13190, Savannah, Georgia 31406**. Hospice Savannah, Inc. may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by Hospice Savannah, Inc., if the records you are requesting are not part of Hospice Savannah, Inc.'s records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Hospice Savannah, Inc., the records containing your health information are accurate and complete.
- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by Hospice Savannah, Inc. for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to **Privacy Official, P. O. Box 13190, Savannah, Georgia, 31406**. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. Hospice Savannah, Inc. would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to a paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the **Privacy Official at 912-355-2289**. **The patient or a patient's representative may also obtain a copy of the current version of Hospice Savannah, Inc.'s Notice of Privacy Practices at its website, [www.hospicesavannah.org](http://www.hospicesavannah.org).**

#### **DUTIES OF HOSPICE SAVANNAH, INC.**

Hospice Savannah, Inc. is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Hospice Savannah, Inc. is required to abide by the terms of this Notice as may be amended from time to time. Hospice Savannah, Inc. reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information it maintains. If Hospice Savannah, Inc. changes its Notice, Hospice Savannah, Inc. will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative has the right to express complaints to Hospice Savannah, Inc. and to the

Secretary of DHHS if you or your representative believe your privacy rights have been violated. Any complaints to Hospice Savannah, Inc. should be made in writing to the **Privacy Official, P. O. Box 13190, Savannah, Georgia, 31406**. Hospice Savannah, Inc. encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**CONTACT PERSON**

Hospice Savannah, Inc. has designated the **Privacy Official/Compliance Officer** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at **P. O. Box 13190, Savannah, Georgia, 31406**.

**EFFECTIVE DATE**

This Notice is effective September 23, 2013. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT **Privacy Official, P. O. Box 13190, Savannah, Georgia 31406**.

My signature on this form acknowledges I have received a copy of Hospice Savannah, Inc.'s Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Hospice Savannah, Inc. and of my rights with respect to my health information. I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

# YOUR RIGHT TO DECIDE:

## Communicating Your Health Care Choices

Questions about medical care at the end of life are very important today because of the ability of medical technology to prolong life and because of highly publicized court cases involving comatose or dying patients. The best way for you to be in control of your medical treatment in such a situation is to record your preferences in advance.

### **What is an Advance Directive for Health Care?**

Advance directive is a document written in advance of serious illness which states your choices about medical treatment or name someone to make choices about medical treatment or name someone to make choices for you, if you become unable to make decisions. Through an advance directive, you can make legally valid decisions about future medical treatment.

### **What does the Georgia law say about this subject?**

Generally, you have the right to refuse any medical or surgical treatment you do not wish to receive. Georgia law allows you to sign advance directives so your wishes will be followed, even if you become unable to communicate them to your health care provider.

### **Are advance directives just for “senior citizens”?**

No. A severe illness or serious accident can happen to a person at any age. If you have strong feelings about what choices you would want made in such a situation, regardless of your age, you are encouraged to consider signing an advance directive.

### **Can an advance directive be changed?**

These documents can be changed or revoked at any time. If you do make changes to an advance directive, be sure to destroy all of the outdated copies and provide copies of the new version to your family, physician, and your attorney. If you wish to revoke an advance directive while receiving treatment, just notify your primary physician or nurse.

### **Will an advance directive be honored in an emergency?**

Usually it is impossible to determine the chances of survival in an emergency situation or to determine the outlook for recovery. After the initial emergency has passed, and depending on your condition, your advance directive may come into play if you are not able to express your wishes.

### **Is it difficult to stop a treatment once it has been started?**

No, not if you have an advance directive and your instructions are clear. If your condition begins suddenly, it may take days or even weeks before the outlook for recovery is known. During this time, it is appropriate to use any treatments which might be beneficial. When the outlook for recovery is known, if your instructions indicate you would not want continued treatment under these circumstances, treatment can be stopped.

### **Is there a time limit on how long my advance directive is valid?**

No, but you are encouraged to update any advance directive periodically since this indicates you have given the matter a great deal of thought.



**Are there any limitations on carrying out the instructions in my directive if I am pregnant?**

Yes, most likely any instructions which would result in withholding or withdrawing life-prolonging treatments would not be honored once it is determined if the baby has developed enough to be able to survive, if delivered.

**After I complete an advance directive, what do I do with it?**

Copies of an advance directive should be given to someone who would know if you became seriously ill. You should also give a copy to your physician and you may want to consider giving a copy to our minister, family members or close friends. Of course, if you appoint an agent to make health care decisions for you, you should give a copy of your advance directive to the agent. Finally, you should consider carrying a card in your wallet stating you have signed an advance directive and where it can be located.

In order for a hospital, nursing facility, home health agency, or hospice program to honor your advance directive, you must provide a copy of the document to someone at the hospital, nursing facility, home health agency, or hospice program; a physician, nurse, social worker, or chaplain, so a copy of it can be included in your medical record.

**Will my Georgia advance directive be honored if I am admitted for treatment in a different state?**

The law on honoring advance directives differs from state to state, so it is unclear whether a Georgia advance directive would be valid in a different state. Because an advance directive is an expression of your wishes about medical care, it will influence the care no matter where you are admitted. However, if you spend a great deal of time in more than one state, you might want to consider signing an advance directive which meets all of the requirements of each state.

**Can I be refused admission to a hospital, nursing facility, home health agency, or hospice program, if I do not have an advance directive?**

No. Federal law prohibits a hospital, nursing facility, home health agency, or hospice program from refusing to admit a patient because he or she does not have an advance directive. However, as of December 1991, hospitals, nursing facilities, home health agencies, or hospice programs must ask adult inpatients if they have advance directives, document their answers, and provide information on state laws and hospital, nursing facility, home health agency, or hospice program policies about advance directives.

**Does this hospital, nursing facility, home health agency or hospice program have a policy about advance directives?**

Yes, it is the policy of this hospital, nursing home, home health agency or hospice program to honor a patient's advance directive, if it meets the requirements of state law. We also recognize, and respect, the right of patients to accept or reject offered medical or surgical treatment, to the extent permitted by law.

**Where can I get forms for advance directives?**

You can obtain Georgia Advance Directive for Health Care forms by downloading them from our website ([www.HospiceSavannah.org](http://www.HospiceSavannah.org)) or by asking your social worker to provide you with a copy.

# HOSPICE OVERVIEW

## Who is Eligible for Hospice Savannah, Inc. Care?

Hospice is for all age groups during their final stages of life, including children, adults, and the elderly. The goal of hospice is to care for you and your family if you have a life-limiting illness and are seeking comfort care but not a cure for your illness. The type of life-limiting illness does not matter.

We serve people living with:

- AIDS
- ALS (Amyotrophic Lateral Sclerosis)
- Alzheimer's Disease or Dementia
- Cancer
- Cirrhosis and other Liver Diseases
- COPD and other Lung Diseases
- Heart Disease
- Infant Congenital Disorders
- Multiple Sclerosis
- Renal (Kidney) Disease
- Stroke or Coma
- Any other life-limiting illness

***No one is refused hospice services on the basis of gender, race, religion, age, ethnic background, sexual orientation, type of illness, ancestry, handicap or financial resources.***

## Getting Started

Anyone can make a referral for hospice care. In fact, some patients refer themselves. The patient and family are asked to meet with a Hospice Savannah, Inc. representative to determine what the patient's and family's needs are and explain what services we can provide. We will contact the patient's physician to ensure hospice care is the best choice. The initial visit can be completed at the patient's home, in the hospital, assisted living facility, long-term care facility, or wherever the patient and family deem convenient. On admission, the patient and family are asked to sign various forms to enter into the program. These forms are required by government or accrediting organizations, and will be explained to you. The Hospice Savannah, Inc. team develops a plan of care which meets each patient's individual needs.

## Levels of Care

1. **Routine Care** is provided wherever the patient lives. Routine Care in Hospice Inpatient Unit is called Residential Care and will require payment for room and board. Routine Care is the most commonly used level of care.
2. **General Inpatient Care** is utilized during times of medical crisis when a patient's symptoms or needs cannot be managed at home. These are temporary stays, which must be coordinated by the hospice team. The patient care will be provided in Hospice Inpatient Unit or a contracted facility.
3. **Crisis Care** is provided for a skilled medical need during time of emergency situations. The care is intended for only a brief period of time in the patient's home. Hospice Savannah, Inc. staff provide the care and there may be breaks in the service. The crisis care service is not intended to take the place of friends, family or neighbors and cannot be used as custodial care support.

4. **Respite Care** is designed to provide a break for the caregiver once per month. Respite Care is provided in Hospice Inpatient Unit or a qualifying contracted facility. This service provides housing and care for the patient up to 5 days. The cost of transportation to and from the facility is the responsibility of the patient or the family.

### **Hospice in the Nursing Home**

In some instances, nursing home residents who have a life-limiting illness are eligible for hospice care.

- If you have Medicare coverage, and are paying privately for room and board in the nursing home, then you are eligible for the Hospice Medicare Benefit and will continue to pay privately for the nursing home room and board.
- If you have Medicare coverage and Medicaid coverage for room and board charges, then you are eligible for the Hospice Medicare Benefit. Medicaid will continue to pay the nursing home room and board and you will continue to be responsible for paying the patient liability portion of the room and board charges if applicable.
- If you have Medicaid coverage only, then you are eligible for the Medicaid Hospice Benefit. Medicaid will continue to pay the nursing home room and board and you will continue to be responsible for paying the patient liability portion of the room and board charges if applicable.

### **Hospice Inpatient Unit**

Our Hospice Inpatient Unit is located at 1352 Eisenhower Drive. This home-like facility is set amidst a natural setting of woodland trees, beautiful gardens, fountains, and ponds.

The Hospice Inpatient Unit offers music therapy, aroma-therapy, pet therapy, massage therapy, and story keeping. Visitation is allowed 24-hours a day, and there are no age restrictions for visitors. We are able to provide acute care for pain and symptom management and respite care for caregivers.

The Hospice Inpatient Unit is for a short-term stays only. Patients are admitted by Hospice Savannah, Inc.'s physicians for acute pain and symptom management and then once the acute symptoms are under reasonable control the patient is transferred home for ongoing care by the family, with the help of the home hospice team. If a patient cannot be cared for at home the team can assist with helping the family organize long term (nursing home) care.



## How We Use The Hospice Inpatient Unit



Many long-time Hospice Savannah, Inc. supporters remember the days when patients could stay at the Hospice Inpatient Unit for weeks or months on end. Increased scrutiny from Medicare has meant shorter stays and changes that are sometimes hard to explain to our patients and families.

When patients have difficult-to-manage symptoms like pain, shortness of breath, nausea, vomiting or anxiety, they may need **Crisis Care** (skilled nursing care in their own home) or **General Inpatient Care** in the Hospice Inpatient Unit. By coming to the Hospice Inpatient Unit these patients can avoid costly hospital admission yet still have frequent interventions and assessments by our nurses and physicians. However, Medicare only covers short stays ( a few days) of Crisis Care or General Inpatient Care and requires a plan to transition your loved one back home or to an extended care facility. Exhausted caregivers can receive a break of up to five nights by having their loved ones come in for **Respite Care**. Medicare will pay for respite stays. Discharge planning with the patient and family begins upon admission even if the patient is seriously ill. It continues if the patient requires another setting such as assisted living or long-term care facility. Hospice Inpatient Unit is designed for short stays only.

## Team Members

Hospice Savannah, Inc. uses a team approach to your care. Your individual care plan will determine your team members. You and your family are a vital part of this team. Other members may include:

- Patient's Physician
- Hospice Physician
- Nurses
- Support Service Providers (Social Workers)
- Chaplains
- Certified Nursing Assistants (CNA's)
- Bereavement Counselors
- Dietician
- Volunteers
- Music Therapist
- Storykeeper
- Other Allied Therapists

## **The Role of the Hospice Staff**

**Primary Care Nurse** – You will be assigned a Primary Care Nurse who will coordinate your care with other members of the interdisciplinary group and handle any nursing needs. The role of the nurse is to help prevent and relieve pain and other symptoms, and to teach caregivers ways to provide your care. The nurse will also make certain necessary medical supplies and equipment are ordered, and will assist in monitoring medications. Regular communication with your physician will make certain he/she is aware of your status and orders are being followed.

