

HOSPICE



# A guide to your care



**Main Line Health**<sup>®</sup>  
HomeCare & Hospice

## **Main Line Health HomeCare & Hospice**

**1.484.580.1550**

**Call us 24 hours a day for questions or concerns**

**Office Hours:** Our office is open Monday through Friday from 8:30 AM to 5:00 PM and weekends/ holidays from 8:30 AM to 5:00 PM.

**After Hours Coverage:** A nurse is available 24 hours a day to accept your calls and to arrange service for client emergencies. Please be prepared to provide your name, a phone number where you can be reached, the person you are calling about, and the nature of your concern. Our after-hours nurse will promptly return your call.

## Welcome to Main Line Health HomeCare & Hospice

### Mission Statement

Our mission is to provide a comprehensive range of safe, high-quality health services, complemented by related educational and research activities that meet community needs and improve the quality of life in the communities we serve.

### Vision

Be the health care provider of choice in our communities by eliminating harm, achieving top decile performance, delivering equity for all and ensuring affordability.

### Values

- Keep our patients, employees, and medical staff **safe**
- Deliver **high-quality, compassionate** care
- Foster an environment of **diversity, respect, equity, and inclusion**
- **Innovate**, embrace change, and do the **right** thing
- Work as a **system** to achieve common goals

Welcome to Main Line Health HomeCare and Hospice. I appreciate that you and your physician have chosen us to help you with your hospice care.

More than 1.5 million Americans and their families currently benefit from hospice care every year. It is a number that continues to grow, as more and more people come to understand that quality care at the end of life is really a fundamental part of living.

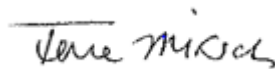
Our highly trained registered nurses, medical social workers, pastoral counselors, therapists, home health aides, and volunteers work together with you as a team. Each specialist works to provide you with a superior experience through a shared commitment to you and your family.

To learn about all that we offer, we have put together this informative handbook. I encourage you to take a few minutes to get to know our policies and procedures and learn about your rights and responsibilities as our patient.

Please let us know how we can help you and your family. We are available by phone around the clock, at 484-580-1550 and 484-476-3493 for the hearing impaired.

On behalf of the entire Main Line Health HomeCare & Hospice team, we look forward to providing you the very best in personal and compassionate care.

Sincerely,



Terre L. Mirsch, Executive Director  
Main Line Health HomeCare & Hospice



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# About Main Line Health HomeCare & Hospice

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Thank you for choosing Main Line Health HomeCare & Hospice as your hospice service provider. As a member of Main Line Health System, Main Line Health HomeCare & Hospice is one of the most highly regarded providers of home health and hospice services in southeastern Pennsylvania. Our professional team members are dedicated to the fundamental principles of caring and responsiveness while providing a full spectrum of hospice, home health, and private duty services.

Main Line Health HomeCare & Hospice is a not-for-profit Hospice agency that provides care to residents of Chester, Delaware, Montgomery, and Philadelphia Counties. All services are provided in compliance with State and Federal standards and regulations. Main Line Health HomeCare & Hospice is state licensed, Medicare and Medicaid certified and accredited by the Joint Commission. Our staff are well trained and supervised to ensure your needs are met in a timely and cost-effective manner.

Main Line Health HomeCare & Hospice complies with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973, and with the Age Discrimination Act of 1975. Main Line Health does not discriminate or exclude people based on race, religion, color, national origin, ancestry, age, disability, or sex (including pregnancy, gender identity, gender expression, and sexual orientation).

## Understanding Hospice Care

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Hospice care includes an array of comprehensive services designed to meet the unique needs of clients who are facing life limiting illness and their families. It is a program of care that exists to provide support and care for persons in the late phases of progressive illness so that they may live as fully and comfortably as possible. Support is also provided to the family. Care and services are provided in accordance with you and your family's unique needs and goals.

Hospice philosophy embraces a holistic approach to care that includes the physical, emotional and spiritual concerns people may experience with advanced illness. Support is provided by an interdisciplinary team of hospice caregivers that provide the most advanced therapies, medications, emotional and spiritual support, personal care and companionship services, and palliative care for pain control and management of other symptoms.

Main Line Health Hospice services are provided to adult patients with any serious, progressive or life limiting illness. In most cases, care is provided in the home. Hospice care can also be provided in a nursing home, assisted living facility, or in the hospital setting.

# The Hospice Team

Hospice care consists of a wide range of services provided by various caregivers. When you choose Main Line Health HomeCare & Hospice, **you and your family** are at the center of the care team.

Our specially trained hospice team members ensure the highest level of expertise when working with you and your physician in developing your individualized plan of care. Staff members undergo extensive and on-going training that is specially designed to address your hospice care needs. In addition, many of our staff are certified in specialty areas. Our Registered Nurses; Physical, Occupational, and Speech Therapists; Social Workers; and Pastoral Counselors maintain current cardiopulmonary (CPR) certification.

Each member of the Hospice team plays a unique and important role in providing for the sensitive needs of you and your family:

**Your Physician** prescribes the care, medication and special equipment necessary to promote comfort and quality of life. Your physician certifies that you are eligible to receive hospice services, directs your plan of care, and receives updates from the hospice team on a regular basis.

**Hospice Medical Directors** oversee the medical services provided to each hospice client and works in collaboration with your physician and the hospice team to ensure the best quality patient care. He or she is available as a resource to the hospice team and your attending physician. The Medical Director certifies that you are eligible for hospice care and works with the hospice team in the development of your care plan.

**Hospice Nurses** coordinate your total care. They provide skilled nursing care and services based on a physician's orders and the needs of you and your family. Hospice nurses specialize in the management and relief of pain and other symptoms. They perform prescribed medical treatments, teach family members and caregivers proven techniques for providing care, and arrange for medical needs such as equipment or prescription medications. A hospice nurse is available to address your questions and needs 24 hours a day, 7 days a week.

**Hospice Social Workers** provide emotional support to you and your family. They can also help serve as a guide in decision making related to care preferences and assist in arranging for needed services or other resources. The hospice social worker assesses your needs as well as those of your family, helping to strengthen coping and relieve caregiver stress.

**Pastoral Counselors** provide support to you and your family with full respect for individual values and beliefs. They may also contact community clergy if requested.

**Physical Therapists** provide supportive rehabilitation services, specializing in maximizing mobility and function. Physical therapists may help to provide you with opportunities to live to the maximum of your ability, while also promoting safety in and out of the home. Goals of physical therapy treatments include pain relief, maintenance of activity level, and assisting with managing decline in function.

**Occupational Therapists** teach individuals with physical, cognitive, and/or visual problems how to regain their activities of daily living to live as independently as possible. The occupational therapist may work with you and your caregivers to adapt personal routines that have been disrupted by illness.

**Speech Therapists** assist in the areas of communication, cognitive function and swallowing. Speech therapists use specialized techniques to maintain maximum independence in communication and allow for nutritional intake at the most optimal level.

