



Serving Northwest NJ and Northeast PA

# Patient/Family Orientation for Hospice Care



#### STATEMENT OF CONFIDENTIALITY

This booklet may contain protected health information. Persons other than you and your health care providers must have your permission to view this booklet.

Administrative Office  
99 Sparta Avenue  
Newton, New Jersey 07860  
Phone: 1-800-882-1117  
Fax: (973) 383-6889  
website: [www.karenannquinlanhospice.org](http://www.karenannquinlanhospice.org)

# Office Hours and On-Call Guidelines

## OFFICE HOURS

Our office hours are Monday through Friday from 8:30 a.m. to 4:30 p.m., except during holidays. You may reach us by calling 1-800-882-1117 during normal office hours.

### Issues that are handled during regular office hours:

- Medication refills
- Messages for the primary nurse:
  - You need the nurse to bring or order supplies (diapers, Chux, etc.)
  - Questions about your visit schedule
- Lab or bloodwork results
- Questions about the hospice aide

**VISIT CANCELLATIONS:** If for any reason you need to cancel your scheduled visit, please call **1-800-882-1117**. The hospice manager will alert your staff and reschedule the visit. Your hospice team will make every effort to advise you of their schedule for visiting. If we need to cancel a planned visit, the hospice manager will call you to reschedule.

## ON-CALL GUIDELINES

### Call 1-800-882-1117 at any time.

A registered nurse (RN) is available 24 hours a day, 7 days a week to assist you with problems after regular office hours, on weekends or holidays. We will talk with you by phone to determine your needs. When appropriate, a nurse will come to your place of residence. We are available after regular office hours for urgent conditions.

**Do not call 911 before calling the on-call nurse.** Should you call 911, this may not be a covered hospice expense. The following is a list of some reasons for which you may need to contact us after regular hours. We do not carry medications with us and cannot give anything unless ordered by the physician.

### 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 8 hours associated with discomfort
- Uncontrolled nausea, vomiting or diarrhea
- Uncontrolled bleeding
- Temperature above 101°F that does not respond to Tylenol®
- Unable to awaken patient (new problem)
- Catheter leaking
- Chest pain
- Patient taken to the hospital
- Immediate support issues
- Patient death



## SECTION I. Mission, Vision and Philosophy

### ***Mission Statement:***

Karen Ann Quinlan Hospice is a not-for-profit organization that provides a full continuum of high quality medical, emotional and spiritual services to hospice patients, their family members and the community.

### ***Vision Statement:***

We will be the leading provider of home and community-based health services. Our care will be defined by comfort, compassion, individual respect and personal dignity afforded to all. We will continue to foster the advancement of quality of care for our patients and families.

### ***Philosophy:***

Karen Ann Quinlan Hospice:

- Provides the highest quality of hospice services that are responsive to the patient's needs, supportive of the family and under the direction of the patient's primary physician.
- Is an active hospice provider member of the community operating in a responsible, efficient and cost-effective manner.
- Provides for sufficient resources to support the mission and insure the highest quality care.
- Commits to the hospice philosophy of caring that includes comfort, compassion, individual respect and personal dignity for all.
- Provides services regardless of age, race, creed, color, disability, national origin, ancestry, marital status, sex, affectional or sexual orientation or ability to pay.

## LANGUAGE ASSISTANCE SERVICES

- Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-882-1117.
- Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-882-1117。
- Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-882-1117 번으로 전화해 주십시오.
- Portuguese (European):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-882-1117.
- Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-882-1117.
- Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-882-1117.
- Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-882-1117.
- Arabic:** ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-882-1117.
- Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-882-1117.
- Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-882-1117.
- French Creole (Haitian):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-882-1117.
- Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-882-1117 पर कॉल करें।
- Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-882-1117.
- French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-882-1117.
- Urdu:** خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-882-1117

**TTY SERVICE: English: 1-800-852-7899 (NJ)/1-800-654-5984 (PA)**  
**Spanish: 1-866-658-7714 (NJ)/1-844-308-9291 (PA)**

## SECTION II. Hospice Overview

### POLICIES

This booklet contains general information regarding your rights and responsibilities as a patient. As state and federal regulations change, there may be additions or changes to this booklet as necessary. Our complete policy and procedure manual regarding your care and treatment is available upon request for your viewing at the agency office at any time during normal office hours.

Policies and procedures for hospice and home care are constantly under review. Changes/additions are made, as appropriate, utilizing New Jersey and Pennsylvania Department of Health Licensure Regulations, Federal Conditions of Participation, Medicare regulations and Community Health Accreditation Partner (CHAP) standards. Any such changes are presented quarterly at the Professional Advisory Committee (PAC) meetings for approval. Additionally, a member of the PAC reviews the policy and procedure manuals annually, and the PAC approves such review.

### HOSPICE SERVICES

#### **Nursing:**

- 1-5 visits per week (no block time).
- 24 hour-a-day, 7 day-a-week on-call coverage.
- Work with primary physicians to keep the patient comfortable and pain free at home.
- Provide emotional support for the patient and family.
- The nurse can pronounce the patient in the home 24 hours a day, 7 days a week.

#### **Physician Services:**

- The hospice medical director, physician employees and contracted physician(s) of the hospice, 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 medical director, contracted physician and/or the hospice physician employee is responsible for meeting your medical needs.

#### **Social Services:**

- Initial visit for a financial assessment. If the patient does not have Medicare, we will work along with their insurance. If insurance will not cover our services, we have a sliding scale fee to no fee. We do not turn anyone away for non-ability to pay.
- Provides counseling services for the patient and family.
- Facilitates access to community services.

**Volunteer Services:**

- Hospice has trained volunteers who can provide:
  - Respite for the family
  - Companionship for the patient
  - Run errands
  - Do shopping
  - Babysitting, etc.