Your hospice nurse will try to anticipate your needs and assist you to better understand the natural progression of your illness. With this information you will be encouraged to make decisions regarding your care. The nurse will coordinate the plan of care/services through working closely with the patient, caregiver, family and team.

Your nurse will set up a regular visit schedule according to your individual needs. He/she will be available and accessible from 8:30 a.m. to 5:00 p.m., Monday through Friday. You can reach your nurse by calling Hospice Savannah, Inc. at (912) 355-2289.

**Physician Services** – The hospice medical director, physician employees and contracted physician(s) of Hospice Savannah, Inc., along with your attending physician, are responsible for the palliation and management of your terminal illness and any conditions related to the terminal illness. If your attending physician is not available, the Hospice Savannah, Inc. Medical Director, contracted physician and/or hospice physician employee is responsible for meeting your medical needs.

**Social Worker** – Facing a serious illness can be a time of tremendous pain and confusion for hospice patients and families. Emotions and challenges may arise throughout the time in which the illness is occurring. To help patients and their families, a social worker will be assigned to you.

Services which may be provided by the social worker include:

- Providing emotional support, counseling, and guidance to the patient and family in coping with stress related to the illness.
- Identifying community resources which are available to help you.
- Assisting the patient and family with planning for funeral arrangements, nursing home placement, etc.
- Offering information about advance directives.

**Chaplain** – Hospice Savannah, Inc.'s spiritual care is based on a high respect for the patients' and caregivers' beliefs. We seek to lead people gently and lovingly to discover answers to their own spiritual questions. The Hospice Savannah, Inc. chaplain does not impose his/her personal belief systems or seek to change the beliefs of others, and will contact your own clergy, pastoral counselor or other individuals for additional support, if desired.

**Certified Nursing Aides (CNA)** – Hospice CNA services are provided under the supervision of a Registered Nurse to patients who have a need for personal care on a part-time basis. Our CNA's have had experience in caring for people in need and have been carefully chosen to provide care for the patients of the agency. These staff members assist with the patient's personal care which

may include bathing, hair care, shaving, skin care, linen changes, catheter care, and straightening the patient's immediate surroundings. Hospice CNA's are *not* allowed to dispense medication.

CNA's will report any changes in the condition of the patient, to the appropriate team member. Hospice CNA's are scheduled by the nurse. Days may vary to meet patient needs.

**Dietary Counselor** – Dietary counseling may be provided by a dietitian, nurse or other qualified staff member to address and assure your dietary needs are met.

**Volunteers** – A vital part of Hospice Savannah, Inc. is the carefully selected and well-trained volunteers working alongside the professional staff. These special people provide many different types of support for the hospice program and those coping with terminal illness, grief, and loss. They are good listeners, nonjudgmental, adaptable and have a strong desire to reach out with love and concern to others. They volunteer in all areas of our organization.

*Note: In the event the patient has a cardiopulmonary arrest and does **not** have a "Allow Natural Death Order (DNR)," the Volunteer would **not** be expected to perform CPR, since Volunteers are **not** required to be trained (certified) in CPR.*

## **We Honor Veterans**

Hospice Savannah, Inc. has recognized veterans and their special end of life needs by establishing a Veteran/Hospice partnership in southeastern Georgia. We are proud to be part of the National Hospice and Palliative Care's "We Honor Veterans" program. We were the second hospice in the state of Georgia to attain a Level Four designation which entails the development of strong relationships with VA Medical Centers and veteran organizations to ensure veterans receive the best possible end-of-life care.

25% of all deaths in the United States each year are veterans of our armed forces. They have unique, often unrecognized needs which sometimes complicate the dying process and require skilled intervention from hospice clinicians. For example, veterans may under-report pain or fear because of deeply held stoic values. Combat veterans may suffer from Post-Traumatic Stress Disorder (PTSD) and/or have sustained mental, emotional, social, spiritual or moral injuries. They may not only have witnessed trauma but caused it, and may need encouragement to engage in the work of forgiveness.

Hospice Savannah, Inc. is educating its staff and volunteers on veterans' unique end-of-life needs and is striving to recognize each veteran enrolled in their care by showing appreciation for their service to our country. We are often joined on these special visits by active duty personnel from the various branches of the armed services. We also try to assign volunteers who are veterans to patients who are veterans and, as always, our Story Keeper is available to gather the patient's life story.

## **Pet Peace of Mind©**

Pet Peace of Mind© helps Hospice Savannah, Inc. families stay together. We believe that it's not just the patient who needs compassionate care, but each member of the family.

Through the generosity of donors, we can extend that compassion to animals so we can keep

patients and their beloved pets together during their time under our care. We know that the unconditional love and acceptance provided by pets is priceless medicine!

If you are a Hospice Savannah, Inc. patient or caregiver and need some extra help caring for feathered, finned or furry members of your family, please let us know, or call our Volunteer Services Coordinator at 912.629.1048.

Our specially trained volunteers can provide pet food and cat litter, pet walking, routine veterinary care and transportation, grooming and transportation, transportation to nursing facilities to visit owners, foster care, and assistance with finding a “forever home” if the family cannot keep the pet after the patient’s death.

## **Plan of Care**

An individualized plan of care will be developed with you and your family based on admission information; problems, needs and goals identified by assessment; physician orders for medications, treatments and care; your environment and personal wishes whenever possible. Effective pain management is also an important part of your plan of care.

The plan of care includes five basic areas:

- Physical Care
- Personal Care
- Psychosocial Needs
- Spiritual Needs
- Bereavement Care

The plan of care is reviewed and updated as needed, based on your changing needs. A copy will be maintained in your home. We request you seek pre-approval from Hospice Savannah, Inc. for all treatments and services not included in the plan of care.

We fully recognize your right to dignity and individuality, including privacy in your treatment and in the care of your personal needs. We will notify you if an additional individual needs to be present during your visit for reasons of safety, education or supervision.

## **Medications**

In most cases, Hospice Savannah, Inc. pays for medications related to the hospice diagnosis. These medications must be ordered through your nurse and obtained through our contracted pharmacy in order to be covered. These medicines typically will be delivered directly to your home by FedEx or UPS. Certain medications are not covered. Your nurse will explain which medications are covered and which medications are not covered.

With your help, we will create an updated list of medications including what you buy over the counter. This list will be compared to the medications ordered by your physician. We will continue to review your medications and compare them to what has been ordered, administered, or dispensed to you while under our care so any discrepancies (such as omissions, duplications, potential interactions) can be resolved.

On admission, you will be given a Prescription Drug Card (SCRIPT Card) from your Admission Nurse. The SCRIPT card should only be used when medications cannot be delivered soon enough

by the contracted pharmacy. This card is only good for covered medications.

You may continue to use your own pharmacy without notifying Hospice Savannah, Inc. in advance, if you prefer, but you will be responsible for the payment of any medications you order through your own pharmacy. If these medications could be obtained with hospice, then you may not use your Medicare D provision for obtaining them.

## **Medical Equipment**

We will arrange a convenient delivery of durable medical equipment needed for your comfort and ease of care, such as a hospital bed, oxygen, wheelchair, etc. The equipment must be ordered by us and is obtained from our contracted medical equipment supplier in order for us to cover the cost. Certain items are not covered and your nurse will explain what is not covered.

## **Supplies**

We can provide disposable medical supplies, such as adult diapers, chux, foley catheters, etc. These make caring for the patient at home easier for the caregiver and improve comfort for the patient. If the caregiver prefers specific brands, these can be purchased by the family.

## **After-hours/On-Call Guidelines:**

**We are available 24 hours a day by calling (912) 355-2289.** Hospice Savannah, Inc. wants to help our patients and families meet their needs at home. We are available by phone 24 hours a day. Your call will be directed to a nurse who will answer your questions or address your concerns. Often situations are addressed over the phone. If a visit is necessary, an on-call staff member will notify you with an estimated time of arrival.

Ambulance calls, emergency room visits, and hospital admissions must be arranged and approved by Hospice Savannah, Inc. in order for these services to be made a part of the plan of care and to be paid. Without prior approval the patient and family may be billed for these services.

***The patient, family or caregiver is encouraged to call for direction regarding patient care before calling other emergency resources.***

During Office Hours make sure you tell the person answering the nature of your call. Due to other business calls, it is important to say "you need a nurse to call you *immediately.*"

Examples of After-Hours Situations:

- Pain that does not respond to pain medication on hand.
- Difficulty breathing.
- New onset of agitation or restlessness.
- Falls where possible injury has occurred.
- No urine in eight hours associated with discomfort.
- Uncontrolled nausea, vomiting, or diarrhea.
- Uncontrolled bleeding
- Temperature above 101° that does not respond to Tylenol
- Unable to wake patient up (new problem)
- Catheter leaking
- Chest pain
- Patient taken to the hospital



- Patient dies

Problems that are handled during regular office hours:

- Narcotic refills
- Messages for the primary nurse:
  - Nurse to bring supplies
  - What time will the primary nurse visit?
  - Can the primary nurse come earlier/later?
  - Need supplies ordered (diapers, chux, etc.)
- Calls for Social Worker, Chaplain, or other Hospice staff
- Lab or blood work results
- Questions about Certified Nursing Aide

## **Payer Sources**

Medicare, Medicaid and most private insurance policies have a hospice benefit which will pay for most, if not all hospice services related to the hospice diagnosis. The patient will continue to be covered by Medicare, Medicaid or private insurance for treatment of any unrelated diagnosis or medical problems. Any physician office visits, emergency room visits, hospitalizations, or treatments related to the hospice diagnosis must be coordinated through your Hospice Savannah, Inc. team in order to ensure payment.

Private insurance generally covers hospice care. You may contact your own insurance company, if you have concerns about coverage, or we will be glad to help determine the hospice benefit you have available. If you have private insurance, you will be responsible for the portion of the cost of care not covered by your insurance plan. If this situation presents a financial hardship, you may request to have a financial assessment of your individual situation.

For those individuals with no coverage, fees may be charged based upon income and other financial information. Please ask to speak to your social worker if you wish to have your financial situation assessed. No one will be denied Hospice Savannah, Inc. care because of lack of financial reimbursement. With the generous donations by the community and the United Way as well as other funding sources, Hospice Savannah, Inc. is able to offer care to everyone, regardless of their ability to pay. Based on these services, individuals determined to have no ability to pay can be covered based on the availability of charitable donations. Our goal at Hospice Savannah, Inc. is to be in a position to not deny services to an individual due to the lack of funding.

## **Discharge**

A patient may be discharged for the following reasons:

- If the prognosis is determined to be potentially greater than six (6) months.
- If the patient moves out of the service area and a transfer to another hospice agency is not possible.
- If the safety of the patient or hospice staff is compromised.

## **Revocation**

A patient or his/her representative may revoke hospice benefit at any time for any reason. Some reasons may be:

- Seeking aggressive treatment for the life-limiting illness

- Seeking treatment in a facility which does not have a contract with Hospice Savannah, Inc.
- Seeking treatments which are not in the hospice plan of care or pre-approved by hospice staff

## **Transfer**

A transfer is a change in hospice care from one level of care to another or from one location to another.

- A patient may transfer within the agency (i.e., Hospice Inpatient Unit to Homecare or crisis care).
- A patient may transfer from one agency to another to continue hospice care (i.e., Hospice Savannah, Inc. to another hospice). A patient can transfer only once per Medicare benefit period.

## **Bereavement Program**

Full Circle bereavement counselors and volunteers provide supportive care to families and loved ones for thirteen (13) months following your loved one's death. A monthly mailing will be sent to family members providing useful information for the grieving process.

Full Circle is comprised of social workers, counselors, chaplains and allied therapists along with volunteers. Individual and group counseling is available for both adults and children. Memorial gatherings are held throughout the year. Friends, families and staff gather to remember and honor the lives of their loved ones who have died. Family members are welcome to come at any time.

Annually, members of the community remember and honor a loved one during the December fundraiser, "Tree of Light," which benefits the Hospice Savannah, Inc. bereavement programs.

