Emergency Contact Information

Keep this information nearby.

Patient Name _____

Physician _____ Phone _____

In case of an emergency or change in condition, contact:

Name _____ Relationship _____

_____ _____ _____

Home Phone Work Cell

Name _____ Relationship _____

_____ _____ _____

Home Phone Work Cell

Nurse's Name _____

Home Health Aide _____

Social Worker's Name _____

Spiritual Care Name _____

Main number: (651) 789-5030

If after two attempts of trying the main number with no response, please call our 24-hour Residential Hospice Home at 651-789-5031

Our Lady *of* Peace

Welcome to Our Lady of Peace Hospice.

Thank you for choosing our hospice to provide your end-of-life care to you and your loved ones. We value your ongoing feedback to continually monitor the quality of our care. Please feel free to contact any of our staff to let us know how things are going.

You will also receive a mailed formal survey after our hospice care is completed, followed (13 months later) by an additional bereavement survey. We encourage your participation in these surveys to help us improve our care. We take your feedback very seriously and appreciate your honest comments.

Sincerely,

Nancy Larson, Director, RN, BSN
Director, Community Hospice & Home Health Care
Our Lady of Peace

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PURPOSE: Minnesota Rules 4664.0140, subpart 1 states: "Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, must complete orientation to hospice requirements before providing hospice services to hospice patients."

Licensees may use this guide to satisfy Minnesota Rule 4664.0140, subpart 1.

This guide was prepared by the Minnesota Department of Health, Division of Health Policy, Information and Compliance Monitoring, as a means to satisfy Minnesota Rule 4664.0140, "Orientation to Hospice Requirements" and is intended as an overview and not a replacement of the licensure rules or statutes. Not every rule and statute is restated or explained in this guide. Individuals should refer to Minnesota Hospice Statutes 144A.75-144A.755 and Minnesota Hospice Rule 4664, the Vulnerable Adults Act Minnesota Statute 626.5572 and the Maltreatment of Minors Act, Minnesota Statute 626.556 for specific requirements.

The rules and statutes may be accessed through the web:

http://www.leg.state.mn.us/leg/statutes.asp

Information regarding the Vulnerable Adult Act or Maltreatment of Minors Act is available at your local library.

Outside the seven county metro area, copies are available for a fee at:

The Minnesota Law Library 25 Constitution Avenue St. Paul MN 55155

(651) 296-2775

Regulation of Hospice Providers: State Licensure

Under Minnesota Statutes 144A.75-144A.755, the Minnesota Legislature authorized the Minnesota Department of Health (herein after referred to as "Department") to license providers of hospice services, including private businesses, nonprofit organizations, and governmental agencies. The license is for the business, not for the employees who work for the hospice provider.

A license is permission from the state to carry on the business of hospice services. It does not provide payment for services and does not guarantee success in business.

Licensure also provides a quality mechanism for monitoring and remedying problems that occur, in this rapidly expanding business, by routine inspections as well as complaint investigations by the Department.

If a survey or complaint investigation reveals a violation of a rule or law, the Department will issue a correction order, which is a notice of the violation and an order to correct the problem in a certain time. If not corrected, the Department will issue a fine according to a schedule of fines in the rules. In very serious situations, the Department may suspend, revoke, or refuse to renew the license.

State licensing rules have some similar requirements as Medicare Hospice regulations, and additional ones, such as criminal background studies for licensees, managers, and employees, screening for tuberculosis, and handling medication and treatment orders. Only those hospice providers that receive Medicare or Medicaid reimbursement must comply with Medicare regulations. All providers, including many individuals, except for those individuals who are exempted by law or rule, will be required to meet state licensing rules and be licensed by the State.

Hospice Provider Licensure Provisions

State licensure regulations include provisions to ensure, to the extent possible, the health, safety, well-being and appropriate treatment of persons who receive hospice services.

A "hospice patient" means an individual who has been diagnosed as terminally ill, with a probable life expectancy of under one year, as documented by the individual's attending physician and hospice medical director, who alone or, when unable, through the individual's family has voluntarily consented to and received admission to a hospice provider.

"Hospice services" means palliative and supportive care and other services provided by an interdisciplinary team under the direction of an identifiable hospice administration to terminally ill hospice patients and their families to meet the physical, nutritional, emotional, social, spiritual, and special needs experienced during the final stages of illness, dying, and bereavement.

A hospice provider must be regularly engaged in providing care and services to hospice patients. The hospice provider must ensure that at least two core services are regularly provided by hospice employees. The core services are:

- physician services;
- registered nursing services;
- medical social services; and
- counseling services.

A hospice provider must provide physical therapy, occupational therapy, speech therapy, nutritional counseling, home health aide services, and volunteers as directed by the interdisciplinary team through the assessment and plan of care process. The hospice provider must make hospice care, including nursing services, physician services, availability of drugs and biologicals and short-term inpatient care, available on a 24-hour basis, seven days a week. Inpatient care must be available for pain control, symptom management, and respite purposes and is provided in a licensed hospital, a nursing home, or a residential hospice facility.

An interdisciplinary team must complete an individualized, comprehensive assessment of each hospice patient and hospice patient family's needs. The plan of care must reflect the current needs of the hospice patient and the hospice patient's family. A copy of the initial plan of care shall be provided to the patient or responsible person and changes to the plan available upon request.

A hospice provider must ensure that the interdisciplinary team coordinates with any person or entity providing any service to the patient, so that all services are provided according to the plan of care.

If the licensee discharges or transfers a hospice patient for any reason, the reason for the discharge or transfer must be documented in the clinical record. The documentation must include:

- the reason why the transfer or discharge is necessary; and
- why the patient's needs cannot be met by the licensee, if the patient continues to need hospice services.

Before the discharge, the hospice provider must give the hospice patient or the responsible person a written list of providers that provide similar services in the hospice patient's geographical area. The licensee may not accept a person as a hospice patient unless the licensee has staff sufficient in qualifications and numbers to adequately provide the hospice patient's needs during the final stages of illness, dying and bereavement.

Personnel employed by a licensee or providing services under a contract, must be licensed, registered, or certified as required by the state and/or must meet the training and evaluation requirements of these rules.

Notification of Service Charges

Within 48 hours of admission, a licensee must provide written notice of service charges describing the cost of services with the patient or the patient's responsible person.

Services are provided in accordance to the plan of care developed by the interdisciplinary team.

A hospice provider must provide to the patient or the responsible person a contingency plan that contains:

- the action to be taken by the hospice provider, hospice patient, and responsible person if scheduled services cannot be provided;
- the method for a hospice patient or responsible person to contact a representative of the hospice provider whenever staff are providing services; and
- the method for the hospice provider to contact a responsible person of the patient, if any.