**Registered Dietitians** evaluate special dietary and nutritional needs related to your medical condition. They provide education and counseling about your needs, taking into account your personal preferences as well as religious or other restrictions. If your doctor recommends dietary changes, or if you are undergoing treatment that affects your appetite, your hospice nurse may recommend the services of a registered dietician.

**Home Health Aides** provide personal care services needed to manage your illness. The Home Health Aide follows a plan of care that is written by the Hospice Nurse based on your needs. Examples of care provided include assistance with bathing, dressing and meal preparation. All of our home health aide staff undergo extensive training in accordance with State and Federal regulations. Our home health aides also receive ongoing education and training. Although not a requirement, most of our home health aides are also CPR certified.

**Volunteers** provide support to patients and families in many ways. Volunteers can help by providing friendly visiting and companionship, assisting with errands, sharing hobbies and special interests and providing respite to your caregiver. Hospice volunteers are carefully screened and participate in an extensive hospice training program. In addition, they receive ongoing training and are supervised by our Volunteer Coordinator.

**Bereavement Counselors** offer grief support for up to a year following loss through phone contact, newsletters, individual sessions, and support groups. Main Line Health HomeCare & Hospice also offers specialized grief support for children.

Because our agency works with local universities and colleges, you may also meet **students** who are studying nursing, therapy, social work, and nutrition.



# Eligibility for Hospice Care

Admission to hospice care is made upon the recommendation of your physician or nurse practitioner. Acceptance of patients who request hospice services is based on a reasonable expectation that your physical, psychosocial, and spiritual needs can be adequately and safely met by Main Line Health HomeCare & Hospice in compliance with regulatory requirements.

You must choose to receive hospice services from Main Line Health HomeCare & Hospice and consent must be obtained. Services required must be within the agency's geographic, staffing, and financial resources. In addition, your environment must be safe for both you and hospice staff.

The following are eligibility requirements for utilization of the Medicare Hospice Benefit:

- You must be enrolled in Medicare Part A (hospital insurance).
- Your physician and the Hospice Medical Director must certify that you have a life limiting illness and that you are eligible for hospice services. Certification for services is based on eligibility criteria established by the Centers for Medicare and Medicaid Services.
- You must sign a statement electing hospice care in lieu of your standard Medicare benefits for all care related to your life limiting illness and secondary conditions.
- You must receive care from a Medicare-certified program such as Main Line Health HomeCare & Hospice.

Other insurance companies often have a Hospice Benefit and follow the same eligibility requirements.

## The Hospice Plan of Care

An individualized plan of care is developed by you, your family, and the hospice team in conjunction with your attending physician. The plan is updated regularly based on you and your family's changing needs.

## Hospice Services

Services that are covered under the Medicare and Medicaid Hospice Benefit and by most other insurance plans include:

- Visits by the hospice team members and volunteers
- 24-hour 7-day availability to address questions or concerns
- Interdisciplinary team coordination of your plan of care
- Management of pain and other symptoms
- Support and counseling regarding emotional, psychological, and spiritual needs

- Teaching family members skills to provide necessary care
- Dietary counseling
- Medical Equipment and supplies related to the management of the life limiting illness. Equipment and supplies must be provided through companies contracted with Main Line Health HomeCare & Hospice. Payment for equipment or supplies obtained from other companies will be your responsibility.
- Medications and biologicals related to the life limiting illness and secondary conditions. Medications must be provided by our hospice contracted pharmacy or under arrangement with a local pharmacy. Payment for hospice covered medications obtained from other pharmacies will be your responsibility.
- Short-term, in-patient symptom management
- Respite care at collaborating long-term care facilities
- Bereavement services for family members

## Hospice Levels of Care

Hospice care is provided at one of four levels of care based on criteria established by Medicare and some other insurance providers.

**Routine Home Care** includes intermittent visits by members of the hospice team in your home. Home is wherever you live and may include, but is not limited to, a private residence, a long-term care facility, assisted living, or personal care facility.

**Inpatient Respite Care** is provided in a hospice-contracted facility to provide relief for caregivers for a maximum of five consecutive days on an occasional basis. Admission for respite care must be approved and arranged by Main Line Health HomeCare & Hospice. Care continues to be coordinated by the hospice team. Hospice after hours nurses are available to inpatient staff 24 hours a day, if needed.

**General Inpatient Care** is short-term inpatient care in a hospice-contracted facility for acute management of pain or other symptoms that cannot be feasibly managed in another care setting. Admission for general inpatient care must be approved and arranged by Main Line Health HomeCare & Hospice. Care continues to be coordinated by the hospice team. Hospice after hours nurses are available to inpatient staff 24 hours a day, if needed.

**Continuous Home Care** can be provided during periods of medical crisis in order to manage your medical care in the home. Continuous Home Care can be provided for 8-to-24 hours a day but must require the skills of a licensed nurse for more than fifty percent of the time. Home health aide services may supplement the care of the licensed nurse during this time. Continuous Home Care cannot be utilized to provide routine custodial care.

## Payment for Hospice Services

Hospice services are covered by Medicare, Medicaid, and most private insurance plans.

Hospice care is fully reimbursed by Medicare if you are a recipient of Medicare Part A coverage and you elect to utilize the Medicare Hospice Benefit. Medicaid has a similar Medicaid Hospice Benefit where hospice is fully reimbursed if you are a Medicaid recipient with hospice coverage benefits.

Pre-authorization of services is required by many managed care and private insurance plans. When managed care or private insurances including HMO's and PPO's are billed for services, your hospice benefits are based on a contract between you and your insurance company. In addition, coverage for general inpatient, respite, or continuous home care levels of care are determined by your insurance company. You will be responsible for any charges not paid by your insurance company, including but not limited to deductibles, co-insurance (co-pay) amounts, or services provided by out of network providers. These amounts will be billed to you according to your individual insurance plan. You will be notified verbally and in writing of any charges you may incur prior to the start of hospice services or before we make the next home visit if we become aware of charges while you are receiving hospice care. A copy of our fee schedule is available for your review upon request. Fees for hospice services can be adjusted for those in need. Any questions can be directed to our Claims Processing Office at 484-580-1420.

## Discharge and Transfer

You may continue to receive care for as long as you continue to be medically eligible for hospice care. After receiving hospice care for more than 150 days, our Medical Director or Nurse Practitioner will visit you in the home to assess your continued eligibility to receive hospice care. This assessment visit will be made every sixty days, prior to being recertified for continued care. You may be discharged from hospice care if your physical condition stabilizes and the Hospice Medical Director is no longer able to certify your eligibility.

You may also choose to withdraw from hospice care at any time. Should you choose to withdraw from hospice care, you must sign a revocation form stating that you no longer wish to receive hospice care. Medicare and Medicaid regulations require that this revocation be made in writing at the time or prior to your decision to withdraw. Verbal revocations are not permissible under Medicare and Medicaid regulations.