**Spiritual Counseling:**

- Make visits to patients and families, as requested, to provide spiritual support, pastoral care, scripture reading, praying and emotional support.

**Dietary Counselor:**

- Dietary counseling may be provided by a dietitian, nurse or other qualified staff member to address and ensure that your dietary needs are met.

**Equipment:**

- Hospice can facilitate the ordering of equipment for hospice patients.
- Under the Medicare benefit, equipment approved by the hospice team is covered 100%.
- For insurance cases, hospice will work along with the insurance company to facilitate reimbursement.

**Medications:**

- Under the Medicare benefit, medications related to the terminal diagnosis and that are ordered by the physician are covered 100%. Palliative chemotherapy and radiation that are ordered by the doctor and approved by the hospice team are also included.
- For insurance cases, hospice will work along with the patient and family to facilitate reimbursement.
- Medicare Part D will no longer pay for some drugs you currently take. Your hospice nurse will review all your medications and will discuss with your physician those that will no longer be covered and are no longer required at the time. Be assured that we will continue to provide all medications that are necessary to ensure your quality of life and comfort. You do however retain the option to pay for non-covered drugs out of pocket should you so choose.

**Inpatient Respite:**

- Up to five (5) days of respite care at a contractual hospital, nursing care facility or inpatient hospice facility will be paid by hospice, if approved by the hospice interdisciplinary group. This benefit may be used to give the family/caregiver a rest and the patient does not need to meet acute care standards.

**General Inpatient Care:**

- Care is provided at a contractual hospital, skilled nursing facility or inpatient hospice facility for patients who need pain control or acute/chronic symptom management which cannot be managed in other settings. The necessity for inpatient care and paid length of stay will be determined by the hospice interdisciplinary group. If a hospice patient needs hospitalization for any reason unrelated to the terminal diagnosis, traditional Medicare Part A will be utilized.

**Continuous Home Care:**

- A minimum of eight (8) hours of care per day may be provided during periods of crisis to maintain the patient at home. Criteria for continuous home care are the same as general inpatient care and consist predominantly of nursing care; however, hospice aides or homemakers may also supplement nursing care.

**Hospice Aide Services:**

- Under the Medicare benefit - upon assessment of the family and approved by the hospice team, hospice aide services can be arranged. (Additional information provided in the following section.)

**Occupational Therapy, Physical Therapy, Speech/Language Pathology:**

- Physical, Occupational and Speech Therapy services are provided by a licensed therapist or licensed therapy assistant under the direction of the therapist. Therapy services may be provided for symptom control or to enable you to maintain activities of daily living and basic functional skills.
- Can be provided to improve the patient's quality of life. They must be ordered by the physician and be approved by the hospice team.

**Bereavement:**

- Hospice will follow families for 13 months in bereavement, which includes phone calls, visits, follow-up letters and support groups.

<b>HOSPICE AIDE INFORMATION</b>
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**What is a Hospice Aide?**

A hospice aide is an individual with nurse's aide type training. Karen Ann Quinlan Hospice employs and utilizes hospice aides who are "certified." This means that they have taken a Medicare-approved training course and have passed a written and practical examination and possess certification through the New Jersey State Board of Nursing. Certified hospice aides practice only under the instruction and supervision of a registered nurse (RN).

**How Much Time Will the Aide Spend With Me?**

The primary function of the hospice aide is to perform or assist personal care. Personal care is bathing, dressing, turning and positioning, assisting with transfers from bed to chair, helping to carry out home exercise programs left by a therapist - anything that requires "hands-on" assistance.

Because levels of ability and/or disability vary so widely, we prefer to talk about the time it takes to complete the tasks necessary for the patient's care rather than time measured on a clock. It may take one (1) hour to assist with personal care for someone who requires moderate assistance and two (2) hours to provide personal care for someone who is bed bound, incontinent and in need of spoon feeding.

The hospice aide will stay in the home for 1-2 hours. Depending upon patient and family needs, extended circumstances may warrant additional time, but only with supervisory approval. They care for several patients with varying needs everyday.

### **What Types of Things Can a Hospice Aide Do For Me?**

Under the supervision and direction of a registered nurse, the hospice aide may:

- Bathe or assist with bathing, shampooing and dressing.
- Assist with use of the bedpan, urinal or commode.
- Assist with transfers (bed to chair, sit to stand, stand to sit, chair to bed; may use mechanical devices to assist with transfers).
- Assist with simple dressings without medication; reinforcement of dressings originally applied by a nurse or family member.
- Make observation of changes in physical or mental condition (and report of same to the nurse).
- Meal planning and preparation.
- Temperature, pulse and respiration testing.
- Assist with oral medications that have been pre-poured by the nurse or a family member (that are ordinarily self-administered, as ordered by the physician). Patient must self-administer.
- Assist with following home exercise programs left by therapists.
- Assist with putting on braces and prostheses as directed by the nurse.
- Assist with following medical recommendations of rest, exercise and physical activity.
- Assist with use of medical and rehabilitation equipment.

### **Doesn't the Hospice Aide Also Do Housework and Shopping?**

Medicare dictates that at least 75% of the hospice aide's time in the home is spent doing personal or "hands-on" care. This means that, incidental to the hospice aide's time doing personal care, he or she may clean the patient's immediate living area, usually the bedroom or prepare a meal or do the patient's personal laundry.

Because the time allowed to do these incidental tasks is so limited, it is anticipated that patients and family members will discuss these needs with the nurse on the first visit. For those tasks beyond the ordinary ability of the hospice aide, the nurse will make alternative suggestions.