Changes in the services provided which do not cause a change in fees do not require a written modification of the notice of service charges agreed to by the patient or the patient's responsible person. A hospice provider must obtain written acknowledgment of receipt of the notice of charges for services from the hospice patient or the hospice patient's responsible person. Written documentation of receipt must be maintained by the licensee.

Hospice Bill of Rights

All hospice providers must comply with all parts of **Minnesota Statutes, section 144A.751**, the hospice bill of rights. No later than the time hospice services are initiated, a hospice provider shall give a written copy of the hospice bill of rights to each hospice patient or responsible person.

If the hospice provider operates a residential hospice facility, the written notice to each residential hospice patient must include the number and qualifications of the personnel, including both staff persons and volunteers, employed by the provider to meet the requirements of **MN Rule 4664.0390** on each shift at the residential hospice facility.

Written documentation of receipt of the bill of rights must be maintained by the licensee.

The licensee may not request nor obtain from patients any waiver of any of the rights enumerated in the hospice bill of rights.

Patient Protection

The hospice rules have been developed to ensure, to the extent possible, the health, safety, and well-being and appropriate treatment of persons who receive hospice care.

Criminal Disqualification

Before the commissioner issues an initial or renewal license, an owner or managerial official shall be required to complete a background study under **Minnesota Statute section 144.057**. No person may be involved in the management, operation, or control of a provider, if the person has been disqualified under the provisions of Minnesota Statutes chapter 245A. Individuals disqualified under these provisions can request a reconsideration, and if the disqualification is set aside are then eligible to be involved in the management, operation or control of the provider. Owners of a hospice subject to the background check requirement are those individuals whose ownership interest provides sufficient authority or control to affect or change decisions related to the operation of the hospice provider. For the purposes of this section, managerial officials subject to the background check requirement are those individuals who provide who provide direct "contact" as defined in section 245A.04 or those individuals who have the responsibility for the ongoing management or direction of the policies, services, or employees of the hospice provider. All employees, contractors, and volunteers of a hospice provider are subject to the background study required by section 144.057. If appropriate, these

individuals shall be disqualified under the provisions of chapter 245A. Individuals disqualified under these provisions can request a reconsideration.

*Some language in this section was paraphrased from Minnesota law. Licensees should refer to the statutes for the complete language.

Confidentiality of Hospice Patient Information

The licensee shall not disclose any personal, financial, medical, or other information about a patient except:

- as may be required by law;
- to staff or contractors only that information necessary to provide services to the patient;
- to persons authorized by the patient to receive the information; and
- representatives of the commissioner authorized to survey or investigate hospice providers.

Handling of Patients' Financing and Property

A licensee may not act as power-of-attorney nor accept appointment as guardian or conservator of hospice patients unless there is a clear organizational separation between the hospice provider and the program that accepts guardianship or conservatorship appointments or unless the licensee is a Minnesota county or other unit of government.

A licensee may assist patients with household budgeting, including paying bills and purchasing household goods but may not otherwise manage a patient's finances. Receipts or documentation of all transactions and purchases paid with the patient's funds must be recorded and maintained.

A licensee may not borrow or in any way convert a patient's property to the licensee's possession except by payment at the fair market value of the property.

Gifts of a minimal value may be accepted by a licensee or its staff as well as donations and bequests that are exempt from income tax.

Complaint Procedure

A hospice provider must establish a system for receiving, investigating, and resolving complaints from its hospice patients.
The system is required to provide written notice to each patient that includes:

- the patient's right to complain to the licensee about services;
- the name or title of the person or persons to contact with complaints;
- the method of submitting a complaint to the licensee;
- the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and
- a statement that the provider will in no way retaliate because of a complaint.

A hospice provider must designate a person or position that is responsible for complaint follow-up, complaint investigation, resolution, and documentation. The person or position shall maintain a log of complaints received for one year from the date of receipt.

The interdisciplinary team must review any patient, family, or caregiver complaints about care provided and must take remedial action as appropriate.

The licensee is prohibited from taking any action in retaliation for a complaint made by the patient.

Reporting of Maltreatment of Vulnerable Adults and Minors

Minnesota law requires certain professionals and staff of licensed organizations to report maltreatment, (abuse, neglect, exploitation, unexplained injuries) of vulnerable adults and children to governmental authorities. Reporting is mandatory, and a person who fails to report is subject to criminal prosecution and civil liability.

Who Must Report

All hospice licensees and their employees must report suspected maltreatment. A report is required if there is reason to believe that abuse or neglect to a patient has occurred.

Staff of providers need not report directly to the authorities, but should follow their employers' procedures for reporting to a supervisor. If staff are unable or uncomfortable reporting to the licensee, they may report directly to the authorities. All hospice providers are required by law to have a procedure for reporting.

What to Report

Information as defined in **Minnesota Statute 626.556** defines abuse of children, **Minnesota Statute 626.5572** defines abuse of vulnerable adults.

When Reporting is Necessary

A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately, (immediately is defined "as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received"), orally reports the information to the common entry point. Staff should report any abuse or neglect to the person identified by the employer's procedures. The common entry point may not require written reports. After a report is made, the agency may investigate. The law prohibits retaliation against anyone who makes a report in good faith.

The provider, upon learning of abuse or neglect, must investigate and report to the Common entry point. The Office of Health Facility Complaints is considered to be a Lead agency.

"Common entry point" means the entity designated by each county responsible for receiving reports under section 626.557.

"Lead Agency" is the primary administrative agency responsible for investigating reports made under section 626.557.

Serious criminal activity should be reported to law enforcement immediately, and then to the common entry point.

The address and telephone number of OHFC is:

Office of Health Facility Complaints

85 East 7th Place, Suite 300

P.O. Box 64970

St. Paul, MN 55164-0970

(651) 201-4201 (Metro area)

(800) 369-7994 (Toll-free statewide)

Inquiries or complaints about the Hospice Bill of Rights or hospice services may also be directed to:

Office of Ombudsman for Older Minnesotans

121 East Seventh Place, Suite 410

St. Paul, MN 55101

(651) 431-2555

1-800-657-3591 (Toll-free statewide)

Hospice consumers or members of the public should also report any violations of a patient's rights or maltreatment to the Office of Health Facility Complaints (OHFC), the Office of Ombudsman for Older Minnesotans, (at the address or phone number listed above) and/or the common entry point.

Emergency Procedures

Every individual applicant for a license and every person who provides direct care, supervision of direct care, or management of services for a licensee must complete an orientation training of handling of emergencies and use of emergency services and be capable of implementing the policies.

Hospice patients and responsible persons should thoroughly know the provider's policy on emergencies.

A hospice provider must ensure that each hospice patient's record contains a copy of the patient's health care directive, if executed and available.

This notice explains the rights you have to access your health record, and when certain information in your health record can be released without your consent. This notice does not change any protections you have under the law.