You may also be discharged from hospice care if:

- You no longer live within the geographic area of agency coverage.
- Your safety, or the safety of hospice staff, is compromised.
- Your actions or words, or the actions or words of another person in your home, are uncooperative or hostile, and threaten, harass, or make our staff feel unsafe and ineffective when providing your care. You will usually be told if we are concerned about your or another person's behavior so that you have the chance to fix the problem. If our staff are immediately threatened or in danger, we may act to discharge you from care right away. We will provide you and your caregiver or representative with contact information for other agencies who may be able to provide care.

- You request transfer to another hospice program. For a Medicare beneficiary, transfer of hospice can occur only once per benefit period.

You will be given advance notice of discharge, except in a case of emergency. You have the right to appeal the decision to the state Quality Insights Organization.

If you should be transferred or discharged to another organization, we will provide the information necessary for your continued care.

If you are discharged from hospice care, your Medicare or other insurance coverage will revert to the coverage you had before electing hospice care. Those who are discharged, or who choose to leave hospice care, can re-enroll without penalty at any time if they meet the medical eligibility criteria.

## **Advance Directives**

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Main Line Health HomeCare & Hospice honors your right to make informed decisions and to tell other about these decisions through an advance directive. Information on advance directives is provided to you before care is provided. If you are incapacitated at the time of admission or start of care, information on advance directives will be provided once you are no longer incapacitated.

We cannot alter the care you receive or discriminate against you based on whether or not you have an advance directive. Should you have any concern that your wishes in regard to advance directives or Do Not Resuscitate status are not being followed by MainLine Health HomeCare & Hospice, you have the right to contact the Home Health Agency Hotline at 1-800-222-0989. Their hours of operation are: Monday - Friday, 8:30 AM - 4:30 PM.

### **What is an advance directive?**

Advance care planning is the process of preparing for the possibility of being unable to make your own decisions about health care, usually because of serious illness. Thoughtful discussions about what you value most in life and under what circumstances, if any, that life would not be worth living for you, can provide guidance to health care professionals and your family for your medical treatment and goals of care. Discussions may cover such issues as health care treatments like cardiopulmonary resuscitation (CPR or chest compressions, electric shocks, and artificial breathing to try to bring back a person who has died), mechanical ventilation (being placed on a breathing machine), and artificial nutrition and fluids.

There are two main types of advance directives: a living will and a durable power of attorney for healthcare. Many people make a combined directive that includes both a living will and a durable power of attorney for healthcare.

A living will allow you to document your wishes concerning medical treatments and life support if you have a life limiting illness or condition and you are unable to make medical decisions. Your living will only take effect if you are unable to understand or communicate your treatment choices and you have an end-stage medical condition, or you are permanently unconscious.

A durable power of attorney for healthcare (or healthcare proxy) allows you to appoint a person you trust as your healthcare agent (or surrogate decision maker). This person is authorized to make medical decisions on your behalf, if you are unable to understand or communicate your treatment choices. You should choose a person that knows you well and that can be trusted to make decisions in accordance with your preferences for care. It is important to discuss your preferences with this person before designating them as your healthcare power of attorney to ensure that they are comfortable assuming this role, and that they will be available, able, and willing to make decisions for you.

## **Why should I have an advance directive?**

By law, everyone has the right to make his or her own decisions to accept, reject, or discontinue healthcare. An advance directive helps you to plan for your care if you are unable to make your own healthcare decisions. Stating your wishes in advance through a written document, allows you to have a voice in your healthcare decisions when you cannot speak for yourself. It also provides you with the opportunity to designate someone who can speak for you if you are unable to do so. Advance directives are important for everyone, not just for people experiencing a serious illness.

## **Who should make an advance directive?**

Any adult, 18 years of age or older, of sound mind may make an advance directive. A minor of sound mind can also make an advance directive if he or she is married, has graduated high school, or is emancipated from parental control. It is best to make an advance directive before a medical crisis occurs. This allows you to make decisions with a calm and clear mind.

Having an advance directive provides comfort to your family and prevents them from experiencing the stress and anxiety of wondering what your preferences and wishes for healthcare are should you be unable to communicate.

## **How do I complete an advance directive?**

You do not need a lawyer to complete an advance directive. You and two adult witnesses must sign the written instructions. The laws governing advance directives vary from state to state, so it is important to complete and sign advance directives that comply with your state's law. The home health team is available to assist you with obtaining the proper documents for completing an advance directive.

You should keep a copy of your advance directive in a safe and easily accessible place. Safe deposit boxes or locked boxes are not typically good places to keep your advance directive. Make sure that someone in your family knows where you keep it and has access to it.

A copy of your advance directive should be provided to all your healthcare providers, including your doctor and the home care team. Be sure to talk with your healthcare providers about your instructions and goals of medical care. You should also provide a copy of your advance directive to your durable power of attorney for healthcare. Some people also provide a copy of their advance directive to their spiritual or religious advisor, and their attorney.

## **What types of decisions will I need to make?**

An advance directive helps you to think about how you would like to be cared for in the event of end-stage illness or permanent unconsciousness. Written instructions should tell which treatments you would or would not want. You may want to designate whether you want technical treatments such as life support or a ventilator, a feeding tube or other types of medical nutrition or hydration, or other medical treatments. You may also want to specify if you want medication or other treatments for the control of pain or other severe treatments.

Your doctor can also assist you in making health care decisions and will provide you with information and choices for treatment of health problems. Your doctor can help you to understand what medical treatment you may need in the event of serious illness. He or she can also help you understand the benefits and the burdens of these treatments. You may accept or refuse your doctor's advice, or you may choose to seek another doctor's opinion.

## **How long is an advance directive in effect?**

Advance directives do not expire. An advance directive remains in effect until you change it. If you complete a new advance directive, it invalidates the previous one. You should review your advance directives periodically to ensure that it still reflects your wishes.

## **What if I change my mind?**

You can always change your mind about your instructions or preferences for healthcare, and you can always designate a different durable power of attorney for healthcare. If you change your mind, you should destroy your written instructions and write new instructions. If you can't destroy the instructions, tell your family, doctor, hospital, or other healthcare provider that you don't want the instructions followed. If you want to change anything in an advance directive once you have completed it, you should complete a whole new document.

## **What happens in the case of an emergency?**

Bring your advance directive with you when seeking medical care. Advance directives are legally valid throughout the United States. Generally, Pennsylvania laws require hospitals, nursing homes, and other healthcare providers to follow your written instructions if you are unable to make healthcare decisions and are either near death or permanently unconscious. However, state law requires healthcare providers to give life-sustaining treatment to incompetent pregnant women in some circumstances. Additionally, state law permits doctors and other healthcare providers to choose not to follow your living will, or the requests of your healthcare agent, if they believe it would be morally wrong to do so. Emergency medical personnel will not follow written instructions. Emergency medical personnel may use all available means to keep you alive until you are transported to another healthcare provider.