As the leader in this region for grief and loss services, we offer bereavement groups for children and adults. We provide training and education to other professionals and laypersons in the community. Camp Aloha, an overnight camp for grieving children, is unique to Hospice Savannah, Inc. At this camp, trained volunteers and professionals come together for a weekend of therapeutic fun and group activities to help children grieve more effectively.

## **Patient and Family Concerns**

Your concerns are important to Hospice Savannah, Inc. We will give full consideration to a problem or complaint and make every effort to resolve the issue in an agreeable manner. We assure you that you will have the opportunity to voice grievances and recommend changes in services and/or policies without discrimination, coercion, or unreasonable interruption of services or reprisal in any manner from Hospice Savannah, Inc.

If you have a complaint, please submit the complaint either verbally or in writing to any team member, the team manager, or our co-compliance officers who will contact you or your representative and will make every effort to resolve the complaint to your satisfaction.

If the complaint cannot be resolved to your satisfaction, you may request the President and CEO submit your complaint to the Hospice Savannah, Inc. Board of Director's Executive Committee.

Please be advised you also have the right to lodge complaints with the consumer protection division of the Attorney General's Office, the Commissioner of the State Department of Public

Health, the Joint Commission, and with any other person or agency.

Hospice Savannah's Co-Compliance Officers are Astrid Desa and Mindy Yates. They both may be contacted at:

Hospice Savannah, Inc.  
P.O. Box 13190  
Savannah, Georgia 31416  
912-352-2289

**You may direct grievances to:**

Georgia Department of Human Services (DHS)  
Office of Regulatory Services  
Healthcare Section  
2 Peachtree Street, NW, Suite 33.458  
Atlanta, Georgia 30303-3142  
1-800-878-6442

[www.ors.dhr.georgia.gov](http://www.ors.dhr.georgia.gov)

Or

**Any concerns about safety or quality of care provided by Hospice Savannah, Inc. may be reported to:**

Joint Commission on Accreditation of Healthcare Organizations  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
1-800-994-6610  
[www.complaint@jointcommission.org](mailto:www.complaint@jointcommission.org)

# PATIENT CARE

## Skin Care

By the time a person chooses hospice care, their illness often has caused many physical changes. The patient may have experienced considerable weight loss and may be so weak that their activity level is much reduced. The disease or its treatments may have caused low blood counts and low protein: poor fluid intake may have resulted in dry skin. All these factors can contribute to the development of bedsores or decubitus ulcers.

It is important to take precautions to avoid skin breakdown. These suggestions may be helpful:

- Always tell the patient what you are going to do. Patients, like most of us, do best when there are few surprises.
- Give pain medications as scheduled to make sure movement is as painless as possible. Have the patient exhale upon movement. This will reduce the sense of pain. Experiencing pain may inhibit patients from attempting any activity for fear of having pain again. Withholding or being too conservative with pain medications may reduce the patient's ability or desire to move about, thus increasing risk of bedsores.
- Keep sheets clean, dry, and wrinkle-free.
- Place an egg crate foam mattress on the bed or a pad in a chair.
- Use disposable bed pads and change frequently, if they become damp.
- Use a draw-sheet to assist turning or lifting.
- Keep skin clean and dry at all times. Use a gentle moisture bar not a detergent soap. Pat dry rather than rubbing with the towel.
- Apply a lotion which contains no alcohol to the skin to prevent it from becoming dry.
- Avoid skin trauma from heat or ice pads, tape, rubbing vigorously with a towel, rough clothing, etc.
- Change the patient's position every two hours for comfort and to help prevent skin breakdown.
- Gently massage those areas on the body where bones protrude to stimulate the blood circulation. If you feel heat, stop or decrease pressure – you are rubbing too hard.

## Changing the Bed

Suggestions for making a bed with the patient in the bed:

1. Assemble all supplies and keep at arm's length when preparing to change the bed.
2. To provide comfort, add or take away pillows as needed.
3. If you have a hospital bed, be sure the bed rails are up; raise the bed to a height which is comfortable for you while you work at the bedside.
4. Help the patient roll to one side of the bed. You may need to pad the rails to prevent the patient from dangling through the rails.
5. Go to the side with the patient's back facing you. Lower the rail on your side then loosen all the sheets, blankets, etc. on that side.
6. Roll the bottom sheet under the patient to the middle of the bed.
7. Place a fresh sheet on the bed with the middle of the sheet in the middle of the bed. If you are using a pull sheet, incontinent pad or sheepskin, place those in the same way.
8. Tuck in the side, top and bottom of the sheet on the side where you are working. Then roll the other half to the middle, tucking the roll under the patient's back and legs.
9. Pull up the side rail to make sure the patient will not fall out of bed. Then have the patient

- roll toward you over the roll of linen on the clean side of the bed.
10. Move to the other side of the bed and lower the rail, pull out the dirty linen.
  11. Unroll the clean sheet and tuck in side, top, and bottom on the second side.
  12. Place top covers in a way which is comfortable for the patient and tuck in at the foot of the bed.
  13. Be sure all bed rails are in the up position when you are finished and lower the bed height to its lowest position.

## **Bathing**

Bathing the patient may increase the patient's comfort, and prevent skin breakdown and bed sores. How often to bathe a patient varies with each person. For some patients, two or three times a week may be best.

Bathing can be difficult as a patient becomes weaker. Placing a shower chair or stool inside the tub or shower stall lets the patient take a shower in a safer and less tiring way. A sponge bath can be taken sitting beside the sink. Sometimes neither of these is convenient and it may be better to bathe the patient in bed.

Some suggestions on bed baths:

- Change the bed linen as needed. Bath time is usually a good time for this change.
- Collect everything you need before you start: towels, washcloths, soap, and container of warm water, lotion, clean pajamas, bed linens, and rubber gloves.
- Suggest the patient use the bedpan or toilet before you start.
- Replace the water with fresh, warm water as often as necessary. It may be best to have two basins prepared: one for washing and one for rinsing.
- Try not to let the patient get chilled. Use extra towels to cover areas not being washed.
- Use soap only on areas of the body which perspire or need extra cleaning because of odor or drainage. Rinse the soap off well. Plain water is usually sufficient for other areas of the body. Soaps containing no alcohol are suggested (i.e. Dial Sensitive).
- A capful of baby oil in the water will help if the patient's skin is dry.
- Dry the skin gently but thoroughly.

## **Eating, Swallowing and Nutrition**

At some point during care, there will be decreasing interest in eating and drinking for almost all Hospice Savannah, Inc. patients - sometimes long before the moment of death arrives. Swallowing ability will lessen as the general relaxing and weakening of muscles occur. For many patients, the refusal of food is an indication they are approaching the dying process.

Your Hospice Savannah, Inc. nurse will help you determine whether this is caused by a temporary condition, such as nausea, which would benefit from treatment or whether this is natural slowing down of the body systems. A person who has been ill for a considerable period of time often has little enthusiasm for eating. He or she may be disturbed by the smell of food, may feel "too full" or just not have the energy to eat. A dying patient has decreasing needs for food and fluid, and forcing them can cause great distress for the patient. This situation may also be distressing for those taking care of the person with incurable illness. Food is very important to us – it symbolizes life and as caregivers we may feel a great need to "build up" our loved one.

It is common to want to express love and caring by cooking special favorites. Understand it is not unusual for the patient to be disinterested in old favorites and to refuse them.

The following are general suggestions:

- Food and nourishing fluids served in a relaxed, pleasant atmosphere are most likely to be enjoyed. Do not anxiously focus or discuss how little the patient seems to be eating. Pressuring the patient only distresses them more. Be supportive of their eating or not eating, whichever they choose.
- Serve small, frequent meals or snacks if the patient prefers this. The patient may be hungry at odd times, including the middle of the night.
- Do not waste the opportunity to add calories. Use fruit juices when giving medications or a protein supplement such as Carnation Instant Breakfast.
- As the need for food decreases, the sense of taste often changes. Meat may taste bitter.
- Use fresh eggs and dairy products such as cottage cheese, yogurt or cheese, for added protein.
- Try high-calorie milk shakes made with ice cream. Popsicles provide a refreshing break and are soothing to dry lips and mouth, and are given to hospice patients who have difficulty swallowing liquids.
- Add calories by using rich sauces, butter, sour cream, honey or mayonnaise.
- The appetite is often most stimulated at breakfast. Take advantage of this by offering eggs, double strength milk or Carnation Instant Breakfast.
- If swallowing is a problem, puree family meals. Use thicker foods such as gelatin, pudding, applesauce, etc. Often thin liquids are more difficult to swallow. Ask your Hospice Savannah, Inc. team about thickening agents which are available.
- If pain or nausea is present, give medications as scheduled before meals.
- Patients can be kept comfortable with small sips of water or ice chips.

## **Fluids and Dehydration**

As patients approach the final days of life, fluid intake may become limited to those fluids which may keep the mouth from feeling too dry. This situation is normal and the resulting dehydration often makes the patient more comfortable by taking pressure off the heart and lungs. The patient experiencing this natural condition is not dying from thirst.

Dehydration typically makes breathing easier and more comfortable for the patient at this stage of life. Dehydration offers a natural pain-reliever by increasing the concentration of the patient's blood causing a natural anesthetizing or numbing effect upon the patient. Patients in the final moments of life are often pain-free for this reason.

This time is often more distressing to the patient's caregivers than to the patient since loved ones often fear the patient will "starve to death" or "die of thirst". Starvation is when the body requires/wants nutrition and is denied it. The starving patient complains of hunger.

Most of our patients do not want food or even large amounts of liquids. They are not hungry. As the disease process advances, the body gets tired and does not need or want nutrition. If the patient is alert offer, but do not force, food or fluids. Let them control this. Patients will sometimes "force" themselves to eat when they see the worried expressions of family members who watch anxiously for each bite to be taken by the patient. Pressuring them to eat or drink at this point will make both the patient and the caregiver uncomfortable.

## **Mouth Care**

It is important to keep the patient's mouth clean and moist so the patient will feel more comfortable, and to avoid irritation and infection. Sometimes patient discomfort is related to

dry mouth, halitosis (profound bad breath), mouth infections, or ulcers. Both illness and treatments can contribute to this problem.

Suggestions for mouth care:

- If the patient is unable, you can help with brushing the teeth at least twice a day with a soft bristle toothbrush or “toothettes” and a small amount of toothpaste. Help the patient to a sitting position or turn the head to the side.
- Dentures should be cleaned at least once a day. Brush inside and out with a denture brush. Do this over a sink or bowl lined with a towel to prevent damage if the dentures are dropped.
- With the dentures removed, help the patient rinse their mouth with water or a mild non-alcoholic mouthwash.
- Hard candy or popsicles freshen the mouth.
- Ice chips or water from a spoon are useful when swallowing is difficult.
- Lips may be lubricated with a thin film of lubricant such as Vaseline or KY Jelly.
- Artificial saliva can be used for comfort to moisten dry mouths.
- If the patient’s mouth is tender or when the patient is unable to participate in the cleaning, use moistened “toothettes” or use Q-tips to clean the inside of the mouth.
- Be sure to wear gloves and wash your hands before and after the cleaning.

## Incontinence

Loss of bladder and bowel control may occur or the patient may become too weak to get out of bed. Offer a bedpan or urinal frequently. False calls and delayed starts are common. Using chux or blue pads are often helpful. Wash the groin and rectal areas after each passage of urine or stool. A moisture barrier, such as A & D Ointment, applied to the rectal, sacral or groin areas may be used to protect the skin from breakdown.

## Urination

Urine output may decrease in amount and frequency. Urine may become increasingly darker. Incontinence of urine may occur. Urination may stop completely and no treatment for this is needed unless the patient expresses a desire to urinate and cannot. If this happens, notify your nurse immediately. Use disposable pads or chux under the patient and gently cleanse groin and rectal areas when they are wet or soiled. Decreased production of urine requires less turning to change diapers.