Your Right to Access and Protect your Health Record

You have the following rights relating to your health record under the law:

- A health care provider, or a person who gets health records from a provider, must have your signed and dated consent to release your health record, except for specific reasons in the law.
- You can see your health record for information about any diagnosis, treatment, and prognosis.
- You can ask, in writing, for a copy or summary of your health record, which must be given to you promptly.
- You must be given a copy or a summary of your health record unless it would be detrimental to your physical or mental health, or cause you to harm to another.
- You cannot be charged if you request a copy of your health record to review your current care.
- If you request a copy of your health record and it does not include your current care, you can only be charged the maximum amount set by Minnesota law for copying your record.

Release of your Health Records Without your Consent

There are specific times that the law allows some health record information held by your provider to be released without your written consent. Some, but not all, of the reasons for release under federal law are:

- For specific public health activities
- When health information about victims of abuse, neglect, or domestic violence must be released to a government authority
- For health oversight activities
- For judicial and administrative proceedings
- For specific law enforcement purposes
- For certain organ donation purposes
- When health information about decedents is required for specific individuals to carry out their duties under the law
- For research purposes approved by a privacy board
- To stop a serious threat to health or safety
- For specialized government functions related to national security
- For workers' compensation purpose

Under Minnesota law, health record information may be released without your consent in a medical emergency, or when a court order or subpoena requires it. The following include some of the agencies, persons, or organizations that specific health record information may or must be released to for specific purposes, or after certain conditions are met:

- The Departments of Health, Human Services, Public Safety, Commerce, Minnesota Management & Budget, Labor & Industry, Corrections, and Education
- Insurers and employers in workers' compensation cases
- Ombudsman for Mental Health and Developmental Disabilities
- Health professional licensing boards/agencies
- Victims of serious threats of physical violence
- The State Fire Marshal
- Local welfare agencies
- Medical examiners or coroners
- Schools, childcare facilities, and Community Action Agencies to transfer immunization records
- Medical or scientific researchers
- Parent/legal guardian who did not consent for a minor's treatment, when failure to release health information could cause serious health problems
- Law enforcement agencies
- Insurance companies and other payors paying for an independent medical examination

If you would like additional information or links to specific laws, visit **www.health.state.mn.us** and search for "access to health records" or call the **Minnesota Department of Health at (651) 201-5178**.

Minnesota Statutes, section 144.292, subdivision 4

This notice may be photocopied. Revised 4/14/2009

MINNESOTA MDH DEPARTMENT OF HEALTH

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

Get an electronic or paper copy of your medical record.	You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. *We may say "no" to your request, but we'll tell you why in writing within 60 days.*
Request confidential communications	You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. *We will say "yes" to all reasonable requests.*
Ask us to limit what we use or share	You can ask us not to use or share certain health information for treatment, payment, or our operations. *We are not required to agree to your request, and we may say "no" if it would affect your care.* If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. *We will say "yes" unless a law requires us to share that information.*
Get a list of those with whom we've shared information	You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	If you feel we have violated your rights you can complain by contacting us. We will not retaliate against you for filing a complaint. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to **200 Independence Avenue, S.W., Washington, D.C. 20201** **www.hhs.gov/ocr/privacy/hipaa/complaints/** **1-877-696-6775**

Your Choices

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

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory • Contact you for fundraising efforts *If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases we never share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

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

To treat you	We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
To run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
To bill for your services	We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

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

To help with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
To do research	We can use or share your information for health research.
To comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
To respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations.

To work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
To address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
To respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We do not create or manage a hospital directory. We do not create or maintain psychotherapy notes at this site.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

Our Lady of Peace Home

Our Lady of Peace Hospice and Home Health Care

Highland Block Nurse Program

2076 St. Anthony Avenue
St. Paul, Minnesota 55104-5028

ourladyofpeacemn.org

Joseph Stanislav, CEO & Privacy Officer
612-789-5049
joes@ourladyofpeacemn.org

09/23/2013

Wishes for Health Care[1] & Minnesota Health Care Directive[2]

Full Name _____ **Date of birth** _____

1. **I appoint the following person to serve as my primary (main) health care agent**. This person will make health care decisions for me if I cannot communicate or make these decisions myself:

   Name _____ **Relationship** _____

   Cell phone _____ **Other phone** _____

   (Optional): **I appoint this person as my alternate health care agent in the event that my primary health care agent is not available:**

   Name _____ **Relationship** _____

   Cell phone _____ **Other phone** _____

1. ***(Optional):* I give the following instructions about my health care** (my values and beliefs, what I do and do not want, views about specific medical treatments or situations):

   _____

   _____

   _____

   _____

   _____

   _____

Signature _____ **Date** _____

Notary Public in the state of Minnesota

County of _____

In my presence on _____ (date), _____ (name) acknowledged his or her signature on this document, or acknowledged that he or she authorized the person signing this document to sign on his or her behalf.

Signature of Notary _____

My commission expires _____

OR Statement of two (2) Witnesses

Witness 1 _____ **Witness 2** _____

Date Signed _____ **Date Signed** _____

Print name _____ **Print name** _____

(Witness must be 18 years of age or older and cannot be your primary or alternate health care agent. One witness cannot be your health care provider or an employee of your health care provider.)

[1] A long form is available if you wish to more fully describe your health care wishes.
[2] This document will not apply to any intrusive mental health treatments (electroconvulsive therapy or neuroleptic medications).

Use the space below to continue your wishes about your health care (question 2 from front page), or to add comments.

Do I have to complete this Health Care Directive?

No. You may complete it today or at a later date, or you can decline to complete it. However, completing this form will help make sure you get the care you want. Putting your choices in writing helps loved ones know if they're doing what you would want.

What information am I being asked for?

Question 1: This question is about your health care "agent." Your agent is someone you choose to speak and make health care decisions for you if you cannot. Consider naming a family member or friend who knows you well and understands your values. Showing your agent this document and talking about it with him or her is important. Make extra copies to share with your health care agent, health care providers, and other important people in your life.

Question 2 (Optional): This question is about health care and other wishes you may have. You may be as specific or general as you like. You may include:

- your goals, values, and preferences about medical care
- the types of medical treatment you would want or not want
- how you want your agent or agents to decide
- where you would like to receive care (such as at home or a hospital)
- whether or not you would like to donate your organs, tissues, and eyes

Notary Public or Witnesses

A notary public or 2 witnesses must verify your signature on this Health Care Directive. The witnesses must be 18 years of age or older, and cannot be your primary or alternate health care agent. At least one witness cannot be your health care provider or an employee of your health care provider.

What should I do after I complete this Health Care Directive?

Tell the people you named as your primary and alternate health care agents, if you have not already done so. Make sure they feel able to do this important job for you in the future. Give a copy of your health care directive to your health care provider. Keep additional copies for your records and to share with your health care agents and family or others as you wish.

Who can I talk with if I have questions?