## **Share your advance directive with the hospice team**

Upon admission, you will be asked if you have an advance directive. If you do not have one but wish to have further information, the nurse will refer you to the appropriate resource. You will be provided with information about Advance Directives, and asked to sign a Client Consent form which acknowledges your receipt of the information.

If you have advance directives, the hospice team will request a copy of the advance directive and/or durable power of attorney.

Main Line Health HomeCare & Hospice will inform all appropriate staff of the existence of the advance directive, including a living will or designation of surrogate decision maker. All employees will respect the advance directive. It will be noted on your plan of care that you have advance directives or that you are requesting not to be resuscitated (DNR).

Our staff will honor the request after obtaining a signed doctor's order. In the case of an emergency, however, when it is not possible to contact the doctor before acting, if you verbalize that you want something other than that which is indicated on the advance directive, the Main Line Health HomeCare & Hospice employee will follow good judgment and abide by your immediate wishes.

If you are discharged or transferred to another organization, the existence of any advance directive will be communicated to that agency.

You may revoke or change an advance directive at any time. Your doctor should be contacted so that new orders can be written or old orders destroyed. You should notify everyone who has a copy of the Advance Directive of the change, including Main Line Health HomeCare & Hospice.

In the event that an ethical issue arises in regard to decisions made about your care, Main Line Health HomeCare & Hospice will consult with you, employees involved in your care, family members, and the referring doctor, and if necessary, the Ethics Committee.

If an employee cannot honor the advance directive, due to his/her own conscience and ethical standard, the employee will be removed from the case and another employee will be assigned. In the event that Main Line Health HomeCare & Hospice cannot honor your desires, due to ethical concerns, Main Line Health HomeCare & Hospice will discuss this openly with you, and assist you in transferring to another home health care agency, with whom the same conflict does not exist.

An Advance Directive form, approved for use in the state of Pennsylvania, can be found at the back of this guide to your care.

For additional information about Advance Care Planning please visit the Main Line Health web site at: <https://www.mainlinehealth.org/patient-services/advance-care-planning>.

# Pain Management

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At Main Line Health HomeCare & Hospice, we show special concern for your comfort. We know that unmanaged pain can negatively impact your quality of life, and other aspects of your well-being. Managing your pain is an important part of your treatment plan.

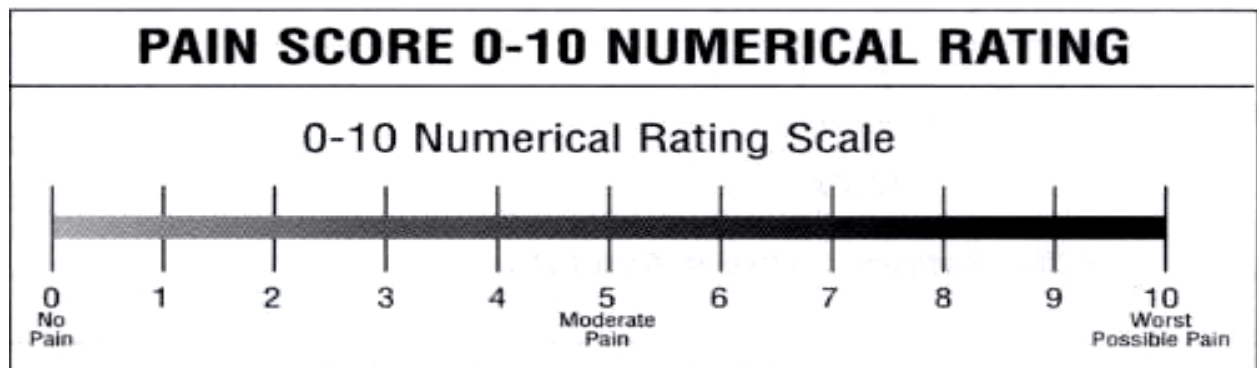
There are many different causes or kinds of pain. Pain can be caused by your illness, side effects of treatments, or other health care conditions. It is important to tell your hospice team about your pain.

## Speak up for your comfort!

The hospice team members will ask you about your pain regularly. Be sure to tell them about your pain, even if they don't ask you. Your hospice team members will ask you to rate how bad your pain feels using pain scales. Most commonly, they will ask you to rate your pain on a scale of 0 to 10 with 10 being your worst pain. They may also use other pain scales that use words, faces, or pictures.

## Commonly used pain scales

The **Numeric Pain Scale** is one of the simplest measures, with the pain at a particular time being assessed as being from 0 to 10, where 0 is no pain and 10 is the worst pain imaginable.

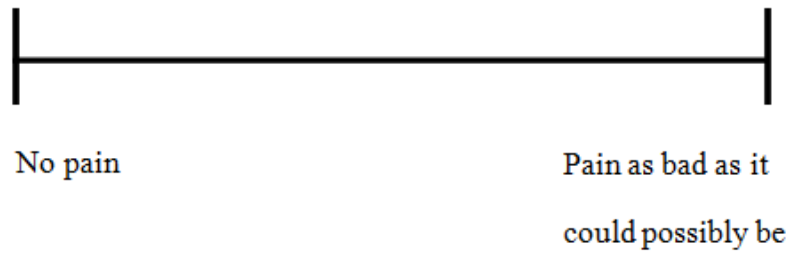


The **Verbal Descriptor Pain Scale** is another pain assessment tool that uses descriptive words rather than numbers to allow you to tell us how bad your pain is. You will be asked to describe your pain as:

No pain- Mild pain- Moderate pain- Severe pain- or - Pain as bad as it could be



The **Visual Analogue Pain Scale** is a 10 cm line with “No pain” at one end and “Pain as bad as it could possibly be” at the other end. Place a vertical pencil mark on this line to show your level of pain.



The **Wong-Baker Faces Pain Scale** is recommended for children or those that are unable to speak. Six faces showing expressions from a smile to sobbing are associated with simple pain descriptions to choose which best describe them.

### Wong-Baker FACES® Pain Rating Scale



The hospice team may also ask you other questions such as:

- Where you have pain
- What the pain feels like
- How long the pain lasts and how often it occurs
- What makes it better and what makes it worse
- How the pain impacts on your movement, activities, and quality of life.

It is important to share this information with the hospice team so they can work with your doctor in determining the best pain management plan. The more we know about your pain, the better we can treat it.

## Managing your pain

There are many ways to manage your pain. There are medications that can be used to relieve pain. There are also other ways to treat pain without using medications. Your doctor and the hospice team will work together to find ways that will best control your pain.

Medications that relieve pain include acetaminophen, aspirin, nonsteroidal anti-inflammatory drugs and opioid analgesics. Nonsteroidal anti-inflammatory drugs include medications such as ibuprofen or naproxen. Opioid analgesics include medications such as oxycodone, hydromorphone, morphine or fentanyl. These medications are available in various forms including pills, liquid, suppositories, and skin patches. Other medications that may be used to control pain include antidepressants, anticonvulsant agents, or steroids.