## Vision and Hearing

Vision and hearing may become somewhat impaired and speech may be difficult to understand as the muscles in the jaw weaken. Speak clearly, but do not speak louder than necessary. Keep the room as light or dark as the patient wishes, even at night. Carry on all conversations as if they can be heard, since hearing is believed to be the last of the senses to leave. Some patients are able to talk until minutes before death and are reassured by the exchange of a few words with a loved one.

Comments: \_\_\_\_\_

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# DISASTER PREPAREDNESS

Hospice Savannah, Inc. recognizes the need to plan in advance for disasters and emergencies such as fires, hurricanes, tornadoes, etc. Patients and families should plan ahead, especially for disasters which may force evacuation of the area. At certain intervals Hospice Savannah, Inc. will be sending out reminders of the importance of planning for disasters. In your plan you should consider where you would be going, how you will get there and what you will need to take with you. Please discuss your plan with your Hospice Savannah, Inc. Homecare team.

Hospice Savannah, Inc. Home Care patients and families are responsible for their own evacuation. Hospice Savannah, Inc. staff will make every effort to serve you during a large-scale disaster, but services may be disrupted. On alert of a threat of disaster your assigned Hospice Savannah, Inc. team will try to make arrangements to provide extra medical supplies as needed for care. If evacuation becomes necessary, Hospice Savannah, Inc. will attempt to contact you to verify your disaster plan. During the evacuation period Hospice Savannah, Inc. will attempt to provide phone consulting services (triage) to patients in the Home care program.

For patients in Hospice Inpatient Unit, we advise families/caregivers to take their loved ones to their own planned evacuation destination if the patient's condition allows. In the event of a disaster, patients in Hospice Inpatient Unit without families or whose family is unable to evacuate the patient, will be medically transported to a designated safe place where care can continue until it is appropriate to return to Hospice Inpatient Unit.

For patients in a nursing home, personal care home, assisted living facility or hospital, please contact the facility with any questions or concerns regarding their disaster plan.

In the event of a local, state or national disaster where the Strategic National Stockpile is accessed, Hospice Savannah, Inc. staff will make every effort to distribute medicines and medical supplies to our patients. For more information on the Strategic National Stockpile or other disaster planning questions, please contact your Hospice Savannah, Inc. Team members or the local Emergency Management Agency.

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# PATIENT SAFETY

All patients need to take special precautions to ensure a safe living environment. Most accidents in the home can be prevented by eliminating hazards. This checklist will help you find potential hazards in your home. Check each statement which you need to work on to make your home a safer place. Please speak to your nurse or call us at any time if you have any concerns or questions about patient safety.

## Preventing Falls:

At least half of all falls happen at home. Each year, thousands of older Americans experience falls; which result in serious injuries, disability and even death. Falls are often due to hazards that are easily overlooked but easy to fix. Use the following self-assessment.

|  |   |
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| <i>Check all of the risk factors below which apply to you and your home. The more factors checked, the higher your risk for falling.</i> |   |
| <input type="checkbox"/>   | History of Falling – two or more falls in the last six months.  |
| <input type="checkbox"/>   | Vision Loss – changes in ability to detect and discriminate objects; decline in depth perception; decreased ability to recover from a sudden exposure to bright light or glare.   |
| <input type="checkbox"/>   | Hearing Loss – may not be as quickly aware of a potentially hazardous situation.  |
| <input type="checkbox"/>   | Foot Pain/Shoe Problems – foot pain; decreased sensation/feeling; skin breakdown; ill-fitting or badly worn footwear.   |
| <input type="checkbox"/>   | Medications – taking four or more medications; single or multiple medications that may cause drowsiness, dizziness, or low blood pressure.  |
| <input type="checkbox"/>   | Balance and gait problems - decline in balance; decline in speed of walking; weakness of lower extremities.   |
| <input type="checkbox"/>   | High or Low Blood Pressure which causes unsteadiness.   |
| <input type="checkbox"/>   | Hazards Inside Your Home – tripping and slipping hazards, poor lighting, bathroom safety, spills, stairs, reaching, pets that get under foot.   |
| <input type="checkbox"/>   | Hazards Outside your Home – uneven walkways, poor lighting, gravel or debris on sidewalks, no handrails, pets that get under foot, hazardous materials (snow, ice, water, oil) which need periodic removal and cleanup. |
| <i>Review each of the following safety tips. Check the ones you need to work on:</i>   |   |
| <input type="checkbox"/>   | Keep emergency numbers in large print near each phone.  |
| <input type="checkbox"/>   | Put a phone near the floor in case you fall and can't get up.   |
| <input type="checkbox"/>   | Wear shoes which give good support and have thin, non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.   |
| <input type="checkbox"/>   | Remove things you can trip over (such as papers, books, clothes and shoes) from stairs and places where you walk  |
| <input type="checkbox"/>   | Keep outside walks and steps clear of snow and ice in the winter.   |
| <input type="checkbox"/>   | Remove small throw rugs or use double-sided tape to keep the rugs from slipping.  |
| <input type="checkbox"/>   | Ask someone to move any furniture so your path around the house is clear.   |
| <input type="checkbox"/>   | Clean up spills immediately.  |
| <input type="checkbox"/>   | Be aware of where pets are at all times.  |
| <input type="checkbox"/>   | Do not walk over or around cords or wires, i.e., cords from lamps, extension cords or   |

|  |   |
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|  | telephone cords. Coil or tape cords and wires next to the wall so you can't trip over them. Have an electrician add more outlets if needed.   |
|  | Keep items used often within easy reach (about waist high) in cabinets.   |
|  | Use a steady step stool with a hand bar. Never use a chair as a step stool.   |
|  | Improve the lighting in your home. Replace burned out bulbs. Lamp shades or frosted bulbs can reduce glare.   |
|  | Make sure stairways, halls, entrances, and outside steps are well lit. Have a light switch at the top and bottom of the stairs.   |
|  | Place a lamp, flashlight and extra batteries within easy reach of your bed.   |
|  | Place nightlights in bathrooms, halls, and passageways so you can see where you are walking at night.   |
|  | Make sure the carpet is firmly attached to every step. If not, remove the carpet and attach nonslip rubber treads on the stairs. Paint a contrasting color on the top front edge of all steps so you can see the stairs better. |
|  | Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs. Fix loose or uneven steps.   |
|  | Install grab bars next to your toilet and in the tub or shower.   |
|  | Use non-slip mats in the bathtub and on shower floors.  |
|  | Use an elevated toilet seat and/or shower stool, if needed.   |
|  | Have your nurse, doctor, or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.  |
|  | Get ups slowly after you sit or lie down.   |
|  | Use a cane or assistive device for extra stability, if needed.  |
|  | Think about wearing an alarm device which will bring help in case you fall and can't get up.  |

As a patient of Hospice Savannah, Inc., you and your family are encouraged to actively participate in all aspects of our care, treatment and services which is an important characteristic of patient safety. When patients and families know what to expect, they are more aware of possible errors and choices. Patients and families can be an important source of information about potential adverse events and hazardous conditions. Therefore, you are encouraged and advised to report concerns about safety. You may contact Hospice Savannah, Inc. at 912-355-2289 and ask to speak to the CEO, or you may contact the Joint Commission on Accreditation of Healthcare Organizations at 1-800-994-6610.

### **Avoiding Infections**

- Wash hands before and after caring for your loved one.
- Wear latex gloves (if you are allergic to latex please notify hospice team member for non-latex gloves) when likely to touch body substances, or the patient's mouth, nose, ears, eyes, genital area, wounds, or broken skin.
- Wear apron or gown when clothing is likely to be soiled.
- Wear mask or eye protection when likely to be splashed.
- Place intact needle or syringe and all sharp objects in a hard plastic or metal container with a lid – a coffee can or Clorox bottle will do nicely. Mark the bottle to identify as "Sharps" container. Keep out of reach of children.
- Avoid spreading body fluids or substances, such as spray from the nose and mouth when coughing or sneezing, by covering mouth and nose with a tissue.

## **Hand Washing**

Vigorously rub hands with soap under running water for at least ten (10) seconds. The type of soap (bar, liquid, general, anti-microbial) is not as important as the way you wash and rinse your hands. Give attention to areas around and under fingernails, between fingers, and the back of the hands. Use a paper towel to turn off faucet. Dry hands. It is best to dry hands with a paper towel when available.

If running water is not available for hand washing, you can protect yourself by using examination gloves, moist towels and antiseptic solution (i.e. Purell). Sanitizing solution needs to be rubbed into skin until dry. Give attention to nails, back of hands, and between fingers.

## **Medical Waste**

Waste generated by the care of your loved one, such as soiled bandages, disposable sheets, medical gloves, disposable diapers, should be placed in a securely fastened plastic bag before disposal in a trash can.

## **Proper Body Mechanics**

It is very important to use proper body mechanics to avoid injuries.

- Keep your feet apart for a stable base when lifting.
- Bend at the knees, not at the waist.
- Work close to the patient. Slide, roll, push or pull on the patient rather than lift in order to prevent unnecessary strain on the muscles.
- Use the weight of the body as a force for pulling or pushing by rocking forward or backward on the feet to reduce strain on arms and back.
- If patient (or item) to be lifted is too heavy – or requires straining – get help before moving.

## **Preventing Fires**

- Store and maintain oxygen tanks as directed by the supplier.
- Put “No Smoking” signs in clear view when oxygen is in the home.
- Install smoke alarms throughout your home. Replace batteries two (2) times a year during the time change.
- Keep your home free of clutter.
- Keep a working fire extinguisher and learn how to use it.
- Develop an exit plan for your family in the event of fire or other emergency.

## **Avoiding Electrical Accidents**

- Never use electric appliances (such as hair dryers, shavers, curling irons) while bathing.
- Don’t overload outlets.
- Plug unused outlets with safety caps.
- Secure electrical cords away from children or pets.
- Turn off appliances during thunderstorms.

## **Preventing Bumps and Falls**

- Remember to close cabinet and closet doors and drawers.
- Climb on a step stool, not on a countertop, table, drawer, or chair.
- Wipe up all spills immediately.
- Remove clutter from halls and stairs.
- Put all tools and toys away after use.

- Light stairways and halls brightly. Locate light switches at the top and bottom of each stairway.
- Secure area rugs, banisters and railings.
- Place a bedroom lamp where you can reach it in the dark.
- Place a “rug grabber” between the mattress and box spring to prevent the mattress from sliding.
- If or when you love one falls, allow them to slide down your leg if possible to lessen the impact of the fall.

### **Preventing Poisoning**

- Store household cleaners, disinfectants, garden products and pesticides in their own original containers. Follow label instructions to safely dispose of old or unwanted substances.
- Label all medicines and keep prescriptions in their original bottles.
- Note expiration dates and discard any unused or outdated medications.
- Place medicines and chemicals out of reach of children. You may request a lock box for medications from Hospice Savannah, Inc. staff.

### **Preventing Animal Bites**

Pets are often very sensitive to changes in their environment or in people’s behavior. For the protection of our staff, we ask that your animals be kept in a secure/safe place (i.e. kennel, other room or in the yard) for the duration of our staff’s visit.

Comments: \_\_\_\_\_

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# PREPARING FOR DEATH

## **Allow Natural Death (Do Not Resuscitate (DNR)):**

Our philosophy reflects the reality that everyone dies. Hospice Savannah, Inc. acknowledges and is respectful of end-of-life choices made by patients and families. Most patients want to remain comfortable even when they take their last breath. Hospice Savannah, Inc. does not require a Do Not Resuscitate (DNR) order for admission to our program.

AND (Allow Natural Death) means if your loved one's heart stops beating or they stop breathing, no attempts would be made to revive them. They will be allowed to die "naturally".

If you choose not to sign a DNR, you are a "full code" and Cardiopulmonary Resuscitation (CPR) will be performed by emergency medical services staff (911).

CPR may involve:

- Chest compressions to circulate blood throughout the body (could possibly cause broken bones)
- Inserting a tube down the throat or placing a bag over the nose and mouth to force air into the lungs (could possibly result in ventilator support)
- Possible electric shocks to the body to restore a heart beat
- Injecting medication into the veins or directly into the heart to restore life
- Taking your loved one to an emergency room for further evaluation and treatment

Patients and families need to be willing to discuss their options. Hospice Savannah, Inc. will provide information and counseling regarding end-of-life care decisions.