Your health care provider can answer your questions or concerns. He or she may refer you to an Advance Care Planning Facilitator for help.

Grief is a reminder of how precious life is and how much we value the life of the person who died. Our Lady of Peace Hospice is committed to providing support to those individuals and families grieving the death of a loved one. The goal of our bereavement program is to facilitate healthy grieving through meaningful, relevant and supportive resources.

Bereavement Services include:

- Support and resources during the time your loved one is in hospice as requested
- Telephone calls and cards following the death
- One on one visits at the request of the bereaved to offer compassionate care and listening
- Grief support and workshops
- Memorial celebrations to remember and honor loved ones who received hospice services
- Grief resources and education

To reach Bereavement Services, please call **651-789-5032**

What does "Infection Control" mean?

It means taking precautions in order to prevent illnesses from being acquired.

Who can get infections?

Anyone can, but some groups are especially vulnerable including our hospice patients.

How are infections spread?

All six of these things must be present for an infection to develop:

- A microorganism that can cause disease.
- A person, such as a health-care worker or volunteer, who carries the microorganism.
- A way out of the carrier, such a sneezing, coughing, shedding skin, etc.
- A method of traveling, such as through the air, through direct physical contact, or through contaminated hands, linens, towels, instruments, bandages, etc.
- A way into another person, such as breathing, swallowing, or skin puncture.
- A susceptible person who doesn't have resistance and can become infected.

Infection control procedures are aimed at breaking the infection chain at one of these links.

Follow these precautions

Wash Hands! Wash Hands! Wash Hands!

Handwashing is the single most important key to preventing the spread of infection.

- Use Soap, warm water, and lots of friction.
- Lather and scrub hands and wrists for 20 seconds, then rinse thoroughly.
- Dry hands well using paper towels.
- Use elbows or dry paper towels to turn off faucets.

When to wash your hands:

- Upon arrival at a facility to remove germs brought in from the outside.
- Before and after each physical contact with a patient or objects used by a patient.
- Before and after eating and before serving food.
- After using the toilet, blowing your nose, covering a sneeze, etc.
- Whenever your hands become visibly soiled.
- Before going home, to avoid taking germs with you.

Hand Sanitizers are very effective and may be used when hands are not visibly soiled. Hand sanitizer dispensers are located at the entrance of each patient room.

A word about gloves

Often someone will put on a pair of gloves and go from task to task without changing them. Gloves can give you a false sense of good infection control practices when in reality it is just like going from task to task without washing or disinfecting your hands.

- If you are going to wear gloves you must change them at the frequency with which you would wash/disinfect your hands and then you must still wash or disinfect your hands in between changing gloves.
- Additionally, if alcohol handrubs are used after glove removal, it is very important to allow the alcohol to dry properly before donning gloves again.
- Gloves are not a substitute for handwashing or hand disinfection.

Universal precautions refers to the practice of avoiding contact with patient's bodily fluids, by means of the wearing of nonporous articles such as medical gloves, goggles, and face shields. All healthcare workers use universal precautions.

Please contact us if you are feeling ill.

Bed rail entrapment statistics

Today there are about 2.5 million hospital and nursing home beds in use in the United States. Between 1985 and January 1, 2009, 803 incidents of patients* caught, trapped, entangled, or strangled in beds with rails were reported to the U.S. Food and Drug Administration. Of these reports, 480 people died, 138 had a nonfatal injury, and 185 were not injured because staff intervened. Most patients were frail, elderly or confused.

**In this brochure, the term patient refers to a resident of a nursing home, any individual receiving services in a home care setting, or patients in hospitals.*

Patient safety

Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe.

Historically, physical restraints (such as vests, ankle or wrist restraints) were used to try to keep patients safe in health care facilities. In recent years, the health care community has recognized that physically restraining patients can be dangerous. Although not indicated for this use, bed rails are sometimes used as restraints.

Regulatory agencies, health care organizations, product manufacturers and advocacy groups encourage hospitals, nursing homes and home care providers to assess patients' needs and to provide safe care with-out restraints.

The benefits and risks of bed rails

Potential **benefits** of bed rails include:

- Aiding in turning and repositioning within the bed.
- Providing a hand-hold for getting into or out of bed.
- Providing a feeling of comfort and security.
- Reducing the risk of patients falling out of bed when being transported.
- Providing easy access to bed controls and personal care items.

Potential **risks** of bed rails include:

- Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress.
- More serious injuries from falls when patients climb over rails.
- Skin bruising, cuts, and scrapes.
- Inducing agitated behavior when bed rails are used as a restraint.
- Feeling isolated or unnecessarily restricted.
- Preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet.

Meeting patients' needs for safety

Most patients can be in bed safely without bed rails. Consider the following:

- Use beds that can be raised and lowered close to the floor to accommodate both patient and health care worker needs.
- Keep the bed in the lowest position with wheels locked.
- When the patient is at risk of falling out of bed, place mats next to the bed, as long as this does not create a greater risk of accident.
- Use transfer or mobility aids.
- Monitor patients frequently.

- Anticipate the reasons patients get out of bed such as hunger, thirst, going to the bathroom, restlessness and pain; meet these needs by offering food and fluids, scheduling ample toileting, and providing calming interventions and pain relief.

When bed rails are used, perform an on-going assessment of the patient's physical and mental status; closely monitor high-risk patients. Consider the following:

- Lower one or more sections of the bed rail, such as the foot rail.
- Use a proper size mattress or mattress with raised foam edges to prevent patients from being trapped between the mattress and rail.
- Reduce the gaps between the mattress and side rails.

Which ways of reducing risks are best?

A process that requires ongoing patient evaluation and monitoring will result in optimizing bed safety. Many patients go through a period of adjustment to become comfortable with new options. Patients and their families should talk to their health care planning team to find out which options are best for them.

Patient or family concerns

If patients or family ask about using bed rails, health care providers should:

- Encourage patients or family to talk to their health care planning team to determine whether or not bed rails are indicated.
- Reassure patients and their families that in many cases the patient can sleep safely without bed rails.
- Reassess the need for using bed rails on a frequent, regular basis.

Participating Organizations

- AARP
- ABATort and Insurance Practice Section
- American Association of Homes and Services for the Aging
- American Health Care Association
- American Medical Directors Association
- American Nurses Association
- American Society for Healthcare Engineering of the American Hospital Association
- American Society for Healthcare Risk Management
- Basic American Metal Products
- Beverly Enterprises, Inc.
- Care Providers of Minnesota
- Carroll Healthcare
- DePaul College of Law
- ECRI
- Evangelical Lutheran Good Samaritan Society
- Hill-Rom Co., Inc.
- Joint Commission on Accreditation of Healthcare Organizations
- Medical Devices Bureau, Health Canada
- National Association for Home Care
- National Citizens' Coalition for Nursing Home Reform
- National Patient Safety Foundation
- RN+ Systems
- Stryker Medical
- Sunrise Medical, Inc.
- The Jewish Home and Hospital
- Unite the Elderly, The Kendal Corporation
- U.S. Food and Drug Administration

To report an adverse event or medical device problem, please call FDA's MedWatch Reporting Program at **1-800-FDA-1088**.
For additional copies of this brochure, see the FDA's website at **http://www.fda.gov/**
For more information contact **Beryl Goldman** at **610-388-5580** or by e-mail at **bgoldman@kcorp.kendal.org.**
For information regarding a specific hospital bed, contact the bed manufacturer directly.