It is important to take your pain medicine on a regular schedule as prescribed by your doctor.

Be sure to tell the hospice team about all of your pain medications, even if you only take them for a short time or infrequently. List all of your pain medicines, including those prescribed by your doctor and those that you buy over-the-counter.

## Easing your pain

- Stay ahead of the pain. Take pain medication as soon as the pain starts. Waiting too long to take the medicine will make the pain harder to manage.
- Take pain medication as instructed by your doctor and the hospice team. Many medications are taken around the clock on a set schedule.
- Take breakthrough (“as needed”) pain relief medications when needed and as instructed.
- Write down the exact time when a dose of the medicine is given. This will make it easier to remember how long it's been since the last dose of medicine was given.
- Call the agency any time of the day or night for uncontrolled pain.
- Ask about other ways to relieve your pain such as distraction, relaxation, massage, hypnosis, or other complementary therapies, heat or cold, physical therapy or exercise, or electric nerve stimulation.

## Common questions related to pain management

### Will I become addicted to pain medication?

This is a common concern. However, numerous studies show that most people with serious or chronic illness who take narcotics to relieve their pain do not become addicted.

### Will my pain medicine stop working if I take it for a long time?

This is called tolerance. If tolerance develops and medications become less effective, the dosage of the medication may be increased. Narcotics have no limit on how much can be taken safely, as long as there are no other medications combined with the narcotics like acetaminophen and as long as the increase is gradual. The hospice nurse will work with your physician if you need an increase in dose or another medication.

### Will narcotics stop my breathing?

Narcotics relieve pain without stopping or slowing your breathing when started with a low dose and gradually increased as needed for comfort. In fact, narcotics such as morphine may ease breathing difficulties in illnesses such as heart failure and COPD.

## Common side effects of pain medication

Pain medications like narcotics (opiates) may also cause side effects. Not all people get side effects and some people may feel different side effects than others. Most side effects will go away after a few days, but others may need to be treated.

The most common side effects of opiates are:

**Constipation**- the most common side effect from using narcotics is difficulty moving the bowels. The best way to prevent constipation is to drink a lot of water and juice and other liquids and to eat more fruits and vegetables if you can. The doctor may also order a stool softener and a laxative whenever a person is taking an opiate medicine.

**Sleepiness**- This is another side effect that can happen when you first start taking strong pain medicine. There is usually less sleepiness as your body gets used to the medicine. Tell your nurse if this is still a problem after a few days.

**Upset Stomach**- This side effect usually goes away after the first few days of starting the pain medicine. Tell your nurse if you have an upset stomach or nausea because there is another kind of medicine your doctor may order to relieve that feeling.

# Manage your Medications Safely

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When used properly, medicines are very helpful in treating symptoms and illnesses. If used carelessly, medicines can be dangerous. They can lead to poisoning or even death.

Medicines include herbal medicine, vitamins, over-the-counter drugs (those you can buy without a prescription), and prescription drugs (chosen by your doctor and sold by a pharmacist). Before you use any medicine, your doctor, nurse, or pharmacist should be told if you ever had an allergic or unusual reaction to any medicine or food.

## Be sure you understand:

- The medicine's name. Know the brand and generic name for each medicine.
- Why you take it.
- How much medicine you should take and how you should take it.
- Side effects or symptoms you should report to your doctor.
- If your medicines are safe to take with your other medicine. Check if there are any foods or drink that you cannot have if taking the medicine.
- Any tests you should have while taking the medicine.
- Activities you should avoid while taking certain medicines.

## Follow directions:

- Follow dosage directions exactly.
- Do not stop taking your medicine unless your doctor tells you to.
- Do not skip or cut doses of your medicine to save money. Talk to your healthcare provider, as other choices may be available to you.
- Do not take other people's medicines.
- Do not share your medicine with anyone. Your medicines are ordered especially for you.
- Do not take over-the-counter medicine unless they are approved by your doctor.
- Follow any special safety measures.
- Double check that you have the right medicine before taking it. Verify the name of the medicine, dosage, and time.

## **Store your medicines safely**

- Turn on a light when taking any drug at night so you can read the label.
- Store medicine away from heat, moisture, and direct sunlight.
- Keep all medicine away from children and pets. If children are in the home, use bottles with childproof caps.
- Avoid storing your medicine in the bathroom cabinet.
- Never place different medicines in the same bottle.

## **Other helpful medicine tips**

- Have all your medicines available for your nurse and therapist to review on every home visit.
- Be sure to tell the home health team if your doctor made any changes to the medicine you take or if you started taking any over the counter medicine, including vitamins, or herbal supplements.
- Tell the home health team if you stopped taking any medicine that was ordered by your doctor or if you stopped taking any over the counter medicine including vitamins or herbal supplements.
- When your doctor makes changes to your medicines, update your list.
- Always take your medicine list to your doctor appointments. Include prescriptions, vitamins, herbals, and over the counter medications.
- Always keep your medicine list with you.
- Know your medication allergies and always tell them to your healthcare providers.
- Write down and ask your doctor or nurse any questions you have about your medicines. To show you understand medicine instruction, repeat the information back to your healthcare provider.
- Use one pharmacy for all your prescriptions so the pharmacist can track any potential interactions.
- When picking up a prescription read the label and make sure it is correct.
- Ask for an easy open container if you find that childproof containers are too hard to open.
- Renew medicine on a timely basis. Do not wait until all the medicines are gone before reordering.

- Check the expiration date of all your medicines. Discard old, unused, or discontinued medicine.
- When traveling, keep your medicine with you. Do not put them in your luggage.
- Carry your doctors' name and phone number with you.
- Pay attention to how you are feeling. Know what to expect if your medicine is working correctly. Notify your healthcare provider if you react differently from what is expected.

## Develop a medicine management system

Set up a system to help you take your medicines correctly. If needed, have someone help you.

Examples of medication management systems include using a daily log or calendar to keep track of the time, amount, type, and dosage of medication that you take.

Here are a few ways to make a medication chart:

- **Basic medicine chart:** On a large sheet of paper, write down what medicines to take and what times to take them. Also note how the medicine should be taken.
- **Color-coded chart:** You can color code your medication containers, using colored markers, pens, pencils, etc. to help identify your medicine.
- **Check-off chart:** List your medicines for each day of the week. Write down what times each day to take them. Cross out the time when you take the medicine.

If you need more information about how to take medicines, please talk to with your home health nurse.

# Hospice Medications

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On admission, the hospice nurse will review your current medicines with your doctor and the hospice medical director in order to develop a medicine plan that will make sure your illness and related conditions are well managed.

Medicine related to the illness and conditions requiring hospice care will be provided by our hospice contracted pharmacy. It is important that you obtain all medicine related to your hospice illness through the hospice pharmacy plan, rather than your usual prescription plan. Your hospice nurse will review which medicine will be provided by hospice and which, if any, medicine you may continue to receive through your pharmacy plan. Over the counter medicine that is not related to your hospice illness or related conditions will remain your financial responsibility.