## **Signs and Symptoms of Approaching Death**

The Hospice Savannah, Inc. staff realizes this particular period of time is one of the most difficult times for patients and families. Our approach in all matters is to be as honest and straightforward as possible. In this way, the Hospice Savannah, Inc. team members can establish a trusting and open relationship with the patient and the members of the family who are concerned about the possibility of impending death. Our philosophy of care is the fear of the unknown is always greater than the fear of the known.

The Hospice Savannah, Inc. nurse is the best resource to help you clarify your concerns about this information. We want to relate possible symptoms to you in order to decrease your fear if one of them should appear suddenly.

- The arms and legs of the body may become cool to the touch, and you may notice the underside of the body becoming much darker in color. These symptoms are a result of the blood circulation slowing down.
- The patient will gradually spend more time sleeping during the day, and at times will be difficult to arouse.
- The patient may become increasingly confused about time, place, and the identity of close and familiar people.
- Incontinence (loss of control of urine and bowel movements) is possible as the body relaxes and systems slow down. Use of disposable supplies such as adult diapers, chux, or pads can help keep the patients' skin intact and make care easier.

- Oral secretions may become more profuse and collect in the back of the throat. You may have heard friends refer to the “death rattle.” This symptom is a result of relaxed muscles in the throat. It is noisy but does not usually cause the patient distress. If needed, there are medications which may decrease the secretions and assist with quieter breathing.
- Hearing and vision decrease slightly.
- You may notice the patient becoming restless, pulling at the bed linens, and having visions of people or things, which do not exist as we know them. These symptoms are often seen when the patient is approaching death.
- The patient will have decreased need for food and drink because the body will naturally begin to conserve the energy which is expended.
- During sleep, you may notice the breathing patterns of the patient change to an irregular pace where there may be 10-30 second or longer periods of no breathing (apnea). This symptom is very common.
- If the patient has a foley catheter in place, you will notice the amount of urine will decrease or change colors as death comes closer.

## **What to do About the Symptoms of Approaching Death**

- Keep warm blankets (but not electric ones) on the patient’s body, if desired by the patient. Some patients want nothing on their body.
- Plan your time with the patient for those occasions when he or she seems most alert.
- Remind the patient frequently of the day, time, and persons who are in the room. Talk calmly and assuredly.
- Consult your hospice nurse for pads to place under the incontinent patient, and for hygiene techniques for cleanliness.
- Provide a cool mist humidifier to increase the humidity in the room when the patient has a dry cough, ice chips or cool, damp washcloths will help keep the mouth moist.
- Keep lights on in the room when the patient’s vision decreases, and never assume the patient cannot hear you. Hearing is the last of the five senses to be lost.
- Elevating the head of the bed or repositioning may make the patient more comfortable.

If you have any questions, please call your nurse to help you through this process.

## **How would you know death has occurred?**

First, consult the hospice nurse if you think death has occurred by calling Hospice Savannah, Inc. at (912) 355-2289. Signs of death include:

- ◆ No breathing
- ◆ No heartbeat
- ◆ Loss of control of bowel and bladder
- ◆ No response to shaking or shouting
- ◆ Eyelids slightly open
- ◆ Jaws relaxed and mouth slightly open

The hospice nurse will visit the patient to confirm if death has occurred, and handle the calls to the funeral home and to the patient’s doctor. **DO NOT CALL THE POLICE, 911, OR THE SHERIFF’S OFFICE.**

Please know that although this information may sound frightening, the hospice team’s first goal is to help prepare the patient and family for what to expect. The family’s physical and emotional

well-being is as important to us as that of the dying person. Remember a member of the hospice team is always available to help you 24 hours a day.

## Obituary Remembrances

Some of our patients and families choose to list obituary “remembrances” or donations to a favorite charity in lieu of flowers.

Hospice Savannah Foundation, Inc. gratefully accepts all remembrance donations designating Hospice Savannah, Inc. and will send written acknowledgement to donors and to the patient’s family.

We are a not-for-profit hospice and we use these gifts to offer counseling and comfort to hundreds of children and adults in their time of grief; support exhausted and overwhelmed caregivers with training, education and support; and so much more. For more information on honoring your loved one, please contact our foundation at (912) 629-1055 or visit [www.HospiceSavannah.org/give](http://www.HospiceSavannah.org/give)

COMMENTS: \_\_\_\_\_

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# DEALING WITH GRIEF

This checklist highlights a few important matters to consider during bereavement. Each person is different so beware of ready-made solutions. The following are suggestions to consider, but they may or may not fit your unique situation.

Hospice Savannah, Inc. has the most comprehensive bereavement program available in the Coastal Empire through our Full Circle Grief and Loss counselors. We extend our grief and loss services throughout our region, given freely to anyone, not just to Hospice Savannah, Inc. families. It is part of our mission to return care to the community which made Hospice Savannah, Inc. possible.



Reach them at **(912) 303-9942**

## Psychological

Everyone needs some help; don't be afraid to accept it. While you may feel pressured to put on a brave front, it is important to make your needs known by expressing your feelings to those you trust. Often numbness sees us through the first few days or weeks. Don't be too surprised if a crushing sadness comes later.

Many people are more emotionally upset during bereavement than at any other time in their lives and are frightened. Be aware that being severely upset is not unusual, and if you are alarmed, seek a professional opinion. Call Hospice Savannah, Inc. at (912) 355-2289, and ask for the Bereavement Counselor. There is no charge for this service.

Whether you feel you need to be alone or accompanied, make it known. Needing company is common and does not mean you will always be dependent on it. It is equally fine to set limits on visitors to give you time to reminisce or contemplate your experience. You may feel emotionally and physically tired if you were the caregiver for an extended period of time. Some caregivers even experience relief it's all over, and then feel guilty about the relief. It is normal to sense relief in these cases and does not reflect on how much you loved the one who has died.

There is no set time limit for grieving. It varies from person to person, depending on individual circumstances. Almost any feeling or behavior during grief may be completely normal for you, as a unique individual amidst grief. If you do begin to have suicidal feelings, call 911 or go to the emergency room of the hospital, or contact our staff so we can refer you to the appropriate support.



## **Physical**

You are under a great stress and may be more susceptible to disease. It is especially important not to neglect your health. Try to eat even if there is no enjoyment in it. Although sleep may be disturbed, try to get adequate rest. If you have symptoms which trouble you, call Hospice Savannah, Inc. or get a doctor to check you thoroughly. If people urge you to see your doctor, do so even if it doesn't make sense to you at the time.

## **Social**

Friends and family are often most available early in bereavement and less so later. It is important to be able to reach out to them when you need them. Don't wait for them to guess your needs. They will often guess incorrectly and too late.

During a period of grief, it can be difficult to judge new relationships. Do not be afraid of them, yet it is usually wise not to rush into them.

Someone who is not too close to you, but who is willing to listen may be particularly helpful. Hospice Savannah, Inc. offers in-home visits from our bereavement counselors and volunteers trained in support are also available. Call (912) 303-9942.

No one will substitute for your loss. Try to enjoy people as they are. Do not avoid social contacts because of the imperfections in those you meet.

Sometimes, in an effort to stop the pain of grief, people turn towards replacing the person who died (e.g., adoption of a child, remarriage) too soon. It is hard to see new relationships objectively, if you are still actively grieving; this kind of solution may only lead to other problems.

Try to make clear to children sadness is perfectly normal and neither theirs nor yours should be hidden. It is important that periods of happiness are enjoyed and not a cause of guilty feelings.

## **Economic**

Avoid hasty decisions. Try not to make major life decisions during grief, unless absolutely necessary. In general, most people find it best to remain settled in familiar surroundings until they can consider their future calmly. Don't be afraid to seek good advice. Usually, it is wise to get more than one opinion before making decisions. Don't make any major financial decisions without talking them over with experts. Having a job or doing volunteer work in the community can be helpful when you are ready, but it is important not to overextend yourself. A job will not fulfill all your needs and you should not turn to excessive involvement in work. Relationships with family and friends should not be sacrificed in an effort to keep busy.

## **Spirituality**

Personal faith is frequently a major source of comfort during bereavement. For some, however, maintaining faith may be difficult during this period of loss. Either reaction may occur and both are consistent with later spiritual growth. Call your Hospice Savannah, Inc. Chaplain at (912) 355-2289 if you desire spiritual support, or seek out your own community of faith.

## Grief List

Most of us are unprepared for the range of symptoms which accompany grief. The following list gives you an idea of what you may feel:

- ◆ Tightness of the throat
- ◆ Shortness of breath and/or a need for sighing
- ◆ An empty feeling in the abdomen
- ◆ Weakness in arms or legs
- ◆ Lack of appetite
- ◆ Pains in the chest (a broken heart feeling)
- ◆ Feeling out of control
- ◆ Feeling “crazy”
- ◆ Feeling relief, guilt or anger
- ◆ A restlessness which keeps you going but with little zest or meaning
- ◆ No short-term memory
- ◆ Sleeplessness
- ◆ Sudden crying jags (grief bursts)
- ◆ A feeling of “just existing”

There are countless symptoms, both physical and emotional, which you may experience. Please contact your physician, if you are unsure if your symptoms are something other than grief.

Remember all your body is capable of doing at this moment is breathing in and breathing out. Everything else you expect of yourself is overtime. To take good care of yourself:

- Put out eight glasses on your kitchen counter each morning and make sure you drink all eight glasses of water by bedtime.
- Walk for 20 minutes, three times each week.
- Eat at least one meal a day.
- Take a 30 minute nap in the morning and a 30 minute nap in the afternoon.
- Journal (write down your thoughts, feelings and memories, everyday).

For more information, or assistance, Please call Full Circle at (912) 303-9442.

## A Reading List on Grief and Loss

A Widows Guide to Living Alone, by Judith Fabisch

Bereavement Counseling, by B. Mark Schoenberg

Children Die, Too, by Joy & Mary Johnson

The Courage to Grieve, by Judy Tatelbaum

Deliverance Prayer, by Matthew & Dennis Linn

Don't Take My Grief Away, by Doug Manning

Facing Death & Grief, published by Prometheus Books

Good-bye, My Son, Hello, by Adolfo Quezada

Grief, Dying and Death, by Therese A. Rando

Grief Work, by Juanita Ponce-Montoya

How it Feels When a Parent Dies, by Jill Krentz

In the Midst of Winter, Selections from the Literature of Mourning, by Mary Jane Moffat

Living When a Loved One Has Died, by Earl A. Grollman

Losing Someone You Love, by Elizabeth Richter  
Loss and How to Cope with It, by Joanne E. Bernstein  
Mourning into Dancing, by Walter Wangerin, Jr.  
Recovery from Bereavement, by C. M. Parkes  
The Stages of Sorrow, by Kathleen Smith  
Suddenly Single, by Jim Smoke  
The Warming of Winter, by Maxine Dowd Jensen  
What Happened to You Happened to Me, Too, by Mary A. Kjosness & Laura A. Rudolph  
When Bad Things Happen to Good People, by Harold S. Kushner  
Widow, by Lynn Caine  
Widow to Widow, by Phylis R. Silverman, Ph.D.  
The Widower, by Jane Burgess Kohn & Willard K. Kohn

## **Books for children**

Charlotte's Web, by E. B. White  
The Fall of Freddie the Leaf, by Leo Buscaglia  
Everett Anderson's Goodbye, by Lucille Clifton  
Thumpy's Story: A Story of Love and Grief Shared, by Nancy C. Dodge  
Gran-Gran's Best Trick, by L. Dwight Holden  
Aarvy Aardvark Finds Hope, by Donna O'Toole  
I Had a Friend Named Peter, by Janice Cohn  
The Kid's Book about Death and Dying By and For Kids, by Eric Rofes, et.al.  
Tell Me Papa, by Joy and Marv Johnson  
The Saddest Time, by Norma Simon  
I'll Miss You, My Hooper, by Norman Stiles  
The Tenth Good Thing About Barney, by Judith Viorst

## **Books for Professionals or Parents to Help Children**

An Open Family Book for Parents & Children Together, by Sara Stein  
Explaining Death to Children, by Earl A. Grollman  
Lifetimes: The Beautiful Way of Explaining Death to Children, by Mellonie, Byron and Robert Thigpen  
Talking About Death: A Dialogue Between Parent and Child, by Earl A. Grollman  
Good Grief, by Granger Westberg  
Helping Children Cope With Grief, by Alan Wolfelt

## **Internet Resources**

[www.hospicesavannah.org/fullcircle](http://www.hospicesavannah.org/fullcircle)  
[www.webhealing.com](http://www.webhealing.com)  
[www.wwdc.com/death](http://www.wwdc.com/death)  
[www.aarp.com](http://www.aarp.com)

For more information, including how to arrange an appointment with a counselor, available bereavement groups in your community, and additional resource items, go to [www.HospiceSavannah.org/fullcircle](http://www.HospiceSavannah.org/fullcircle)

# FINANCIAL AND LEGAL MATTERS

When a loved one is experiencing an incurable illness, certain information needs to be available. We have included some suggestions to help you have things in order.