Preparing Medicine for Disposal at Drug Take-Back Sites

Step 1: Keep medicines in their original container for legal transport. Put loose medicines in a clear plastic bag and label it.

Step 2: Seal all containers in clear plastic bags, ideally one-gallon or smaller size.

Step 3: Place bag with medicine into drop box.

Ramsey County drop off sites

Law Enforcement Center 425 Grove St.	Monday - Friday 8:00 a.m. - 4:00 p.m.
Sheriff's Patrol Station 1411 Paul Kirkwold Dr.	Monday - Friday 8:00 a.m. - 4:00 p.m.
North Saint Paul City Hall 2400 Margaret Street	Monday - Friday 8:30 a.m. - 4:30 p.m.
Maplewood Police Department 1830 County Rd. B East	Open 24/7 Drop box located outside
White Bear Lake Police/Fire Department 4701 Highway 61	Open 24/7 Drop box located inside lobby

Hennepin County drop off sites

Brooklyn Center Hennepin County District 6125 Shingle Creek Pkwy	Mon-Thurs 9 a.m. - 9 p.m. Fri & Sat 9 a.m. - 5 p.m. Sun Noon - 5 p.m.
Brooklyn Park Hennepin County Sheriff 9401 83rd Ave. N.	Mon-Fri 8 a.m. - 4:30 p.m.
Edina Hennepin County Library – Southdale 7001 York Ave. S.	Mon-Thurs 9 a.m. - 9 p.m. Fri & Sat 9 a.m. - 5 p.m. Sun Noon - 5 p.m.
Golden Valley Police Department 7800 Golden Valley Rd	Open 24/7
Maple Grove Police Department 12800 Arbor Lakes Parkway N	Open 24/7
Minneapolis Hennepin County Public Safety Facility 401 4th Ave. S	Open 24/7
Minneapolis Police Department 1st Precinct 19 N 4th St.	Open 24/7

Hennepin County drop off sites *(continued)*

Minneapolis Police Department 4th Precinct 1925 Plymouth Ave. N.	Open 24/7
Brooklyn Park Hennepin County Sheriff 9401 83rd Ave. N.	Mon-Fri 8 a.m. - 4:30 p.m.
Minnetonka Hennepin County District Court 12601 Ridgedale Drive	Mon-Thurs 9 a.m. - 9 p.m. Fri & Sat 9 a.m. - 5 p.m. Sun Noon - 5 p.m.
Osseo Police Department 415 Central Ave.	Mon-Thurs 7:30 a.m. - 5 p.m. Fri 7:30 a.m. - 11:30 a.m.
Spring Park Hennepin County Sheriff's Water Patrol 4141 Shoreline Drive	Mon-Fri 8 a.m. - 4:30 p.m.

For more information visit www.hennepin.us/medicine or call 612-348-3777

Anoka County drop off sites

Sheriff's Office 13301 Hanson Blvd.	8:00 a.m.—4:30 p.m.
Blaine Police Department 10801 Town Square Drive NE	7:00 a.m.—4:30 p.m.
Centennial Lakes Police Department 54 North Road	8:00 a.m.—4:30 p.m.
Columbia Heights Police Department 825 41st Avenue NE	8:00 a.m.—4:30 p.m.
Fridley Police Department 6431 University Avenue NE	8:00 a.m.—4:30 p.m.
Lino Lakes Police Department 640 Town Center Pkwy	8:00 a.m.—4:30 p.m.
Ramsey Police Department 7550 Sunwood Drive NW	8:00 a.m.—4:30 p.m.
Spring Lake Park Police Department 1301 81st Avenue NE	8:00 a.m.—4:30 p.m.
St. Francis Police Department 4058 St. Francis Blvd. NW	6:00 a.m.—4:30 p.m.

Dakota County drop off sites

Burnsville Police Department	See websites for address and hours
Dakota County Sheriff's Office	
Apple Valley Police Department	
Eagan Police Department	
Inver Grove Heights Police Department	
Lakeville Police Department	
Mendota Heights Police Department	
Rosemount Police Department	
South St. Paul Police Department	
Farmington Police Department	
West St. Paul Police Department	

Walgreen's drop off sites

4547 Hiawatha Ave. Minneapolis	Open 24/7
540 Blake Road N Hopkins	Open 24/7
1075 Highway 96 E St. Paul	Open 24/7
1965 Donegal Drive Woodbury	Open 24/7
7135 E. Point Douglas Rd S Cottage Grove	Open 24/7
7700 Brooklyn Blvd Brooklyn Park	Open 24/7
15250 Cedar Ave Apple Valley	Open 24/7
10686 University Ave NW Coon Rapids	Open 24/7

Do not flush expired or unwanted prescription and over-the-counter drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so.

Instead, return unwanted or expired prescription and over-the-counter drugs to a drug take-back program or follow the steps for household disposal below.

Household Disposal Steps*

1. Take your prescription drugs out of their original containers.
2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with permanent marker or duct tape, or by scratching it off.
5. The sealed container with the drug mixture, and the empty drug containers, can now be placed in the trash.

** Drug Disposal Guidelines, Office of National Drug Control Policy, October 2009*

References:

www.ramseycounty.us/medicinecollection

http://www.hennepin.us/-/media/hennepinus/residents/recycling/documents/meds-disp-flyer.pdf

www.anokacounty.us/documentcenter/view/2904

http://www.dakotacountysheriff.org/pages/drug_task_force.html

Medicare Part D – What does this mean for patients who are enrolled in Hospice?

As hospice providers, we need to meet the rules that the Center for Medicare and Medicaid (CMS) set for us. As of May1, 2014, if you have Medicare Part D drug coverage, your pharmacy must bill all your medications to us, your hospice provider, to determine whether they are covered under the hospice benefit or by your Part D plan. We will work with your physician and pharmacy to determine which medications we will cover under the Medicare Hospice benefit, which ones will be covered under your Part D plan, and which medications are determined to be no longer medically necessary and if continued, would become the financial responsibility of the patient.

The Our Lady of Peace Hospice team would like to let you know that we strive to give you the best quality of care and in doing so, the hospice team, which includes the Hospice Medical Director, nurses, social workers and pharmacist will be reviewing your medication list upon admission and throughout your time with us to see what medications are the most beneficial for you. There are times when you have been on medications for a very long time and these medications may no longer be effective and may cause more side effects. In reviewing your medications and understanding how and who will pay for which medications, we have categorized them below.