Once prescribed by your physician, hospice medicines will be delivered directly to your home. Some medicines require that your physician fax a written prescription to the pharmacy before the medicine can be dispensed and delivered to you.

You may pick up medicine from a community pharmacy when the need for medicine is urgent. For urgent needs, the hospice nurse will profile the medicine with our hospice pharmacy that will authorize a local pharmacy to dispense the medicine to you. There is no copay for authorized medications. You may need the following PBM Plus card information below when you pick up your medicine:

Enclara Pharmacia

RxBin: 018232

RxPCN: PBMOCE

Group: HOSPICEFFS

Member ID No: MLH plus your medical record number (this can be provided by your care team)

Pharmacy Help: 866-597-3589

# The Hospice ComfortPak™

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Certain medicines are often placed in a person's home to prevent delays in treating symptoms that may occur suddenly or when a different way to give the medicine is needed. These medicines may be ordered by your doctor to address needs that could arise in the future. The medicines allow the hospice nurse to quickly respond to a problem and make sure you are comfortable.

The medicines may be delivered to your home in a small box called a ComfortPak™. The ComfortPak™ contains several different medications that can quickly relieve the most common new or emergency symptoms. Each ComfortPak™ is customized as not all client's need all of these medicines. Some medicines may be contraindicated for your particular medical condition and will not be included.

ComfortPaks™ may contain small quantities of all or some of the medicines listed below:

**Acetaminophen suppositories** 650 mg. to treat mild discomfort or fever.

**Hyoscyamine** 0.125 mg. sublingual tablets to treat secretions.

**Bisacodyl suppository** 10mg. to treat constipation.

**Haloperidol liquid** 2 mg/mL to treat agitation.

**Lorazepam tablets** 0.5 mg. to treat anxiety or agitation.

**Morphine sulfate** oral concentrate 100 mg/5 ml (20 mg/mL) to treat pain or breathing difficulty.

**Prochlorperazine tablets** 10 mg. to treat nausea or vomiting.

Always contact your nurse before giving any medicine from the ComfortPak™ for the first time. The hospice nurse will instruct you on what type of medicine to use and how much to administer.

It is important to keep the ComfortPak™ in a safe place, out of reach of children and pets. Many people keep it in the refrigerator where it is easy to find.

Some clients may receive specialized a ComfortPak™ called a Cardiac or Seizure ComfortPak™. This ComfortPak™ may have additional medicines to address needs associated with a specific illness or condition.

Clients who are cared for in a hospital, nursing home, or other residential facility may not have a "comfortpak" as facility regulations and policies may not allow for these medicine kits. Your hospice nurse will work with your doctor and facility staff to ensure access to all needed medicine.



# Proper Disposal of Prescription Drugs

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Knowing how to use and safely destroy prescription medicines is important. When a medicine is no longer needed, your hospice care nurse will explain how you can safely destroy the medicine. It is important for medicines to be destroyed by you or your family member when they are no longer needed. Read the printed directions that come with your medicine to find out how it should be disposed.

With your permission, hospice personnel can help you with proper disposal of unused medicine that you no longer take by disposing of the medicine in the presence of a witness in your home. The nurse will document the date, name and amount of each medicine, how the medicine was disposed of, name of the person giving permission for the disposal, and the name of the person who witnessed the disposal of the medicine. You will be asked to review and sign the disposal record. The nurse may not remove unused medicine from your home.

The following are Federal guidelines on destroying medications in the home:

## **Give unused medicine to authorized collectors for disposal:**

You or your caregiver should remove expired, unwanted, or unused medicines from your home as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.

Medicine take-back programs are a good way to safely dispose of most types of unneeded medicines. Some communities have medicine take-back programs or community solid-waste programs that allow the public to bring unused medicines to a central location for proper disposal.

Another option for you to dispose of unneeded medicines is to give unused medicines to collectors registered with the DEA. Authorized collection sites may be retail pharmacies, hospital or clinic pharmacies, and law enforcement locations. Some sites may also offer mail-back programs or collection receptacles, sometimes called “drop-boxes,” to assist you in safely disposing of your unused medicines.

You can visit the DEA’s website for more information about drug disposal, National Prescription Drug Take-Back Day events, and to locate a DEA-authorized collector in their area ([https://www.deadiversion.usdoj.gov/drug\\_disposal/index.html](https://www.deadiversion.usdoj.gov/drug_disposal/index.html)). You may also call the DEA Office of Diversion Control’s Registration Call Center at 1-800-882-9539 to find an authorized collector in your community.

## **Disposal in the household trash:**

If no medicine take-back programs or DEA-authorized collectors are available, and there are no specific disposal instructions on the label, such as flushing, you can also follow these simple steps to dispose of most medicines in the household trash:

- Take unused, unneeded, or expired prescription drugs out of their original bottles or containers;

- Mix medicines (do not crush tablets or capsules) with an unpleasant substance such as dirt, kitty litter, or used coffee grounds;
- Place the mixture in a container such as a sealed plastic bag or an empty can or jug with a lid;
- Throw the container in your household trash;
- Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.

*\*Consumers are advised to check their local laws and ordinances to make sure medicines can legally be disposed of with their household trash.*

## List of medicines recommended for disposal by flushing

This list from FDA tells you which medicines you should flush down toilet when they are no longer needed, and when a medicine take-back program is not available, to help prevent danger to people and pets in the home. Flushing these medicines will get rid of them right away and help keep your family and pets safe.

| <b>Any drug that contains the following words:</b> | <b>Found in brand names</b>   |
|--|---|
| Buprenorphine                                      | Belbuca, Bunavail, Butrans. Suboxone.<br>Subutex, Zubsolv                             |
| Fentanyl   | Abstral, Actiq, Duragesic, Fentora, Onsolis   |
| Diazepam rectal gel                                | Diastat, Diastat AcuDial rectal gel   |
| Hydrocodone or benzhydrocodone                     | Apadaz, Hysingla ER, Norco,<br>Reprexain, Vicodin, Vicodin HP, Vicoprofen, Zohydro ER |

|                                    |   |
|------------------------------------|---|
| Hydromorphone                      | Dilaudid, Exalgo  |
| Meperidine                         | Demerol   |
| Methadone                          | Dolophine, Methadose  |
| Methylphenidate transdermal system | Daytrana  |
| Morphine                           | Arymo ER, Avinza, Embeda, Kadian.<br>Morphabond ER, Oramorph SR   |
| Oxycodone                          | Codoxy, Combunox, Oxaydo (formally<br>Oxecta), Oxycet, Oxycontin, Percocet,<br>Percodan, Roxicet, Roxicodone,<br>Roxilox, Roxybond, Targiniq ER, Troxyca<br>ER, Tylox, Xartemis R, Xtampza ER |
| Oxymorphone                        | Opana, Opana ER   |
| Tapentadol                         | Nucynta, Nucynta ER   |
| Sodium Oxybate                     | Xyrem, Xywav  |

FDA believes that the known risk of harm, including death, to humans from accidental exposure to the medicines listed above, especially potent opioid medicines, far outweighs any potential risk to human or the environment from flushing these medicines. FDA will continue to conduct risk assessments as a part of its larger activities related to safe use of medicines.