## Personal Record File

In a known location, place a marked envelope with copies/originals of the following:

- Last Will and Testament, with name, address, and telephone number of attorney.
- Life, property, and auto insurance policies, with name and addresses of life insurance advisors.
- Real estate deeds, closing statements, mortgages, record of mortgage payments, leases, and tax receipts for home improvements over the years.
- Name and address of broker, or the stock certificates and bonds you own (plus the purchase slips or other records of cost and date of purchases).
- Name of banks, accounts numbers (include savings bank books and the names of the bank officers with whom you deal).
- List of other assets and locations (including loans and accounts receivable).
- Safe deposit box key, name of bank, and box number.
- Income tax returns for the last three years, plus the name and address of person preparing these returns.
- Birth certificates for yourself, your spouse, and your dependents.
- Marriage certificates or proof of divorce, if appropriate.
- Automobile ownership certificates and registration receipts.
- Social Security Card and record of numbers.
- Veteran's discharge paper or certificate.
- Contracts to which you are a party (including installment purchase agreements).
- Business records.
- Charge account numbers and cards.
- Receipts, appraisals or valuations for items of substantial value such as jewelry, furs, furniture, silver, art objects, and antiques, etc.
- List of close relatives, addresses and phone numbers.
- Burial instructions (including location of plot and name of funeral director).
- General directions to surviving spouse and other family members.

## Legal

- Full and legal name.
- Location of Last Will and Testament.
- Who has been appointed to manage your Last Will and Testament after your death? (Name of Executor/ Executrix).
- Name, address, and telephone number of your banker and/or other financial advisors.

## Funeral

- Name, address, and telephone number of person with legal right to handle your funeral and other post-death arrangements.
- Name, address, and telephone number of funeral home/director you desire to use.
- Are you donating your body or any part thereof to medical science?
- If so, which agency should be notified? Where is the permission card? What part of your body are you donating?
- Are you aware of any exceptions to donation which might prevent you from being a donor?
- Do you wish to be cremated? If so, what do you wish to have done with your remains?
- If any pre-arrangements of your funeral have been made, please indicate here.
- Name, address and telephone number of person or persons you would like to conduct your funeral service and to have as your casket bearers (pallbearers).
- If you have a cemetery plot, where is it located, lot number if known, and location of grave lot?
- If you do not have a cemetery plot or do not wish to use the one you presently own, where would you like to be buried?
- Do you own a mausoleum space? If so, where is it located?
- Anything special you wish to have placed in your obituary?
- Instructions concerning selection of casket and vault. Instructions for grave marker or monument.
- List anything special you would like to be buried in or be buried with you.
- Would you like a private or public service? Open or closed casket?
- Any special hymns, music, readings, or other requests?
- Any additional information or other personal desires not covered in this checklist.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

# GUIDE FOR SURVIVORS

Some of this information was prepared by: **American Association for Retired Persons Consumer Affairs Program Department, 1909 K Street, NW Washington, D.C. 20049**

The death of a spouse or loved one is a very difficult time. Yet, even during this period of grief and emotional readjustments, important financial arrangements must be made. Some attention may have been focused on these items prior to a death. This guide, however, was developed to help prepare for and handle the many details which must be attended to, whether or not any prior arrangements were made.

Hospice Savannah, Inc. hopes the following information will help to guide you through the many decisions which need to be made and actions which need to be taken in the first few months after death.

Please ask your Hospice Savannah, Inc. team to assist you with any information and referrals helpful to you, or call Hospice Savannah, Inc. at (912) 355-2289.

## Collecting the Papers

The first step is to collect the necessary papers in order to file for various benefits and to finalize the estate.

- Copies of the death certificate: You will need to give copies of the death certificate to many of the offices or agencies you contact. You can purchase certified copies of the death certificate through your funeral director or directly from the county health department. There will usually be a charge
- Copies of all insurance policies: These documents may be stored in a safe deposit box or with the personal belongings of the deceased.
- Social Security Numbers: You will need the Social Security numbers of the deceased, the spouse, and any dependent children.
- Copy of certificate of honorable discharge if the deceased was a veteran: Write the Department of Defense, National Personnel Record Center, 9700 Page Blvd., St. Louis, MO 63132, if you cannot find a copy of the discharge.
- Copies of a marriage certificate of the spouse of the deceased: These will be used for applying for benefits. Copies are available at the Office of the County Clerk where the marriage license was issued.
- Copies of birth certificates for dependent children: Copies are available at either the state or county public health offices where the child was born.
- Copies of the Will: The lawyer of the deceased may have the Will, or it may be in a safe deposit box, or with the personal belongings of the deceased.
- A complete list of all property, including real estate, stocks, bonds, savings accounts and personal property of the deceased: Land titles, stock certificates and other financial papers may be stored in a safe deposit box or other secure place.

- Insurance papers: There may be several types of insurance policies. These could include:
  - Life Insurance
  - Mortgage or Loan Insurance
  - Accident Insurance (if applicable)
  - Auto Insurance (if applicable)
  - Credit Card Insurance
  - Various Types of Insurance Provided By the Employer

The proceeds from an insurance policy can generally be paid directly to the named beneficiary. These claims are usually processed quickly and can be an important source of money for the survivors. You should file claims for insurance policies as soon as possible, especially if finances are a concern.

You may need to make a decision regarding the payment plan you desire. Your options might include taking the money in a lump-sum payment, or having the insurance company make fixed payments over a period of time. The decision depends on your financial situation. You may want smaller fixed payments in order to have a steady income, and to pay less tax on the money. Or you may want the full amount immediately to pay bills or to invest. You should consider consulting a lawyer or financial advisor about this decision.

## **Social Security**

The deceased is considered to be covered by Social Security, if he or she paid into Social Security for at least 40 quarters. Check with your local Social Security office to determine if the deceased was eligible.

If the deceased was eligible, there are various types of possible benefits:

- A death benefit of about \$250.00 towards funeral expenses. Your funeral director can complete the application and apply the payment directly to the funeral bill. This payment is made only to eligible spouse or to a child entitled to survivor's benefits.
- Survivor's benefits for a spouse or children.
- If the spouse is age 60 or older, he or she will be eligible for benefits. The amount of the benefit received prior to age 65 will be less than the benefit due at age 65 or over.
- Disabled widows age 50 or older will be eligible for benefits.
- The spouse of the deceased who is under 60 but who cares for dependent children under 16 or cares for disabled children may be eligible for benefits.
- The children of the deceased who are under age 18, or are disabled, may also be entitled to benefits.

When applying for Social Security benefits, you should have available birth and death certificates for the deceased, marriage certificate of the spouse, birth certificates of any dependent children, Social Security numbers, and copies of the deceased most recent federal income tax return.

## **Veterans' Benefits**

If the deceased was a veteran who received an honorable discharge, the survivors may be eligible to receive a lump-sum payment of \$300 for burial expenses and an allowance of \$150 for purchase of a plot in a private cemetery. Veterans are also eligible for a headstone or grave marker provided without charge. The funeral director often can help you apply for these benefits, or contact the local Veterans Administration office.

The surviving spouse and dependent children of veterans receiving disability benefits may also be entitled to monthly payments. Check with the local Veterans Administration office.

## **Employee Benefits**

If the deceased was employed at the time of death, you should contact the employer regarding any benefits for the survivors. The employer may have provided life, health, or accident insurance, which will yield payments. The deceased may be due a final paycheck for vacation or sick leave. If the death was work-related, there may be worker's compensation benefits.

You should contact all past employers, including federal, state, or local government to determine if the survivors of the deceased are entitled to any payments from a pension plan. Also, check with the employer to see if the deceased belonged to a union or professional organization. These groups may offer death benefits for their members.

If the deceased was already retired and received a pension, you should check with the employer to determine if survivors will continue to receive a pension payment and whether the payment will be reduced.

## **The Will**

Hopefully, a valid Will, signed by the deceased, is available. Try to locate a copy of it. Check with the lawyer, family, and friends of the deceased who might know where the Will is kept. It may be stored in a safe deposit box, which is sealed at the time of death in some states.

If the deceased did not have a Will, this is referred to as dying "intestate." In this case, the estate, including property and assets belonging to the deceased, will be disbursed according to state law. This will not include property where the title is in the name of the deceased and another person. This property will automatically pass on to the co-owner.

In Georgia, if the deceased did not have a will, the property of the deceased will be distributed according to this formula: The spouse and the children share the estate equally, with the widow receiving at least one-fifth of the estate. Other distribution laws will be followed if there is no spouse or no children. Contact the Probate Court for more information.

## **Probate**

Probate is the legal process of distributing the estate of the deceased to the rightful heirs. The process usually entails:

- The appointment of an individual by the court to act as "personal representative" or "executor" of the estate. This person is often named in the Will. If there is no Will, the court will appoint a personal representative; usually the spouse or a relative, providing



the Will, if it exists, is valid.

- Informing interested parties, especially heirs and beneficiaries, the Will is being probated.
- Disposing of the estate by the personal representative, in accordance with the Will or the laws of the state.

In Georgia, the Probate Court in your county has jurisdiction over the probate process. The spouse or personal representative named in the Will should file a petition with the court as soon as possible after the death. There is a filing fee for this process. Depending on the size and complexity of the assets to be probated, you may require legal assistance.

Assets to be probated do not include property where the deceased and someone else are listed as owners. Proceeds from a life insurance policy or Individual Retirement Account (IRA) which are paid directly to a beneficiary are also not subject to probate.

## **Federal Estate Tax**

Because of changes in recent years, contact your local IRS office. A federal estate tax return must be filed and taxes paid within nine months of the date of death.

## **State Estate Taxes**

In Georgia, any estate which pays a federal estate tax must also file a state tax. This amount will be paid by the estate to the state in which the deceased lived. For details on state estate tax, contact:

### **Department of Revenue**

**Trinity-Washington Building**

**270 Washington Street, SW Atlanta, GA 30334**

**(800) 282-5808 or (404) 656-4236**

## **State Inheritance Taxes**

In Georgia, there is no state inheritance tax. Beneficiaries who live in another state will follow inheritance tax requirements, if any, for their state.

## **Income Taxes**

The federal and state income taxes of the deceased are due for the year of death. The taxes are due on the normal filing date of the following year, unless an extension is requested.

The spouse of the deceased may file jointly for the year of death. A spouse with dependent children may file jointly for two additional years. The IRS offers a booklet, publication #559, "Information for Survivors, Executors, and Administrators" which may be helpful. You can obtain this booklet by contacting your local IRS office. The phone number is listed under IRS Forms in the government section of your telephone directory.

## **Changing Ownership or Title**

You may need to transfer ownership, or change title on property, or revise documents after a death. Some items to check include:

**Insurance Policies:** For policies held by the spouse of the deceased, beneficiaries may need to be changed. Especially for life insurance, you may decide that you no longer need to have the same amount, if you do not have dependents. Auto insurance and home insurance may also need

revision. In the case of a spouse, the deceased may have covered your medical insurance through work. You may need to purchase your own medical insurance. Check with the employer to see if you can continue with the group health insurance plan, which may be less expensive. Contact your state Department of Motor Vehicles to determine if the title of the car owned by the deceased may need to be changed.