1. **Medications are Related to Diagnosis/ Related Condition.**
   Hospice is responsible for the medications for the palliation and management of the terminal and related conditions. Hospice is covered under Medicare Part A and these medications are included in the Medicare Part A per diem. *(examples of some of the most common would be those medications for pain, constipation, anxiety)*

2. **Related to the diagnosis but no longer Medically Necessary.**

   The hospice team, (Medical Director, nurses, social workers, pharmacist) will review your medications. There are times when medications are no longer effective and/or may be causing additional negative symptoms (such as constipation).

   Hospice will not pay for these medications. Medicare Part D will not pay for these medications because they are not "reasonable and necessary for the palliation of pain and symptom management.

   The cost of these medications would need to be paid for by the patient. *(example: medication for high blood pressure)*

3. **Unrelated Medications to the terminal prognosis or related condition(s).**

   If the medication is completely unrelated then Medicare Part D will process the medications through.

   The Medicare Part D plan will need a Prior Authorization form filled out from the Hospice that you chose to enroll with. Our Lady of Peace Hospice will fill out this form to notify your Medicare Part D sponsor that you have enrolled in hospice and what medications your Medicare Part D will cover.

   *(**Please note – that this may take a couple days to be entered into their computer system. So if there are any questions when you pick up medications at the pharmacy please call Our Lady of Peace Hospice and we will be happy to assist). (example: vitamins)*

4. Medications are Unrelated but No Longer Medically Necessary

The Hospice team reviews the medications and determines they are no longer needed to manage the unrelated condition(s).

These medications will not be covered under the Medicare Hospice Benefit.

These medications will not be covered under your Medicare Part D plan because it is deemed not medically necessary.

If the patient still chooses to have these medications filled – the patient is responsible for the costs of these medications. (example may include: Vitamin B12, Lipitor (for lowering cholesterol levels), Fosamax).

If you have any questions please speak with your hospice case manager or call the office to speak to the hospice care coordinator or director.

Patient Care Policies & Procedures
Policy: Controlled Substances

Policy: Our Lady of Peace Hospice and Home Health Care (OLPH & HHC) will take reasonable precautions to eliminate theft, diversion or misuse of controlled substances. The agency will comply with State, Federal and agency requirements in regards to safe storage and disposal of controlled substances.

Procedure:

1. The RN/Case Manager completing the initial and on-going assessment(s) will include controlled substances, ordered by a licensed professional, in the medication assessment, Plan of Care, Medication List and client's permanent record.
    - If a client refuses a medication assessment, this will be documented in the client's permanent record.
2. An individual medication plan will be developed by the RN/Case Manager.
3. Medication plan will consist of written or electronic orders that are current and complete.
4. Documentation of medications set up per a completed and updated Medication List, including any scheduled or PRN controlled substances that have been ordered and special instructions given
5. The client or client's responsible person will be in control of receiving controlled substances, ordered by a licensed professional, from the identified pharmacy.
6. Storage of controlled substances for safety within the home will be discussed during the initial assessment or initiation of controlled substance and include:
    - Medications to remain in original container or designated dispensing aid
    - Encourage client, responsible person to store substance in a safe place
    - Encourage client, responsible person to be discreet in who knows a controlled substance is in the home
    - Request that client and/or responsible person inform RN/Agency if they suspect any missing doses, tampering w/container, or other suspicious activity
7. A risk assessment will be completed on all clients using potentially abusable drugs to stratify risk of abuse into low, moderate and high risk categories based on client and family history. This will help determine the intensity of monitoring. The Opioid Risk Tool will be used as a self-report for measuring and predicting the probability that a client taking opioids will display aberrant behaviors. It is not an objective measure of actual drug diversion or behaviors of abuse rather it is a red flag for more intense monitoring to occur.
8. If medication set-up is part of the medication plan of care, the RN/Case Manager will count controlled substances against frequency orders with each set-up
    - Random checks by the RN/Case Manager may be utilized if misuse and/or abuse is suspect
9. Upon completion of the use of a controlled substance, the client and/or responsible person will be instructed to dispose of unused controlled substances per agency policy; (kitty litter, sand, flour)
    - See FDA…..How To Dispose of Unused Medications
10. If loss or spillage occurs, an explanatory notation must be entered in the client's record.
    - It must be signed by the person responsible for the loss or spillage
    - Witnessed destruction of spillage or wasted substance should be documented, if at all possible

References: Comprehensive Home care Policies and Procedures Manual MDH, FDA, MN Statutes

Policy: Controlled Substances

11. If a controlled substance is missing and/or misuse is suspected; the RN/Case Manager will report it to the agency director and every attempt will be made to determine the circumstances of the misuse and/or loss.
    - Part of the investigation will be to determine if the police are to be informed as well as MN Adult Abuse Reporting Center
    - If diversion occurs in a nursing facility, assisted living or other institutionalized setting; directors, managers, staff associated with possible diversion will be involved in investigative process as well as the home care agency
    - The home care/hospice agency will try and determine:
        - Client impact
        - Any DEA obligations
        - LTC and AL requirements (if indicated)
        - Licensed professional implications
        - Others who may be notified of investigative results are the client's prescribing licensed professional, pharmacy, and other as deemed appropriate
        - Appropriate preventative plans and action will be initiated in agreement with all parties involved; i.e. client, responsible person, physician, pharmacy, home care agency, nursing facility, assisted living, local authorities, and other State and Federal agencies that may be indicated.
        - The agency shall keep on file all documentation relating to an incident, preventative and punitive actions necessary
12. Reference and Instructions materials available to agency staff include:
    - MDH…..Road Map to Controlled Substances Diversion Prevention
    - MN Statute 152.025…..Controlled Substance Crime in the Fifth Degree
    - Summary of MN Reporting Requirements and Guidelines

Minnesota Adult Abuse Reporting Center

Minnesota aims to ensure a safe environment for adults who are vulnerable to abuse. The Minnesota Adult Abuse Reporting Center (MAARC) began operating July 1, 2015, as a single place where the general public and mandated reporters can report suspected maltreatment. Reports made over the phone at 844-880-1574 by the public and online by mandated reporters are accepted 24 hours a day, seven days a week.

How is MAARC different from the previous system?

The new reporting center replaces a system of 169 county phone numbers that had been designated as "common entry points" for reporting suspected maltreatment.

Who investigates the reports?

After the MAARC receives a report, it is distributed to the lead investigative agency. If there is reason to believe a crime has been committed, law enforcement is notified. Lead investigative agencies are:

- The Minnesota Department of Health
- The Minnesota Department of Human Services
- County social services

How many more reports have been received since the MAARC was launched?