### **Are There Things That a Hospice Aide Cannot Do?**

Yes! A hospice aide cannot:

- Change a sterile dressing or one that requires application of medication.
- Give an enema or irrigate a colostomy.
- Apply heat in any form.
- Irrigate or change a Foley catheter.



- Perform vaginal irrigations.
- Give injections.
- Drive the patient or family members in an automobile.
- Accompany a patient to the doctor's office.
- Lift the entire weight of the patient.
- Massage a limb.
- Clip finger or toe nails.
- Give a tub bath.
- Perform general housecleaning.

### **How Long Will the Aide Be Provided?**

When hospice care stops, the hospice aide also stops. This means that when the visiting nurse discontinues hospice care, or the patient revokes or goes to a nursing home or hospital, the hospice aide also stops.

### **What If the Patient Needs Someone To Stay With Them For Safety?**

Certified hospice aides provide a higher level of care than do companions. In your admission binder you will find community resources that may assist you. Our volunteer coordinator will be in touch with you to offer additional volunteer resources. We would be happy to discuss any special needs you may have or to further explain the role of the hospice aide. Please call us between 8:30 a.m. and 4:30 p.m.

### **Does the Hospice Aide Receive On-Going Education?**

Yes. Karen Ann Quinlan Foundation has signed a pledge to assure all of our patients and families of the highest quality of care possible. Anyone of our hospice aides will be able to provide consistently good care for your loved one. Part of that pledge covers our staff competencies (ability to do the best work). We are proud to offer their services since it represents education and support in caring for very sick people in their own homes.

In order to maintain this high standard of care, the certified hospice aide will attend a session just one day a month on a Wednesday at 3:00 p.m. at the hospice office. The meeting provides ongoing education, support and an opportunity to benefit from being a member of a team in practice. The hospice aide will benefit and thereby our patients will benefit.

To minimize the inconvenience to you, we are asking that the visit to each patient on the day of in-service be shortened by thirty minutes. This way, no one family will have to do without their aide for the day. It is possible that the condition of the patient may mean that the hospice aide's presence is necessary and can not be released early. Any conflicts should be shared with the nurse not with the hospice aide. Special arrangements will be made through the hospice coordinator if this need persists.

We appreciate your understanding and sharing of our commitment to sending only the finest hospice aides into your home.

## **EXPERIENCE OF CARE/PATIENT SATISFACTION SURVEYS**

Our hospice has contracted with Deyta (HEALTHCAREfirst), a vendor approved by the Centers for Medicare and Medicaid Services (CMS) to perform mandatory Consumer Assessment of HealthCare Providers and Systems (CAHPS) surveys. The survey considers you and your primary caregiver as a unit of care. Deyta (HEALTHCAREfirst) may contact your caregiver or family member by mail or telephone after your death to evaluate the experience of care and services you and your loved ones received from our hospice agency.

Our patients are very important to us. Please ask questions if something is unclear regarding our services or the care you receive or fail to receive. Our hospice agency may also contact you, your caregiver or family at intervals to assess your satisfaction with the care and services we are providing. We will not ask the same questions included in the CAHPS survey. Your answers will help us to improve our services and ensure that we meet your needs and expectations.

## **NOTICE OF NONDISCRIMINATION/FILING A GRIEVANCE**

Karen Ann Quinlan Hospice does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, diagnosis, sexual preferences, ability to pay or source of payment per federal regulations. The Organization has adopted an internal grievance procedure providing for prompt resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act and its implementing regulations issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. The Act may be examined in the office of the Director of Bereavement/Section 1557 Coordinator, 99 Sparta Avenue, Newton, NJ 07860; Phone: (973) 383-0115. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age, religion, disability, diagnosis, sexual preferences, ability to pay or source of payment may file a grievance under this procedure. It is against the law for the Organization to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Karen Ann Quinlan Hospice provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats); and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the office of the Director of Bereavement, Section 1557/Civil Rights Coordinator.

Grievances must be submitted to Karen Ann Quinlan Hospice within 60 days of the date you become aware of the possible discriminatory action, and must state the problem and the solution sought. We will issue a written decision on the grievance based on a preponderance of evidence no later than 30 days after its filing, including a notice of your right to pursue further administrative or legal action. You may also file an appeal of our decision in writing to the Administrator within 15 days. The Administrator will issue a written response within 30 days after its filing.

The availability and use of this grievance procedure does not prevent you from pursuing other legal or administrative remedies.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by using any of the following methods:

- Submit electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
- Write to U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.
- Call 1-800-368-1019 (toll free) or 1-800-537-7697 (TDD).

## PROBLEM SOLVING PROCEDURE

If you feel that our staff has failed to live up to our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal:

1. Notify the Hospice Administrator by phone at **1-800-882-1117**, Monday through Friday from 8:30 a.m. to 4:30 p.m. You may also submit your complaint in writing to 99 Sparta Avenue, Newton, NJ 07860. Most problems can be solved at this level.
2. You may also contact the state's toll-free hospice hotline. The hotline receives complaints or questions about local hospice agencies and complaints regarding the implementation of advance directive requirements.
  - New Jersey Hotline:** Call **1-800-792-9770**. The hotline operates 24 hours a day, 7 days a week. You may also write to the New Jersey Department of Health, Division of Health Facilities Evaluation and Licensing, P.O. Box 367, Trenton, NJ 08625-0367.
  - Pennsylvania Hotline:** Call **1-800-254-5164**. Voicemail is available 24 hours a day, seven days a week. Leave a message and your call will be returned by the next business day. Normal business hours are Monday through Friday (except holidays) from 8:00 a.m. to 4:30 p.m. You may submit your complaint in writing to Pennsylvania Department of Health, Complaint Unit, Health and Welfare Bldg., 8th Floor West, 625 Forster St., Harrisburg, PA 17120.
3. You may also contact the CHAP hotline 24 hours a day at **1-800-656-9656**.