**Will:** Your Will may have passed property on to the deceased and should be updated. You may want to contact your attorney for assistance.

**Bank accounts, stocks, bonds:** If you had a joint bank account with the deceased, it will automatically pass to you. You should check with the bank representative to change the title and signature card on the account. To change stocks or bond titles, check with your stockholder. If the bank account was held only in the name of the deceased, those assets will have to go through probate. An exception to this would be trust accounts.

**Safe Deposit Box:** If the box was rented in the name of the deceased, it will require a court order to open the box. Only the Will or any other materials pertaining to the death can be removed until the Will has been probated. In Georgia, if the safe deposit box was rented in joint names, the survivor continues to have access to the box.

**Credit cards:** Credit cards which were held exclusively in the name of the deceased should be cancelled. Any payments due on these credit cards should be paid by the estate.

In the case of a spouse, you may have credit cards in both names, or you may have used cards which listed only the name of the deceased. In this situation, you will want to try to make payments in order to keep your own good credit rating. You should begin to notify the credit card companies that your spouse is deceased, and that the card should list your name only. Some people, particularly widows, may experience difficulty in getting a new card if they do not have their own credit rating. When applying for a card, be sure to inform the lender about credit cards you shared with your spouse, even if your name was not listed.

## **General Finances**

Debts owed by the deceased will be the responsibility of the estate, and should be forwarded to the personal representative or executor who is settling the estate. However, debts which are jointly owned, particularly mortgage payments and utility or phone bills should generally be paid by the survivor in order to keep a good credit rating.

### **An extra word of caution to widows and widowers:**

It is generally suggested that you do not immediately make permanent, significant, financial decisions, such as selling your home, moving, or changing jobs. You will need some time to consider your situation before you can make these decisions responsibly. If at all possible, do not rush into a decision you might later regret.

Call your Hospice Savannah, Inc. bereavement counselor, your Hospice Savannah, Inc. social worker, or your Hospice Savannah, Inc. volunteer for any further information you may need.

# DONATIONS/CHARITABLE CONTRIBUTIONS

## *Every Gift Makes a Difference!*

What sets us apart from other hospices is our mission to provide what is needed, not just what qualifies for reimbursement by Medicare or other insurances. Many of our programs and services could not exist without the generous support of our community.

Hospice Savannah Foundation, Inc. is a 501(c)(3) non-profit corporation whose gifts are tax-deductible as allowed by law. We suggest you speak with your tax advisor when it relates to questions about charitable contributions. A variety of gift options are available to those who wish to donate/contribute to Hospice Savannah, Inc.

### Ways to Give

- **Memorial and Tribute Gifts:** Make a donation “in memory of” or “in honor of” a loved one.
- You may also choose to:
  - Purchase an engraved commemorative leaf on the Tree of Remembrance at the Demere Center for Living or at the Hospice Inpatient Unit
  - Purchase an engraved memorial brick on the walkways of the Hospice Inpatient Unit or the Demere Center for Living
  - Honor a veteran by purchasing a memorial brick, monument engraving, or engraved granite bench at the Veteran Memorial at the Hospice Inpatient Unit.
- **Annual Giving:** Join our President’s Circle by giving \$1,000 or more in annual contributions.
- **Planned Giving:** Donate through charitable trusts, annuities, estate gifts, etc.

### Hospice Savannah Thrift Shoppe

- **Hospice Savannah Thrift Shoppe**, located at 329 U.S. Highway 80 East in Pooler, features a variety of items, including clothing, furniture, house wares and more.

Filled with a constantly changing inventory of donated treasures, Hospice Savannah Thrift Shoppe sells a wonderful variety of quality goods at incredibly low prices. Community members have a place to donate; shoppers have a place to find great deals while supporting the programs of Hospice Savannah, Inc. Types of items accepted and desired include clothing, furniture and household items that are clean and in good repair. Please call the store for more information at 912.629.1122.

### How to Donate to Hospice Savannah, Inc.

- **Mail:** Hospice Savannah Foundation, Inc., Post Office Box 13190, Savannah, GA 31416
- **Phone:** (912) 629-1055, and ask for the Foundation
- **Online Giving:** [www.HospiceSavannah.org/Give](http://www.HospiceSavannah.org/Give)



# How to Dispose of Unused Medicines

**I**s your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet. And a growing number of community-based “take-back” programs offer another safe disposal alternative.

## Guidelines for Drug Disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007 and updated in October 2009, the federal guidelines are summarized here:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government’s household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community. The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days ([www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)) throughout the United States.
- If no instructions are given on the drug label and no



*Take drugs out of their original containers and mix them with an undesirable substance, such as used coffee grounds ...*

take-back program is available in your area, throw the drugs in the household trash, but first:

- Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
- Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.

FDA's Deputy Director of the Office of Compliance Ilisa Bernstein, Pharm.D., J.D., offers some additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

### Why the Precautions?

Disposal instructions on the label are part of FDA's "risk mitigation" strategy, says Capt. Jim Hunter, R.Ph., M.P.H., senior program manager on FDA's Controlled Substance Staff. When a drug contains instructions to flush it down the toilet, he says, it's because FDA, working with the manufacturer, has determined this method to be the most appropriate route of disposal that presents the least risk to safety.

Drugs such as powerful narcotic pain relievers and other controlled substances carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse.

For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or left-over patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets, and even adults, especially those who have not been prescribed the drug. "Even after a patch is used, a lot of the drug remains in the patch," says Hunter, "so you wouldn't want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others."

### Environmental Concerns

Despite the safety reasons for flushing drugs, some people are questioning the practice because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies. However, the main way drug residues enter water systems is by people taking medications and then naturally passing them through their bodies, says Raanan Bloom, Ph.D., an environmental assessment expert in FDA's Center for Drug Evaluation and Research. "Most drugs are not completely absorbed or metabolized by the body, and enter the environment after passing through waste water treatment plants."

A company that wants FDA to approve its drug must submit an application package to the agency. FDA requires, as part of the application package, an assessment of how the drug's use would affect the environment. Some drug applications are excluded from the assessment requirement, says Bloom, based on previous agency actions.

"For those drugs for which environmental assessments have been required, there has been no indication of environmental effects due to

flushing," says Bloom. In addition, according to the Environmental Protection Agency, scientists to date have found no evidence of adverse human health effects from pharmaceutical residues in the environment.

Nonetheless, FDA does not want to add drug residues into water systems unnecessarily, says Hunter. The agency reviewed its drug labels to identify products with disposal directions recommending flushing or disposal down the sink. This continuously revised listing can be found at FDA's Web page on Disposal of Unused Medicines ([www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)).

Another environmental concern lies with inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Traditionally, many inhalers have contained chlorofluorocarbons (CFC's), a propellant that damages the protective ozone layer. The CFC inhalers are being phased out and replaced with more environmentally friendly inhalers.

Depending on the type of product and where you live, inhalers and aerosol products may be thrown into household trash or recyclables, or may be considered hazardous waste and require special handling. Read the handling instructions on the label, as some inhalers should not be punctured or thrown into a fire or incinerator. To ensure safe disposal, contact your local trash and recycling facility.

Find this and other Consumer Updates at [www.fda.gov/ForConsumers/ConsumerUpdates](http://www.fda.gov/ForConsumers/ConsumerUpdates)  
 Sign up for free e-mail subscriptions at [www.fda.gov/consumer/consumerenews.html](http://www.fda.gov/consumer/consumerenews.html)





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

Patient #: \_\_\_\_\_

## INFORMED CONSENT

I have chosen Hospice Savannah, Inc. to assist with my care. I understand and accept the following:

1. Hospice Savannah, Inc. provides a program of care for people with life-limiting, incurable illnesses, and support for their loved ones, focusing on palliative care not curative treatments. The goal of hospice treatment is to provide comfort, relieve pain and prevent troublesome symptoms.
  2. Hospice Savannah, Inc. care is primarily provided in the patient's home or primary caregiver's home, supported by a team of professionals and volunteers. The patient's family or loved one remains the primary caregiver. Your doctor and the hospice team will work with you and your family to set up a plan of care that meets your needs.
  3. Hospice Inpatient Unit, our inpatient facility, accepts patients for the following:
    1. Short term management of pain and other symptoms;
    2. Respite care for 5 days to relieve caregiver;
    3. Residential care for patients who do not need acute symptom relief but are unable to be cared for at home. Additional room and board charges apply.
  4. Hospice Savannah, Inc. is responsible to pay for treatments, formulary medication, and services related to the terminal illness. Hospice Savannah, Inc. is **not** responsible for any treatment, medication, service, or hospitalization not related to the terminal illness. **Ambulance calls, emergency room visits, and hospital admissions must be pre-approved and arranged by Hospice Savannah, Inc. in order for these services to be made a part of the plan of care. Without prior approval the patient and family may be billed for these services. A hospice nurse is available 24 hours daily in case of emergencies.**
  5. I have the right to refuse any particular service and may completely withdraw from the services of Hospice Savannah, Inc. at any time by signing a Hospice Savannah, Inc. "Revocation Form."
  6. I understand my election of the hospice benefit will begin upon my arrival at \_\_\_\_\_ (home, nursing home, Hospice Inpatient Unit, etc.).
  7. I allow Hospice Savannah, Inc. to receive and provide any information necessary to determine appropriateness for hospice treatment, or to assure continuity of care. This permission includes medical information related to HIV or AIDS, drug and alcohol abuse or dependence, physical or mental retardation, tuberculosis, viral meningitis, and other diseases that are reported to organizations such as health departments or the Centers for Disease Control and Prevention; as well as any communications made to psychiatrists or applied psychologists.
  8. Authorization for Release of Information  
I authorize \_\_\_\_\_ to release any medical, psychological, social, legal information, or history, including copies of any records pertaining to \_\_\_\_\_ to Hospice Savannah, Inc.  
(Patient Name) (DOB) (SSN)
- ☐ I have received a copy of the Patient and Family Bill of Rights and Responsibilities.
- ☐ I have received a copy of the Notice of Privacy Practices.
- ☐ I have received the Patient and Family Guide.

I agree to the above, and have had the opportunity to ask questions and request the services of Hospice Savannah, Inc.

\_\_\_\_\_  
Patient/Representative Signature (Relationship to Patient) Date

\_\_\_\_\_  
Hospice Savannah Representative Signature Date

Revised 10/07, 09/08, 01/10, Reviewed 03/11, Revised 04/15, 05/16, 11/16

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Insert in Patient Family Guide



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

Patient #: \_\_\_\_\_

## ADVANCE DIRECTIVE FOR HEALTHCARE

Please read the following three statements. **Please initial each statement.**

- \_\_\_\_\_ I have been given written materials on my rights to accept/refuse medical and surgical treatment and my rights to formulate an advance directive for healthcare.
- \_\_\_\_\_ I understand that I am not required to have an advance directive for healthcare in order to receive medical treatment at Hospice Savannah, Inc.
- \_\_\_\_\_ I understand that the terms of any advance directive for healthcare that I executed will be followed by Hospice Savannah, Inc. to the extent permitted by law and in accordance with the facility's or service's policies and procedures.
- 

Please **check one** of the following statements:

- \_\_\_\_\_ I have not executed an advance directive for healthcare but would like to obtain additional information about advance directives for healthcare.
- \_\_\_\_\_ I have not executed an advance directive for healthcare and do not wish to discuss any further at this time.
- \_\_\_\_\_ I have executed an advance directive for healthcare and will provide a copy to Hospice Savannah, Inc. I understand that the staff and physicians at Hospice Savannah, Inc. will not be able to follow the terms of my advance directive for healthcare until I provide a copy of it to the staff.

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospice Savannah Representative Signature

\_\_\_\_\_  
Date



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

Patient #: \_\_\_\_\_

## MEDICARE ELECTION FORM

Hospice Savannah Inc. provides a program of care for people with life-limiting, incurable illnesses and support for their loved ones, focusing on palliative care, not curative treatment. Treatment will be for management of symptoms and to provide comfort for my terminal illness.