After the launch of the MAARC, reports rose nearly 33 percent. In fiscal year 2015, 38,664 reports were made to the common entry points. In fiscal year 2016, 51,408 reports were made to the MAARC.

Where are the reports coming from?

In fiscal year 2016:

- The Department of Health investigated 22,529 reports from facilities licensed as hospitals, home care providers, nursing homes, residential care homes and boarding care homes.
- The Department of Human Services investigated 5,708 reports from programs licensed as adult day care and adult foster care and programs to serve people with developmental disabilities, mental illness and substance abuse.
- County social services investigated the remaining 23,171 reports, including reports involving vulnerable adults receiving services from unlicensed personal care assistance provider organizations.

Visit **http://publicreports.dhs.state.mn.us/Reports.aspx?ReportID=31** for a breakdown of reports by county.

What types of neglect/abuse are being reported?

A total of 111,218 allegations were included across the 51,408 reports made in fiscal year 2016. The most reported allegations were caregiver neglect and self-neglect. A single report can contain multiple types of maltreatment.

- Neglect, caregiver: 43,738 (39.3 percent)
- Neglect, self: 25,656 (23 percent)
- Financial exploitation, not fiduciary relationship: 13,340 (12 percent)
- Abuse, emotional or mental: 10,916 (9.8 percent)
- Abuse, physical: 9,901 (8.9 percent)
- Financial exploitation, fiduciary relationship: 5,091 (4.6 percent)
- Abuse, sexual: 2,576 (2.3 percent)

What are signs of maltreatment?

Warning signs of abuse can include bruises, black eyes, broken bones, burns or cuts, internal injuries, infections, changes in mental functioning or behavior or injuries that are unexplained or are not consistent with the explanation given. Signs of neglect can include dehydration, weight loss, malnutrition, pressure sores, poor hygiene, depression, repeated falls, incontinence and isolation.

Financial exploitation can be indicated by bills going unpaid, individuals losing access to their own money or being asked to sign unfamiliar documents, changes being made in a will, transfer or sale of assets, and missing personal property, such as cash, checks, credit cards, jewelry and furniture.

What should I do if I suspect maltreatment?

Report any suspected abuse, neglect, self-neglect or financial exploitation of vulnerable adults to the **Minnesota Adult Abuse Reporting Center; (844) 880-1574.**

Combined Minnesota & Federal Hospice Bill of Rights

Minnesota Hospice Bill of Rights

PER MINNESOTA STATUTES, SECTION 144A.751

*The language in **BOLD** print represents additional consumer rights under federal law for patients of Medicare-certified Hospices.*

Subdivision 1. Statement of rights. An individual who receives hospice care has the right to **be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.**

(1) Exercise his or her rights as a patient of the hospice. Receive written information about rights in advance of receiving hospice care or during the initial evaluation visit before the initiation of hospice care, including what to do if rights are violated.

Notice of rights and responsibilities:

- **During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands;**
- **The hospice must comply with the requirements of subpart I of part Code of Federal Regulations (CFR) 489 of this chapter regarding advance directives. The hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable State law;**
- **The hospice must obtain the patient's or representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.**

(2) Receive care and services according to a suitable hospice plan of care and subject to accepted hospice care standards and to take an active part in creating and changing the plan and evaluating care and services. **Be involved in developing his or her hospice plan of care.**

(3) Be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequence of these choices, including the consequences of refusing these services.

(4) Be told in advance, whenever possible, of any change in the hospice plan of care and to take an active part in any change.

(5) Refuse **care**, services or treatment.

(6) Know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services.

Receive information about the scope of services that the hospice will provide and specific limitations on those services.

(7) Know in advance of receiving care whether the hospice services may be covered by health insurance, medical assistance, Medicare, or other health programs in which the individual is enrolled. **Receive information about the services covered under the hospice benefit.**

(8) Receive, upon request, a good faith estimate of the reimbursement the provider expects to receive from the health plan company in which the individual is enrolled. A good faith estimate must also be made available at the request of an individual who is not enrolled in a health plan company. This payment information does not constitute a legally binding estimate of the cost of services.

(9) Know that there may be other services available in the community, including other end of life services and other hospice providers, and know where to go for information about these services.

(10) Choose freely among available providers and change providers after services have begun, within the limits of health insurance, medical assistance, Medicare, or other health programs. **Choose his or her attending physician.**

(11) Have personal, financial, and medical information kept private and be advised of the provider's policies and procedures regarding disclosure of such information.

(12) Be allowed access to records and written information from records according to sections 144.291 to 144.298. **Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.**

(13) Be served by people who are properly trained and competent to perform their duties.

(14) Be treated with courtesy and respect and to have the patient's property treated with respect. To have his or her property and person treated with respect.

(15) Voice grievances regarding treatment or care that is, or fails to be, furnished or regarding the lack of courtesy or respect to the patient or the patient's property **by anyone who is furnishing services on behalf of the hospice.**

The patient has the right to not be subjected to discrimination or reprisal for exercising his or her rights.

(16) Be free from physical and verbal abuse. **Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.**

(17) Reasonable, advance notice of changes in services or charges, including at least ten days' advance notice of the termination of a service by a provider, except in cases where:

- the recipient of services engages in conduct that alters the conditions of employment between the hospice provider and the individual providing hospice services, or creates an abusive or unsafe work environment for the individual providing hospice services;
- an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the hospice provider; or
- the recipient is no longer certified as terminally ill.

(18) A coordinated transfer when there will be a change in the provider of services.

(19) Know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complain.

(20) Know the name and address of the state or county agency to contact for additional information or assistance.

(21) Assert these rights personally, or have them asserted by the hospice patient's family when the patient has been judged incompetent, without retaliation **If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf. 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,**

(22) Have pain and symptoms managed to the patient's desired level of comfort. **Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;**

The hospice must:

- **Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator**
- **Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures;**
- **Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the State survey agency or local law enforcement agency; and**
- **Ensure that verified violations are reported to State and local bodies having jurisdiction (including to the State survey and certification agency) within 5 working days of becoming aware of the violation.**

If the hospice provider operates a residential hospice facility, the written notice to each residential hospice patient must include the number and qualifications of the personnel, including both staff persons and volunteers, employed by the provider to meet the requirements of MN Rule 4664.0390 on each shift at the residential hospice facility.

If you have a complaint about the agency or person providing you hospice services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Ombudsman for Long-Term care.