## **SECTION III. Hospice Patient's Rights**

1. To treatment and services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment;
2. To be given a verbal and written notice in a language and manner that the patient understands, prior to the initiation of care, of these patient rights and any additional policies and procedures established by the agency involving patient rights and responsibilities. If the patient is unable to respond, the notice shall be given to a family member or an individual who is a legal representative of the patient.
  - i. The hospice shall obtain the patient's or representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.
  - ii. If the patient has been adjudged incompetent under state law by a court with jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf.
  - iii. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law;
3. To receive information about the services covered under the hospice benefit and to receive information about the scope of services that the hospice will provide and specific limitations on those services;
4. To be informed in writing of the following:
  - i. The services available from the hospice;
  - ii. The names and professional status of personnel providing and/or responsible for care;
  - iii. The frequency of home visits to be provided;
  - iv. The hospice's daytime and emergency telephone numbers; and
  - v. Notification regarding the filing of complaints with the New Jersey Department of Health, Health Facilities, Division of Health Facilities Evaluation and Licensing 24-hour Complaint Hotline at 1-800-792-9770, or in writing to:

New Jersey State Department of Health  
Division of Health Facilities Evaluation and Licensing  
P.O. Box 367  
Trenton, New Jersey 08625-0367
5. To receive, in terms that the patient understands, an explanation of his or her plan of care, expected results, and reasonable alternatives. If this information would be detrimental to the patient's health, or if the patient is not able to understand the information, the explanation shall be provided to a family member or an individual who is a legal representative of the patient and documented in the patient's medical record;

6. To receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and health care personnel.
  - i. Hospices shall make efforts to secure a professional, objective interpreter for hospice-patient communications, including those involving the notice of patient rights;
7. To receive the care and health services that have been ordered;
8. To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness, in accordance with N.J.A.C. 8:43E-6;
9. To choose his or her attending physician or APN;
10. To participate in the planning of his or her hospice care and treatment;
11. To refuse services, including medication and treatment, provided by the facility and to be informed of available hospice treatment options, including the option of no treatment, and of the possible benefits and risks of each option;
12. To refuse to participate in experimental research. If he or she chooses to participate, his or her written informed consent shall be obtained;
13. To receive full information about financial arrangements, including, but not limited to:
  - i. Fees and charges, including any fees and charges for services not covered by sources of third party payment;
  - ii. Copies of written records of financial arrangements;
  - iii. Notification of any additional charges, expenses, or other financial liabilities in excess of the predetermined fee; and
  - iv. Description of agreements with third-party payors and/or other payors and referral systems for patients' financial assistance;
14. To express grievances regarding care and services by anyone who is furnishing services on behalf of the hospice to the hospice's staff and governing authority without fear of reprisal, and to receive an answer to those grievances within a reasonable period of time;
15. To be free from mistreatment, neglect, mental, verbal, sexual and physical abuse and from exploitation, including corporal punishment, injuries of unknown source and misappropriation of patient property;
16. To be free from restraints, unless they are authorized by a physician for a limited period of time to protect the patient or others from injury;
17. To be free from seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation by staff;
18. To be assured of confidential treatment of his or her medical health record, and to approve or refuse in writing its release to any individual outside the hospice, except as required by law or third party payment contract;
19. To be treated with courtesy, consideration, respect, and recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy and confidentiality concerning patient treatment and disclosures;
20. To be assured of respect for the patient's personal property;

21. To retain and exercise to the fullest extent possible all the constitutional, civil, and legal rights to which the patient is entitled by law, including religious liberties, the right to independent personal decisions, and the right to provide instructions and directions for health care in the event of future decision making incapacity in accordance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., and any rules which may be promulgated pursuant thereto;
22. To be informed by the hospice of and receive written information concerning the hospice's policies on advance directives, including a description of applicable state law;
23. To be transferred to another hospice provider only for one of the reasons delineated in the Standards for Licensure of Residential Health Care Facilities, N.J.A.C. 8:43-4.16(g); and
24. To discharge himself or herself from treatment by the hospice.

**YOU ALSO HAVE THE RIGHT:**

1. To exercise your rights as a hospice patient without discrimination or reprisal for doing so. Your court appointed representative or the legal representative you have selected in accordance with state law, may exercise these rights for you in the event that you are not competent or able to exercise them for yourself;
2. To have these rights provided to you or your representative verbally and in writing in a language and manner you can understand, during the initial assessment visit before care is provided and on an ongoing basis, as needed;
3. To have a relationship with our staff that is based on honesty and ethical standards of conduct. To have ethical issues addressed, and inform you of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship;
4. To be free from mistreatment, neglect, verbal, mental, sexual and physical abuse, injuries of unknown source and misappropriation of your property. All mistreatment, abuse, neglect, injury and exploitation complaints by anyone furnishing service on behalf of hospice are reported immediately by our staff to the hospice administrator. All reports will be promptly investigated and immediate action taken to prevent potential violations during our investigation. Hospice will take appropriate corrective action in accordance with state law. All verified violations will be reported to the appropriate state/local authorities, including to the state survey and certification agency, within five (5) working days of becoming aware of the violation;
5. Be free from physical and mental abuse, corporal punishment, restraint or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation by staff while receiving care in a hospice-operated inpatient facility;
6. To have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on race, age, religion, national origin, sex, sexual preferences, disability, diagnosis, ability to pay, or source of payment. If you feel that you have been the victim of discrimination, you have the right to file a grievance without retaliation for doing so;