I understand the following explanation of the Medicare hospice benefit:

1. Hospice Savannah Inc. will receive payment for my care, relating to my terminal illness.
  - a. I understand the purpose of hospice care and that the treatment is primarily palliative rather than curative.
  - b. Medicare will continue to make payment to my independent attending physician for services if my physician is not a Hospice Savannah employee or receiving payment from Hospice Savannah Inc.
  - c. I waive my rights to Medicare benefits related to my terminal illness while enrolled in the Medicare hospice program.
  - d. I may be responsible for five percent of the reasonable cost up to a maximum of \$5.00 for each outpatient individual prescription for my terminal illness and can be charged up to five percent of individual respite care.
  - e. I am responsible for the cost of care for my terminal illness if I seek care beyond what is considered medically necessary by the hospice interdisciplinary team and documented on my plan of care.
2. I can change from one hospice to another if I wish to do so. To change programs, I will confirm that I may be admitted to another hospice, and then I will inform Hospice Savannah Inc. of my wishes so arrangements for transfer can be made. I will specify a date to discontinue care from Hospice Savannah Inc., the name of the hospice from which I wish to receive care and the date care will start. In changing to another hospice program, I will not lose any benefit days. I may change hospices only once during each benefit period.
3. The Medicare hospice program consists of two 90-day periods, and unlimited 60-day periods if no revocations or discharges occur. I will use the benefit periods in the above order.
4. My physician and the Hospice team will evaluate my medical condition prior to the beginning of each benefit period for continued Hospice appropriateness.
5. I may discontinue hospice care at any time by completing a revocation statement. If I revoke during a benefit period, I lose the remaining days in that benefit period. (Example: If I revoke hospice care on the tenth day of the first 90-day benefit period, I give up the remaining 80 days of coverage.) I may, however, re-elect at any time when I am eligible.
6. Hospice care may involve skilled nursing care, volunteer companions and caregivers, emotional and spiritual care, physical or other therapies, social workers, and inpatient care.
7. All care is physician directed through my independent attending physician and the Medical Director for Hospice Savannah Inc.

I \_\_\_\_\_ acknowledge and understand the above. I authorize Hospice Medicare services from Hospice Savannah Inc.

\_\_\_\_\_ (Initials) I do not wish to choose an attending physician.

I choose \_\_\_\_\_ as my attending physician and acknowledge that he/she is my/representative's choice.

Physician NPI# \_\_\_\_\_ Address \_\_\_\_\_

|   |                                  |             |
|---|----------------------------------|-------------|
| <b>Patient/Representative Signature</b> | <b>(Relationship to Patient)</b> | <b>Date</b> |
|---|----------------------------------|-------------|

Reason if patient is unable to sign: \_\_\_\_\_

Effective date for hospice care to begin: \_\_\_\_\_  
Date Location

|   |      |
|---|------|
| Hospice Savannah Representative Signature | Date |
|---|------|



## MEDICAID HOSPICE ELECTION FORM

### MEMBER INFORMATION

|                        |               |
|------------------------|---------------|
| Name                   | Address       |
| Medicaid Number        |               |
| Social Security Number | Date of Birth |

### HOSPICE INFORMATION

|                                 |                               |
|---------------------------------|-------------------------------|
| Hospice Savannah, Inc.          | 1352 Eisenhower Drive         |
| Hospice Name                    | Address                       |
| 000371764A                      | (912) 355-2289                |
| Provider Number                 | Telephone Number              |
| Effective Date for Hospice Care | ICD Code of Primary Diagnosis |
| Primary Diagnosis               | Date of Onset                 |

### ATTENDING PHYSICIAN INFORMATION

|                          |  |
|--------------------------|--|
| Attending Physician Name | Attending Physician Medicaid or NPI Number |
|--------------------------|--|

Date Last Seen MM/DD/YY

### ELECTION STATEMENT

- ♦ I understand that my physician has certified me as being terminally ill with a medical prognosis of six (6) months or less, if the disease runs its normal course.
- ♦ The Georgia Medicaid Hospice Services Program has been explained to me. I have been given the opportunity to discuss the services, benefits, requirements and limitations of this program and the terms of the election statement.
- ♦ (Adults over age 21 only) I understand that by signing the election statement I am waiving all rights to regular Medicaid services except for payment to my attending physician, treatment for medical conditions unrelated to my terminal illness, medical transportation, dental services and Medicaid pharmacy services for prescriptions not covered under hospice.
- ♦ I understand that I will be entitled to Medicaid sponsored hospice services if I am Medicaid eligible and physician certified as required for each benefit period. These services are provided in benefit periods for an initial ninety (90) day period, a subsequent ninety (90) day period and for each subsequent sixty (60) day period.
- ♦ I understand that I may revoke the hospice benefit at any time by completing the appropriate form, specifying the date when the revocation is to be effective and submitting the statement to the hospice prior to that date; however, that if I choose to revoke hospice services during a benefit period, I am not entitled to coverage for the remaining days of that benefit period. At the same time I revoke hospice services, I understand my rights to other Medicaid services will resume, provided I continue to be Medicaid eligible.
- ♦ I understand that I may change the designated hospice provider, one time during a benefit period, without affecting the provision of my hospice benefits. To change the designation of hospice providers, I must dis-enroll with the hospice from which care has been received and elect a new hospice provider.
- ♦ I understand that if I am a Medicare beneficiary, I must elect to use the Medicare Hospice Benefit.
- ♦ I understand that if I elected the Medicare Hospice Benefit and am eligible for Medicaid, I must also elect the Medicaid Hospice Benefit.
- ♦ My choice for my attending physician is: \_\_\_\_\_

### Signatures:

|  |      |
|--|------|
| Member or Representative Signature, Relationship of Representative | Date |
| Hospice Representative   | Date |

### Nursing Facility (if applicable)

I understand that this individual's election of the hospice benefit and waiver of Medicaid reimbursement for nursing facility services for the duration of election under the hospice program. Medicaid reimburses the hospice provider for nursing facility room and board when the individual resides in the nursing facility and the hospice reimburses the nursing facility for room and board charges.

NURSING FACILITY REPRESENTATIVE SIGNATURE

DATE



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

Patient Number: \_\_\_\_\_

## STATEMENT OF FINANCIAL RESPONSIBILITY

Financial responsibility for hospice services is indicated by the patient's payer source checked below:

### PAYOR SOURCE

( ) **Medicare Hospice**

Fully covers the cost of routine care, inpatient acute care and respite care at Hospice Inpatient Unit. The patient is responsible for costs of services not authorized by Hospice Savannah, Inc., not a part of the plan of care, and/or not related to the terminal illness.

( ) **Medicaid Hospice**

Fully covers the cost of routine care, inpatient acute care and respite care at Hospice Inpatient Unit. The patient is responsible for costs of services not authorized by Hospice Savannah, Inc., not a part of the plan of care, and/or not related to the terminal illness. **The patient is also responsible for a patient liability amount as determined by Medicaid.**

Have you ever applied for Social Security Disability? \_\_\_\_\_

Have you ever applied for Medicaid? \_\_\_\_\_

( ) **Private Insurance** – Company Name: \_\_\_\_\_

Verification of benefits is not a guarantee of payment. Determination of coverage is made by the insurer based on the advice of their medical staff after the claim is received. Refer to Precertification Form. **The Patient is also responsible for co-insurance and deductible payments as determined by their private insurance plan.**

( ) **Private Pay**

The amount per day, based on level of care:

|   |       |
|---|-------|
| Routine (Home or Hospice Inpatient Unit)        | \$195 |
| Continuous Care (Home)                          | \$990 |
| Respite Care (Hospice Inpatient Unit)           | \$181 |
| General Inpatient Care (Hospice Inpatient Unit) | \$761 |

**Our Finance Department Patient Account Representative will contact the patient or caregivers/families to discuss financial responsibilities related to co-insurance, deductibles and payment options. For assistance with questions regarding costs of hospice services please contact our Patient Accounts Representative at 912-355-2289 or 1-888-355-4911.**

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospice Savannah Representative Signature

\_\_\_\_\_  
Date

WHITE COPY: Hospice Savannah

YELLOW COPY: Patient/Representative



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

Patient #: \_\_\_\_\_

## **Allow Natural Death (Do Not Resuscitate Order)**

I, \_\_\_\_\_ request limited emergency care as herein described.  
(Patient/Representative Name)

By allowing a natural death in the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated. I understand that "Allow Natural Death" means that if my heart stops beating or that I stop breathing that no medical treatment will be started or continued. The result of this is that I will be allowed to die naturally.

This is my personal voluntary choice and I assume the ultimate result, releasing my physician, Hospice Savannah, Inc., hospital, pre-hospital EMS, and all other persons attending my care from all liability and this release will be binding upon my heirs and estate. All medical providers may rely upon this document alone. If I wish to change my mind, I will destroy this document to revoke it. This "Allow Natural Death" (Do Not Resuscitate) order will remain in effect during any disability or unconsciousness that may occur.

I understand I may revoke this directive at any time. I will notify Hospice Savannah, Inc., and my physician immediately if this directive is revoked.

I give my permission for this information to be given to paramedics, doctors, nurses or other health personnel as necessary to implement these directives. This "Allow Natural Death" (Do Not Resuscitate) order will be maintained in my permanent medical record.

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

If patient is in a nursing facility, they MUST obtain a second physician's signature:

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Hospice Savannah acknowledges and is respectful of patient/family end of life choices. Therefore, Hospice Savannah does not require "Do Not Resuscitate" status for admission to Hospice Savannah services. Patients and caregivers are provided information and counseling regarding end of life decisions. Hospice Savannah does not cover expenses relating to initiating artificial life support, including emergency ambulance and related hospital expenses. This is aggressive care and will be considered a revocation of hospice care.

† Due to the portability phrasing of the Georgia Statute, a copy of the patient's previous DNR status is attached and I have verified that it is the current wishes of the patient.

\_\_\_\_\_  
Hospice Savannah Representative

\_\_\_\_\_  
Date

WHITE: Chart

YELLOW: Patient



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

Patient #: \_\_\_\_\_

## Hospice Inpatient Unit General Inpatient Admission Agreement

Hospice Inpatient Unit is Hospice Savannah's inpatient facility and is for a short-term stay (only a few days) to manage uncontrolled symptoms like shortness of breath, nausea, vomiting, or anxiety. Once the acute symptoms are under reasonable control the patient is transferred home for ongoing care by the family, with the help of the home care team.

Hospice Savannah wants to ensure that all patients, families, and loved ones understand **prior to admission** to Hospice Inpatient Unit the following criteria and limitations for General Inpatient Care. **General inpatient care is for acute pain and symptom management that cannot be provided in other settings.**

**Please initial to signify your understanding.**

1. I understand that Hospice Inpatient Unit is a **short term** (usually a few days to 1 week) care facility.  
\_\_\_\_\_ (Patient/authorized representative initials)
2. I understand that discharge planning begins at the time of admission to Hospice Inpatient Unit. \_\_\_\_\_ (Patient/patient representative initials)
3. I understand that I may need to move my loved one to a more appropriate setting should my loved one not meet the criteria to stay in Hospice Inpatient Unit for General Inpatient Care. Alternative settings include: private residence, nursing home, or assisted living facility. The Hospice Inpatient Unit Team is available to help guide me with this decision.  
\_\_\_\_\_ (Patient/patient representative initials)
4. **symptoms, the level of care will change to residential. A Room & Board charge of \$\_\_\_\_\_/day will occur. This is a non-covered charge by Medicare and most insurances.**  
\_\_\_\_\_ (Patient/patient representative initials)

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**Patient/Representative Signature**

**Date**

---

Hospice Representative Signature

Date







## Medication Record

Patient Name: \_\_\_\_\_  
 Patient ID: \_\_\_\_\_

| Drug Name | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Comments |
|-----------|-----|-----|------|-----|------|-----|-----|----------|
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
| Drug Name | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Comments |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
| Drug Name | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Comments |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
| Drug Name | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Comments |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |
|           |     |     |      |     |      |     |     |          |