Office of Health Facility Complaints

(651) 201-4201
1-800- 369-7994
Fax: (651) 281-9796

Mailing Address:

Minnesota Department of Health

Office of Health Facility Complaints
P.O. Box 64970
St. Paul, Minnesota 55164-0970

TDD/TTY: 651-215-8980

Office Address:

Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place
St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care

PO Box 64971
St. Paul, MN 55164-0971
Phone: 615-431-2555 or 1-800-657-3591
Fax: 651-431-7452
mba.ooltc@state.mn.us
https://mnaging.org/Advocate/OLTC.aspx

Medicate Beneficiary and Family Centered Care Quality Improvement Organization Livanta LLC

BFGCC-Q10 Program
10820 Guilford Road, Suite 202
Annapolis Junction, MD 20701-1105
1-888-524-9900, TTY 1-888-985-8775
https://livantaglo.com/en/Beneficianry/Immediate_Advocay

Licensee Name: Our Lady of Peace Hospice
Phone: 651-789-5030
Email: nancyl@ourladyofpeacemn.org
Address: 2076 St. Anthony Ave.
St. Paul, MN 55104

Name and Title of person to whom problems or complaints may be directed:
Nancy Larson, Director
nancyl@ourladyofpeacemn.org
651-789-5036

For informational purposes only and is not required in the Hospice Bill of Rights text:

MN Statutes, section 144A.751

Subd. 2. **Interpretation and enforcement of rights.**

The rights under this section are established for the benefit of individuals who receive hospice care. A hospice provider may not require a person to surrender these rights as a condition of receiving hospice care. A guardian or conservator or, when there is no guardian or conservator, a designated person, may seek to enforce these rights. This statement of rights does not replace or diminish other rights and liberties that may exist relative to persons receiving hospice care, persons providing hospice care, or hospice providers licensed under section 144A.753.

Subd. 3. **Disclosure.** A copy of these rights must be provided to an individual at the time hospice care is initiated. The copy shall contain the address and telephone number of the Office of Health Facility Complaints and the Office of the Ombudsman for Long-Term Care and a brief statement describing how to file a complaint with these offices. Information about how to contact the Office of the Ombudsman for Long-Term Care shall be included in notices of change in provider fees and in notices where hospice providers initiate transfer or discontinuation of services.

Emergencies can happen anytime. Being prepared is important. The three steps to Emergency Preparedness are: 1. Get a Kit 2. Make a Plan 3. Be Informed

General Emergency Preparedness

Gather emergency supplies and keep them ready in an easy to carry kit (i.e. duffel bag with an ID tag)

1. Battery-powered radio
2. Food/water supply for 2-3 days (water supply is 1 gallon/person/day)
3. Flashlights/batteries
4. Medicines and medical supplies (suggested 7 day supply)
5. Blankets
6. First-Aid kit – wound cleanser, bandages, gloves, antibiotic ointment
7. Notify electric company ahead of time if on life-sustaining equipment. XCEL energy phone number for medical equipment at home is **1-800-331-5262**
8. Copies of personal documents (proof of address, passports, birth certificates, list of medications, printed family contact info)
9. Soap/hand sanitizer
10. Cell phone and charger
11. Whistle to signal for help
12. Bleach and medicine dropper: Use 9 part H2O:1 part bleach for disinfectant, 16 drops bleach to 1 gallon H2O to treat in an emergency
13. Fire extinguisher
14. Matches in water proof container
15. Moist towelettes, garbage bags and ties for personal sanitation
16. Mess kits, paper plates, cups, towels and plastic utensils

Make a plan

1. Carry family contact information in your wallet
2. Choose an out of town contact person
3. Plan the best and quickest escape routes out of your home and evacuation routes out of your neighborhood
4. Decide on a meeting place outside your neighborhood in case you cannot return home
5. If you or someone in your household uses a wheelchair, make sure that all escape routes are wheelchair accessible
6. Know the safe places within your home to shelter in place
7. Talk to your utility company and find out how to turn off water, gas and electricity at the main switches or valves
8. Practice your plan every 6 months

Stay informed

1. Check for updates on Our Lady of Peace website and facebook page
2. Listen to WCCO radio for updates

Shelter in place

1. Maintain a 7 day supply of non-perishable foods
2. Be prepared to close/lock and seal windows and doors if necessary
3. Have an emergency kit prepared (see Emergency Preparedness section)

Fire Preparedness

1. Plan your escape - know 2 ways out of your home from each room
2. Communicate your evacuation plan with family and friends
3. Practice your escape plans regularly
4. Make home modifications if needed to provide a safe escape plan
5. Test your smoke alarms regularly

If a Fire Occurs

1. Remain calm. Try to get out right away – drop to the floor and crawl
2. Keep doors closed if you can't get out
3. STOP, DROP, and ROLL if your clothes catch fire
4. If you are on oxygen, turn off the oxygen equipment
5. If you are in a wheelchair or cannot get out, stay by the window and signal for help
6. Never go back into a burning building – get out and stay out!

Tornado Preparedness

Listen for local alerts and instructions

If a tornado occurs

1. If possible go to the basement right away or the lowest floor possible
2. Stay in a hallway or small room/closet in the center of the building
3. If in a room with windows, cover yourself with blankets or pillows

Flood Preparedness

1. Learn safe routes to higher ground ahead of time
2. Listen for evacuation instructions on the TV or radio
3. Move to high ground immediately if there is a "flash flood" warning

Winter Storm Preparedness

1. Winterize your home before winter
2. Don't let your supply of fuel get too low
3. Have extra blankets on hand

If a blizzard occurs

1. Notify utilities company of loss of power
2. Stay warm
3. Use flashlight or battery-operated lantern – Do not use candles

Nuclear Disaster Preparedness

Listen for local alerts and instructions

If a nuclear disaster occurs

1. Stay tuned to the radio for updates & evacuation plans
2. Stay indoors with windows and doors closed
3. Cover all open food containers
4. Go to the basement if possible
5. Turn off air conditioners and furnaces

Home Safety Rules

General safety

1. Remove loose throw rugs
2. Pad sharp corners of tables, counters, and foot boards
3. Use a plastic cup or glass for drinking (avoid glass dishware)
4. Pets and clutter can cause you to trip and fall, watch carefully
5. Check electric cords, extension cords, and telephone cords for obstacles
6. Make necessary home repairs

Communication safety

1. Have a telephone by your bed and in at least one other room if possible
2. Emergency call systems such as "Lifeline" are helpful and are available through local resources

Fire/Electrical safety

1. Check electric cords for frays or damage
2. Use heating pads cautiously (on low) to avoid burns
3. Avoid using space heaters or keep them 3 feet from anything else
4. If you use oxygen—**NO OPEN FLAMES or CIGARETTES**
5. Install smoke detectors
6. Don't smoke in bed or when you are drowsy
7. Turn the stove off when you leave the cooking area

Activity safety

1. Use a rubber mat in the shower or tub
2. Do not wear high-heeled shoes
3. If you use a cane or walker and need to carry something, ask for assistance (baskets for your walker can be purchased through equipment providers)
4. Wet floors cause slips (watch for leaks and wipe up spills)
5. If you need the assistance of another person to transfer or walk, always use a transfer/gait belt

Emergency preparedness, updated 10-3-17