For disposal information specific to another medicine you are taking please visit [Drugs@FDA](https://www.fda.gov/drugs). Once there, type in the medicine name and click on search. Then click on the label section for that specific medicine. Select the most recent label and search for the term, “disposal”.

# Prevent the Spread of Infection

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## Hand hygiene

### Why clean your hands?

Cleaning your hands is the easiest and most effective way of preventing the spread of infection.

### When should you clean your hands?

Clean your hands frequently:

- Before making or eating food
- Before touching your eyes, nose, or mouth
- After blowing your nose, coughing, or sneezing
- After touching soiled laundry
- Before and after changing, and touching wound dressings or sharps such as needles
- After touching any type of equipment or after touching surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone
- After using the bathroom

Family members or caregivers must also clean their hands before and after providing your care. Ask your loved ones and visitors to clean their hands.

### How should I clean my hands?

With an alcohol-based hand sanitizer:

- Put the product on hands and rub hands together.
- Cover all surfaces of your hands until the hands feel dry.
- This should take around 20 seconds.

With soap and water:

- Wet your hands with warm water. Use liquid soap if possible. Apply a nickel or quarter-sized amount of soap to your hands.
- Rub your hands together until the soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under the fingernails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Imagine singing the “Happy Birthday” song twice.
- Rinse your hands well under running water.
- Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

## **Speak up for your safety!**

Clean your own hands and ask those around you to do the same.

Main Line Health HomeCare & Hospice staff use proper hand hygiene techniques, including the routine use of an alcohol-based hand rub before, during, and after caring for you. Staff will wash their hands with soap and water any time their hands become visibly dirty or soiled with blood or other body fluids.

Staff wear gloves when providing treatments or procedures when there is a possibility of contact with blood or body fluids. Hand hygiene is performed between glove changes.

If Main Line Health HomeCare & Hospice staff do not use proper hand hygiene, please ask them to do so. Ask your healthcare provider questions, such as:

“I didn’t see you clean your hands when you came in, would you mind cleaning them again before you examine me?”

“I’m worried about the spread of germs. Will you please clean your hands once more before you start my treatment?”

If they do not do this, please notify the hospice manager.

## **Cover your mouth and nose**

- Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more!
- Cover your mouth and nose to prevent the spread of infection to others. It may prevent those around you from getting sick.
- Use a tissue. Keep tissues handy at home, at work and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.

## **If you are sick, avoid close contact with others**

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go for medical treatment, call ahead and ask if there's anything you can do to avoid infecting people in the waiting room.

## **Get shots to avoid disease and prevent the spread of infection**

- Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need.

## **Get the flu vaccine**

Influenza is a serious disease that can lead to hospitalization and sometimes death. Every flu season is different, and influenza infection can affect people differently. During a regular flu season, about 90 percent of flu related deaths occur in people 65 years and older.

### **What is flu?**

- The flu is a respiratory illness caused by the influenza virus. It can be spread or passed on to other people.
- The flu most commonly occurs during the months of October through May each year.
- The usual symptoms of the flu are fever, chills, cough, and muscle aches which can last from a few days to a week.
- While the flu usually causes mild to severe illness, complications from the flu such as pneumonia may develop. At times, the flu or complications from the flu may lead to death.

### **How is the flu spread?**

- The flu virus is spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby.
- Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose.
- You may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

## **How can I prevent the flu?**

- The best way to prevent the flu is by getting the seasonal flu vaccine each year, but good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu.

## **What is the flu vaccine?**

- Flu shots are given to adults by injecting the vaccine into the muscle of the upper arm.
- The injected flu vaccine is made from either killed viruses or no flu virus so there is no chance that you can get the flu from the vaccine.
- The killed viruses included in the vaccine change from year to year.
- The vaccine begins to work about 2 weeks after you get it and lasts an average of several months.

## **Who should get the flu vaccine?**

- It is recommended that everyone older than six months of age get the flu vaccination, with rare exception.
- While everyone should get a flu vaccine, it's especially important for some people to get vaccinated because they are at high risk of developing serious complications like pneumonia if they get sick with the flu. These people include the following:
  - People with certain medical conditions including asthma, chronic lung disease, diabetes, heart disease, stroke, cancer, and HIV/ AIDS.
  - Pregnant women.
  - People younger than five years (and especially those younger than 2).
  - People 65 years and older.
  - People who live with or care for others who are at high risk of developing serious complications.

## **Who should talk with a doctor before getting a seasonal flu shot?**

- Some people should not get or should wait before getting inactivated flu vaccine.
- Tell your doctor and your home health nurse if you have had a severe reaction after a previous dose of influenza vaccine.
- Talk to your doctor and your home health nurse if you have an allergy to eggs or if you are allergic to any of the ingredients in the vaccine.
- Tell your doctor and your home health nurse if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- If you are not feeling well, talk to your doctor or home health nurse.

## **Will I have side effects of the flu vaccine?**

- Side effects of the flu vaccine may include soreness, redness, tenderness or swelling where the shot was given. Low-grade fever, headache, and muscle aches may also occur.
- Serious allergic reactions to flu vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after getting the vaccination. While these reactions can be life-threatening, effective treatments are available.

Main Line Health HomeCare & Hospice offers the flu vaccine to clients receiving home health services every year. Please let your nurse know if you would like to receive a flu shot or want further information on fighting the flu.

All Main Line Health employees are required to receive the flu vaccine annually, unless there is a medical contraindication or religious exemption.

Adapted from <http://www.cdc.gov/flu/protect/keyfacts.htm>;  
[https://www.jointcommission.org/topics/speak\\_up\\_infection\\_control.aspx](https://www.jointcommission.org/topics/speak_up_infection_control.aspx)

## **Get the pneumococcal polysaccharide (pneumonia) vaccine**

### **What is pneumococcal disease?**

- Pneumococcal disease is caused by a bacteria and can lead to serious infection of the lungs, blood, or brain. It is the leading cause of vaccine-preventable illness and death in the United States.

### **How can I prevent the pneumococcal disease?**

- The best way to prevent the pneumococcal disease is by getting the pneumococcal polysaccharide (PPS) vaccine.

### **What is the PPS (pneumonia) vaccine?**

- PPS vaccine protects against 23 types of common pneumonias, including those most likely to cause serious disease.
- Usually only one dose of the vaccine is needed, but under some circumstances a second dose may be given.