7. To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice without fear of coercion, discrimination, restraint, interference, reprisal or an unreasonable interruption of care, treatment or services for doing so. The organization must document both the existence of a complaint and the resolution of the complaint;  
To call the state's hospice hotline that receives complaints or questions about local hospice agencies and complaints concerning the implementation of advance directive requirements:
  - New Jersey Hotline:** Call **1-800-792-9770**. The hotline operates 24 hours a day, 7 days a week.
  - Pennsylvania Hotline:** Call **1-800-254-5164**. Voicemail is available 24 hours a day, 7 days a week.You may also contact the CHAP hotline 24 hours a day at **1-800-656-9656**.
8. To choose your attending physician and other health care providers and communicate with those providers;
9. To be informed in advance about the services covered under the hospice benefit, the scope of services hospice will provide, service limitations, the responsibilities of staff members who are providing and responsible for your care, treatment or services; expected and unexpected outcomes, potential risks or problems and barriers to treatment;
10. To be involved in developing your hospice plan of care and to participate in changing the plan whenever possible and to the extent that you are competent to do so;
11. To be advised of any change in your plan of care before the change is made;
12. To have family involved in decision making as appropriate, concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law;
13. To be informed in writing of the agency's policies and procedures on advance directives, including a description of applicable state law before care is provided;
14. You will be informed if we cannot implement an advance directive on the basis of conscience;
15. To have your wishes concerning end-of-life decisions addressed and to have health care providers comply with your advance directives in accordance with state laws and receive care without conditions or discrimination based on the execution of advance directives;
16. To refuse or discontinue care, treatment and services without fear of reprisal or discrimination. You may refuse part or all of care/services to the extent permitted by law; however, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care;

17. To have your person treated with respect and security during home care visits;
18. Restrict visitors or have unlimited contact with visitors and others and to communicate privately with these persons if you are residing in an inpatient hospice facility;
19. To confidentiality of written, verbal and electronic information including your medical records and information about your health, social and financial circumstances or about what takes place in your home;
20. To refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis or treatment;
21. To access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records. Our Notice of Privacy Practices describes your rights in detail;
22. To be advised orally and in writing of any changes in the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient. The HHA must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the HHA becomes aware of a change;
23. To have access, upon request, to all bills for services you have received regardless of whether the bills are paid by you or another party;
24. To receive care of the highest quality;
25. To receive effective pain management and symptom control from the hospice for conditions related to your terminal illness. You also have the right to receive education about your role and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments;
26. To be admitted only if we can provide the care you need. A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our limitations and the lack of a suitable alternative;
27. To be told what to do in case of an emergency;
28. To receive pastoral and other spiritual services; and
29. To dignity and positive self-image and to have an environment within the inpatient hospice facility that preserves dignity and contributes to a positive self-image.



## PATIENT RESPONSIBILITIES

### **Each patient and family has the responsibility:**

1. To be under medical supervision as required by hospice, including examinations by a physician, and notify hospice of any change in physician.
2. To inform the physician or nurse of present complaints, unexpected changes in health or reactions to medications and treatments, and make it known if he/she does not understand or cannot follow instructions.
3. To ask questions when he/she does not understand about his/her care, treatment, and services or other instructions about what he/she is expected to do. If he/she has concerns about the care or cannot comply with the plan, let us know.
4. To cooperate with hospice staff without discrimination as to race, religion, age, sex, handicap or national origin.
5. To treat hospice staff with dignity, courtesy and respect.
6. To follow the plan of care designated specifically for him/her in consultation with health professionals providing care.
7. To supply accurate and complete medical history information to his/her nurse and the hospice.
8. To cooperate in giving full and honest information about financial and environmental factors that affect health status.
9. To inform hospice when you will not be able to keep hospice service appointments.
10. To provide information necessary to ensure processing of bills, including proof of health insurance coverage or an alternate plan for payment.
11. To make available, if possible and necessary, a family member or substitute, able and willing to participate in care.
12. To request further information concerning anything you do not understand.
13. To secure animals when a staff member is present to prevent any confrontation that would require mandatory reporting to animal control.
14. To follow the organization's rules and regulations.
15. To make funeral arrangements and inform Karen Ann Quinlan Hospice staff of these arrangements.

## NOTICE OF PRIVACY PRACTICES

**I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

We are legally required to protect the privacy of your health information. We call this information "protected health information" or "PHI" for short. It includes information that can be used to identify you and that we've created or received about your past, present or future health condition, the provision of health care to you, or the payment for this health care. We are required to provide you with this notice about our privacy practices. It explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Whenever we make an important change to our policies, we will promptly change this notice, post a new notice in the main reception area, and provide you with a copy of the new notice at your next visit. You can also request a copy of this notice from the contact person listed in Section IV below at any time and can view a copy of this notice on our web site at [KarenAnnQuinlanHospice.org](http://KarenAnnQuinlanHospice.org).

**III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosures.

**A. Uses and Disclosures Which Do Not Require Your Authorization.**

We may use and disclose your PHI without your authorization for the following reasons:

1. **For treatment.** We may disclose your PHI to hospitals, physicians, nurses and other health care personnel in order to provide, coordinate or manage your health care or any related services, except where the PHI is related to HIV/AIDS, genetic testing, or federally funded drug or alcohol abuse treatment facilities or where otherwise prohibited pursuant to State or Federal law. For example, we may disclose PHI to a pharmacy to fill a prescription or to a laboratory to order a blood test.
2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing staff and your health plan to get paid for the health care services we provided to you. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. For example we may disclose your demographic information to anesthesia care providers for payment of their services.
3. **For health care operations.** We may disclose your PHI, as necessary, to operate this facility and provide quality care. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.
4. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; when dealing with gunshot or other wounds; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or when subpoenaed or ordered in a judicial or administrative proceeding.

5. **For public health activities.** For example, we may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting that information; to prevent, control, or report disease, injury or disability as permitted by law; to conduct public health surveillance, investigations and interventions as permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
6. **For health oversight activities.** For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative or criminal investigations, proceedings or actions; or other activities necessary for appropriate oversight as authorized by law.
7. **To coroners, funeral directors and for organ donation.** We may disclose PHI to organ procurement organizations to assist them in organ, eye or tissue donations and transplants. We may also provide coroners, medical examiners and funeral directors necessary PHI relating to an individual's death.
8. **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
9. **To avoid harm.** In order to avoid a serious threat to the health or safety of you, another person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
10. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security and intelligence activities.
11. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
12. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer. Please let us know if you do not wish to have us contact you for these purposes or if you would rather we contact you at a different telephone number or address.

**B. Uses and Disclosures Where You to Have the Opportunity to Object:**

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.
2. We have the right to contact you regarding fundraising efforts. You have the right to request not to receive subsequent fundraising materials.

**C. All Other Uses and Disclosures Require Your Prior Written Authorization.** Other than as stated above, we will not disclose your PHI without your written authorization. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon the authorization.

**D. Incidental Uses and Disclosures.** Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the patient's home that might be overheard by persons not involved in the patient's care would be permitted.

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.**

You have the following rights with respect to your PHI:

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request in writing that we limit how we use and disclose your PHI. You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction. For services rendered on or after February 17, 2010 that you have directly paid to us in full, you may ask us to restrict disclosure of PHI to your health plan and we will honor your request.

B. **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, via e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the manner you requested.

C. **The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures made for purposes of treatment, payment or health care operations, those made pursuant to your written authorization or those made directly to you or your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel or prior to April 14, 2003.

We will respond within 60 days of receiving your written request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed and the reason for the disclosure. We will provide one (1) list during any 12-month period without charge. Subsequent requests may be subject to a reasonable cost-based fee.

E. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request, in writing, that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request in writing. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to have your request and our denial attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. **The Right to Get This Notice by E-Mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

G. **The right to receive a Security Breach Notice.** You have a right to receive notice of a breach of your unsecured PHI.

## V. **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W.; Room 615F; Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

## VI. **PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Administrator, Karen Ann Quinlan Hospice, 99 Sparta Avenue, Newton, NJ 07860, 1-800-882-1117.

## VII. **EFFECTIVE DATE OF THIS NOTICE**

This notice is effective September 1, 2013.

## **SECTION V. Emergency Preparedness**

### **AGENCY EMERGENCY PREPAREDNESS PLAN**

In the event of a natural disaster, inclement weather or emergency, we have an emergency plan to continue necessary patient services. We will make every effort to continue home care visits; however, the safety of our staff must be considered.

When roads are too dangerous to travel, our staff will contact you by phone, if possible, to let you know that they are unable to make your visit that day. Every possible effort will be made to ensure that your medical needs are met. Please notify our office if you evacuate to another location or emergency shelter.

### **POWER OUTAGE**

If you need help in a power outage and our phone lines are down:

- Call 911 or go to the emergency room if you have an emergency.
- Call your closest relative or neighbor if it is not an emergency.

### **WINTER STORM**

Heavy snowfall and extreme cold can immobilize a region, resulting in isolation. Icy and/or blocked roads and downed power lines can happen any time it is cold or snowy. Wear layers of loose, lightweight, warm clothes, rather than one heavy layer. Wear hats and outer layers that are tightly woven and water repellent. Mittens will keep your hands warmer than gloves.

### **HOT WEATHER**

There is a higher risk for heat-related illness in the summer. When it is hot outside:

- Never leave anyone sitting in a closed, parked car.
- Drink lots of water even if you are not thirsty. Avoid alcohol and caffeine.
- Eat small, frequent meals.
- Stay inside and out of the sun. Stay on the lowest floor, pull shades over the windows and use fans if you do not have air conditioning.
- Mist or sponge yourself frequently with cool water.
- Use sunscreen.
- Wear hats and clothes that are loose and lightweight. Clothes with light colors will deflect the sun's energy.
- Talk to your doctor about how sun and heat exposure will affect you if you take drugs such as diuretics or antihistamines.
- Move to a cool place at the first sign of heat illness (dizziness, nausea, headache, cramps). Rest and slowly drink a cool beverage. Seek medical attention immediately if you do not feel better.

### **HURRICANE**

Preparation is the key to surviving a hurricane. Stay informed of the storm's path and its anticipated arrival. Be prepared for floods, high winds and damage to buildings and landscapes.

Move anything that is outside to a waterproof place. Cover windows with wood, shutters or masking tape. Fill your clean bathtub with water. Evacuate to a shelter if necessary.

## CHEMICAL EMERGENCY

In a chemical emergency, you may be told to shelter in place. This means staying where you are and making yourself as safe as possible until the emergency passes or you are told to evacuate. In this situation, it is safer to remain indoors than to go outside where the air is unsafe to breathe.

### **If you are told to shelter in place:**

- Close all windows in your home.
- Turn off all fans, heating and air conditioning systems.
- Close the fireplace damper.
- Go to an above-ground room (not the basement) with the fewest windows and doors.
- Take your Emergency Kit for the Home with you.
- Wet some towels and jam them in the crack under the doors.
- Tape around doors, windows, exhaust fans or vents.
- Use plastic garbage bags to cover windows, outlets and heat registers.
- If you are told there is danger of explosion, close window shades, blinds or curtains.
- Stay away from the windows.
- Stay in the room and listen to your radio until you are told all is safe or you are told to evacuate.

## EMERGENCY KIT FOR THE HOME

Bad weather can be dangerous, so be prepared. Keep a kit with these items in case you have a weather emergency:

- Battery-powered radio
- Medications
- Lamps and flashlights
- Extra blankets
- Extra batteries
- Water in clean milk or soda bottles
- Food that you don't have to cook
- Rock salt or sand for walkways
- Manual can opener
- Extra fuel
- Utensils, cups and plates

## SHELTER SUPPLIES

The following is a list of what to bring to a shelter during an evacuation:

- Two-week supply of medications
- Lightweight folding chair
- Medical supplies and oxygen
- Extra clothing, hygiene items, glasses
- Wheelchair, walker, cane, etc.
- Important papers
- Special dietary foods/can opener
- Valid ID with current name and address
- Air mattress/cot and bedding
- Hospice folder

Most shelters have electric power from a generator. If you evacuate to a shelter, bring your electrical devices (such as an oxygen concentrator).

## EMERGENCY PREPAREDNESS AND PETS

When disaster strikes, the same rules that apply to people apply to pets - if it is not safe for you, it is not safe for them. Planning ahead can make all the difference in whether your pet will survive a disaster.

- **ID your pet:** Consider having your pet micro-chipped. Make sure your pet is wearing a securely-fastened collar with up-to-date identification. Put your cell phone number on your pet's tag. Birds should be caged with identification attached to the cage.
- **Put together a disaster kit for your pet:** Food and water for at least five days for each pet; bowls, manual can opener, medications and medical records, including vaccination schedules; leashes, harnesses and carriers; cat litter box, litter and scoop; paper towels and garbage bags to collect your pet's waste; current photos of you with your pets to help others identify them in case you and your pets become separated, written information about feeding schedules, medical conditions and behavior issues. Plan to take your pets with you in an evacuation. If it is not safe for you to stay, it is not safe for them either.
- **Find a pet-friendly refuge ahead of time:** With the exception of service animals, pets usually are not allowed in public shelters. Make sure you know the hotels that will accept you and your pets in an emergency, and prepare a list with phone numbers. Call ahead for reservations if you know you may need to evacuate. Ask if no-pet policies could be waived in an emergency. Identify friends, boarding facilities, animal shelters or veterinarians that can care for your animals in an emergency. Although your animals may be more comfortable together, be prepared to house them separately.

## SECTION VI. Home Safety

There are many ways in which an accident or injury can occur in the home. The best precaution is to know how to prevent them. Even when we are careful, accidents can happen. If one does occur, remember to always remain calm and assess your options. If you are unable to move, call out for help. You may want to consider installing LifeLine<sup>®</sup> if you live alone or are alone for most of the day.

Always keep the telephone numbers to your local police and fire department near all the phones in your house. If you do not have these numbers posted, remember that you can always dial "0" for the operator or "911" if your area has it. Calmly and clearly tell the operator your name, address and what the problem is so you will receive the proper help.

Listed below are some ways to prevent minor accidents or injuries in the home. **Please speak with your nurse/therapist or call hospice at any time if you have any concerns or questions about patient safety.**

## PREVENTING FALLS

- Keep clutter out of walkways and off stairs.
- Close cabinet and closet doors.
- Be sure hallways and stairs are brightly lit.
- Keep a lamp near your bed, within easy reach.
- Clean up spills quickly.
- Put away toys and equipment after use.
- Be sure rugs and handrails are secure.
- Use a sturdy stepstool instead of climbing on counters and furniture.
- Install grab bars in the bathroom. Use non-skid mats.
- Improve the lighting in your home.
- Have handrails and lights put in on all staircases.
- Wear shoes both inside and outside the home.
- If you are weak from medication or have a poor appetite, call for help when walking to the bathroom.

## AVOIDING ELECTRICAL ACCIDENTS

- Never use a knife or fork to retrieve toast while toaster is plugged in. Keep wooden tongs nearby.
- Keep electrical cords secured from the walkway and out of reach of children.
- Never use electric appliances while bathing.
- Unplug appliances during thunder and lightning storms.
- Do not overload outlets with adaptors and extension cords.
- Cover unused outlets with safety caps.

## PREVENTING FIRE AND INJURY

- Make sure the patient has easy access to a telephone, and post the fire department number on every telephone. All family members and caregivers should be familiar with emergency 911 procedures.
- **Do not smoke (including e-cigarettes) in bed or where oxygen is being used.** Never leave burning cigarettes unattended. Do not empty smoldering ashes in a trash can. Keep ashtrays away from upholstered furniture and curtains.
- Install smoke detectors and check the batteries monthly.
- Keep a working fire extinguisher handy and learn how to use it.
- Be sure gas units are properly vented. Vents and burners should be clean and grease free.
- Do not wear loose, long clothing near fires and stoves.
- Avoid excess clutter of newspapers, magazines, clothing, etc. These piles can become a fuel source for potential fires.
- Use pot holders on hot pots and covers. Vent steam away from you. Turn handles of pots away from the outer edge of stoves.
- Set water heater no higher than 120°F (48.9°C).
- Turn off appliances when leaving home.
- Properly store paints, gasoline and solvents in a cool, well-ventilated area.
- Dispose of old rags and empty cans.



## PREVENTING POISONING

- Know how to contact your poison control team: 1-800-222-1222.
- Carefully store hazardous items in their original containers.
- Do not mix products that contain chlorine or bleach with other chemicals.
- Purchase insecticides for immediate need only and store excess properly.
- Keep hazardous items, cleaners and chemicals out of reach of children and confused or impaired adults.
- Dispose of hazardous items and poisons only as directed.

## MEDICATION SAFETY

- Do not take medications that are prescribed for someone else.
- Create a complete list of current medications (including prescription and over-the-counter medications, herbal remedies and vitamins), and keep this list with you at all times in the event of emergency situations. Review the list for discrepancies and make changes immediately as they occur. Show the list to your doctor or pharmacist to keep from combining drugs inappropriately.
- Know the name of each of your medicines, why you take it, how to take it, potential side effects and what foods or other things to avoid while taking it.
- Report medication allergies or side effects to your nurse.
- Take medications exactly as instructed. If the medication looks different than you expected, ask your nurse about it.
- Drug names can look alike or sound alike. To avoid errors, check with your nurse if you have questions.
- Do not use alcohol when you are taking medicine.
- Do not stop or change medicines without informing your nurse, even if you are feeling better. If you miss a dose, do not double the next dose later.
- Use a chart or container system (washed egg carton or med-planner) to help you remember what kind, how much and when to take medicine.
- Take your medicine with a light on so you can read the label.
- Read medicine labels (including warnings) carefully and keep medicines in their original containers.
- Store medications safely in a cool, dry place according to instructions on the label of the medication.
- Keep medicines away from children and confused adults.

## MEDICATION DISPOSAL

As per regulatory process and policy of KAQ, upon the death of a patient being pronounced by KAQ Nursing Staff are prohibited in removal of medications from the home. The family or primary caregiver will be responsible for removal of medications from the home. Once medications enter the home, medications are considered the patient's property.

### **Procedure:**

The Nurse will upon admission instruct the primary caregiver/family in proper medication disposal. Under no circumstances will the Nurse handle any of the medications in terms of removal upon demise or discharge of the patient.

**Instructions:**

- There are drop-off points within your respective county, either at local pharmacy or police station for excess medications.
- Add liquids to either kitty litter, flour or coffee grounds and double bag the residue, and place in the household trash.
- Tablets, capsules, pills, suppositories can be crushed and added to cat litter, flour, coffee grounds and double bagged with disposal in the household trash.
- Trans-dermal patches should be opened and folded face to face so that adhesive edges adhere to themselves while wearing gloves and added to the household trash.

Documentation of instruction as well as primary caregiver's/family's refusal to discard in the above instructed method will be completed by the pronouncing/discharging RN.

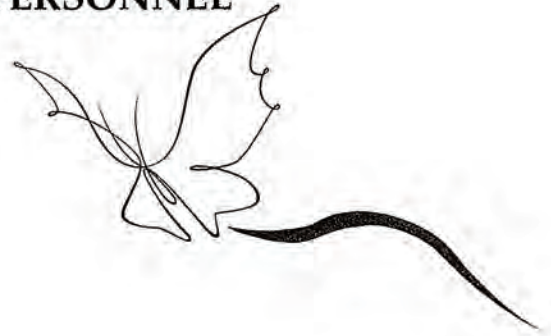
**Important!** The Nurse must not remove any of the medications under any circumstances.

## OXYGEN SAFETY

- Use oxygen only as directed.
- Oxygen creates a high risk for fire because it causes an acceleration of flame in the presence of flammable substances and open flames.
- **Do not smoke** around oxygen. Post "**No Smoking**" signs inside and outside the home.
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Keep oil/petroleum products (such as Vaseline<sup>®</sup>, oily lotions, face creams or hair dressings), grease and flammable material away from your oxygen system. Avoid using aerosols (such as room deodorizers) near oxygen.
- Dust the oxygen cylinder with a cotton cloth and avoid draping or covering the system with any material.
- Keep open flames (such as gas stoves and candles) at least 10 feet away from the oxygen source.
- Keep at least 6 inches of clearance around an oxygen concentrator at all times. Plug it directly into a wall outlet, and limit the use of extension cords.
- Have electrical equipment properly grounded and avoid operating electrical appliances such as razors and hairdryers while using oxygen. Keep any electrical equipment (including e-cigarettes) that may spark at least 10 feet from the oxygen system.
- Use 100% cotton bed linens/clothing to prevent sparks and static electricity.
- Place oxygen cylinders in appropriate stand to prevent tipping, or secured to the wall or placed on their side on the floor. Store in a well-ventilated area and not under outside porches or decks or in the trunk of a car.
- Have a backup portable oxygen cylinder in case of a power or oxygen concentrator failure.
- Alert property management of oxygen use when living in a multi-dwelling residence.

**KAREN ANN QUINLAN HOSPICE  
MEMORIAL FOUNDATION KEY PERSONNEL**

**Executive Director**  
Cecelia T. Clayton, MPH



**Community Administrator**  
Marlina Schetting, MSW, LCSW, CT

**Nursing Supervisor – North New Jersey**  
Susan Dell, RN

**Nurse Liason**  
Sue Peters, RN  
Cathy Shane, BSN

**Spiritual Counselor**  
Amy Florence, MDiv.

**Hospice Medical Directors**  
*New Jersey*  
Joseph Cirello, MD  
Bohdan Halibey, MD  
Yogesh Viroja, MD  
*Pennsylvania*  
Joseph Cirello, MD

**Residence Administrator**  
Beth Sylvester, RN, BSN, CHPN, CALA

**Quality Improvement Education Manager**  
Cathy Shane, RN, BSN

**Finance**  
Mary Bezak, Billing Manager  
Alan Martin, Finance Manager

**Nursing Supervisor – Pike County, PA**  
Laurel Mason, RN

**Bereavement Director**  
Diana Sebzda, MA, LPC, FT

**Volunteer Coordinator**  
Sue Morrow

**For information for the Karen Ann Quinlan Charitable Foundation,  
please call John Quinlan at (973) 383-0115.**

**KAREN ANN QUINLAN HOSPICE - 1-800-882-1117**  
In the case that there is no answer after multiple rings,  
call the answering service directly at (908) 850-7451.

In the case of a community disaster/emergency, please refer to your local media for instructions.

**RN:** \_\_\_\_\_

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

**CHHA:** \_\_\_\_\_

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

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