### **Who should get the PPS (pneumonia) vaccine?**

- All adults age 65 and older should get the PPS vaccine.
- In addition, the following people should also get the vaccine:
  - Anyone 2 through 64 years of age who has a long-standing health problem or who has a disease or condition that lowers the body's resistance to infection
  - Anyone through 64 years of age who is taking a drug or treatment that lowers the body's resistance to infection, and
  - Any adult 19 through 64 years of age who is a smoker or has asthma.



## **The COVID-19 vaccine- Is it right for you?**

Vaccination is a personal decision and, like any decision you make about your health, you should understand the risks and benefits of choosing to be vaccinated. Main Line Health encourages you to consider being vaccinated for your safety, as well as the safety of your loved ones and the community.

### **What is COVID-19?**

- Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. (<https://www.who.int/health-topics/coronavirus>)

### **Can I get COVID-19 from the vaccine?**

- No, you cannot. The COVID-19 vaccines do not contain any live virus. Rather, they help our bodies develop immunity to the virus by creating antibodies that fight against the virus.

### **The vaccine was developed quickly. How do I know it is safe?**

- These vaccines were developed quickly because resources were made available to expedite research and development. It was produced in accordance with the same safety and efficacy standards as all other vaccines in the United States.

### **Will I get side effects from the vaccine?**

- Some people may experience side effects from the vaccine. The side effects are a sign that your immune system is working with the vaccine, as intended. Side effects can include pain and swelling in the arm, fever, chills, headaches and fatigue.

### **How long will immunity from the vaccine last?**

- We won't know how long immunity lasts after vaccination until we have more data. Experts continue to follow this and will make recommendations as more people receive the vaccine.

### **Where can I get the vaccine?**

- Many local pharmacies are administering the COVID-19 vaccination without charge and without an appointment. Vaccine administration is available in the home through a variety of community organizations depending on where you live.

For additional information about the COVID-19 vaccine please visit:

- <https://www.mainlinehealth.org/conditions-and-treatments/conditions/covid-19/testing-and-care>
- <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

# COVID-19 Protocols

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## Screening Questions

To protect the patients we serve and our staff, HomeCare & Hospice team members will ask COVID-19 screening questions before every home visit. Please answer these questions so that we can provide you and your family with safe care while also protecting our health care workers. These questions are subject to change based on recommendations from the Center for Disease Control (CDC) and the Pennsylvania Department of Health.

Do you or any member of your household have COVID-19 or have pending COVID-19 test results?

Do you have any of the following (new) symptoms? Fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches, headache, new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; or diarrhea

Does anyone in your household have any of the following (new) symptoms? Fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches, headache, new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; or diarrhea

Staff may also ask about any out of state locations you or a member of your household has traveled to, if international or state community transmission rates warrant this.

Let us know if something changes between our call and your visit. If you or someone in your home develops any of the above symptoms, please call us right away at 484-580-1550.

## **Special Precautions Health Care Workers will take during your home visit**

All home care and hospice staff will wear medical masks and eye protection when entering your home. In addition, all staff will wash their hands frequently and use hand sanitizer during our visits to your home.

When caring for patients who require special breathing treatments or when caring for a person with COVID-19, home care and hospice staff may also wear other special equipment. This may include an N-95 mask, an isolation gown, and gloves. Our staff will also wear this special equipment if you or a member of your household has any symptoms listed above; has traveled to a location that the Department of Health

considers a 'hot spot'; or if you or a member of your household is waiting for COVID-19 test results.

### **Special Precautions you should take during your home visits**

We ask that you wash your hands with soap and water or use hand sanitizer at the beginning and end of your home visits. Your home care nurse or therapist can show you how to do this. Please cover your cough or sneeze with a tissue, then put the tissue in the trash. If you don't have a tissue, cough, or sneeze into your elbow rather than your hand.

Please keep a physical distance of at least six feet from HomeCare & Hospice workers. Members of your home care and hospice team will also keep this distance from you and your loved ones except during direct care. This is recommended by the CDC and Department of Health.

In addition, we ask that you and your caregiver wear a medical mask or a cloth mask during our home visits regardless of vaccination status unless there is a medical reason why you are not able to wear one. Two medical masks will be provided to you (one for you and one for your caregiver) for use during our visits. Please keep these masks in a safe location between our visits. Storing the mask in a paper bag is recommended. Cloth masks can also provide protection. Please let us know if you need help getting a cloth mask or if you need additional medical masks should your mask become soiled or damaged.

If you have COVID-19 and are in your isolation period, you are required to wear a medical mask during our home visits. This assures that we can provide you with safe and effective care while also protecting the health and safety of our healthcare workers.

Additional information about COVID-19 can be found at the following sites:

- Centers for Disease Control and Prevention at <https://www.cdc.gov/>
- Pennsylvania Department of Health at <https://www.health.pa.gov>

Main Line Health HomeCare & Hospice COVID-19 policies, procedures, and precautions will be updated as CDC and DOH recommendations change throughout the pandemic.

# Disposing of sharps and other contaminated items

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You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in meeting your health care needs. Please ask your nurse if you have any question about disposal of the sharp objects and contaminated materials used in your health care at home.

## Sharp object disposal

Sharps objects include lancets, needles, syringes, scissors, knives, staples, glass tubes or bottles, IV catheters, razor blades, and disposable razors that can injure trash handlers and others. Be sure that you keep all containers with sharp objects out of reach of children and pets.

Sharps should be disposed of in the following manner:

- Place sharps in a hard plastic or metal container with a screw-on or tightly secured lid that you may find in your household. You may also purchase containers specifically designed for the disposal of medical waste sharps.
  - Do not use glass or clear plastic containers.
  - Do not put sharp objects in any container you plan to recycle or return to a store.
- Seal the container with heavy duty tape and place in the trashcan or dispose of according to area regulations.
- Never overfill the containers or recap needles once used.
- Containers with sharps are not recyclable.

## Other contaminated item disposal

Contaminated materials include items such as soiled bandages or dressings, medical gloves, catheters, plastic tubing, disposable adult briefs, and disposable sheets or under pads that can spread infection to others and harm the environment if not disposed of properly.

Soiled bandages, disposable sheets or pads, medical gloves, and any other contaminated disposable items should be disposed of in the following manner:

- Place items in a plastic bag. Fasten the bag securely.
- Dispose of bag in a lined trash can with your other trash.
- If the trash can is not lined, contaminated items should be double bagged prior to being placed in the trash.

Your state or community environment programs may have other requirements or suggestions for disposing of your medical waste.

# Setting up your home safely

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Your safety is our focus at Main Line Health HomeCare & Hospice. The hospice team will assess your needs and make suggestions for setting up a safe living space.

It is important that you and your caregiver participate in finding and solving safety concerns. Everyone needs to take special care to ensure a safe home. Most accidents in the home can be prevented.

## General home safety tips

- Post emergency phone numbers by each telephone or in a central place.
- Always keep outside doors locked.
- Ask to see ID or name tags before letting strangers into your home. If you are alone, ask them to come back when a caregiver or friend is with you.
- Keep valuables out of sight.
- Do not accept telephone and television offers. If it sounds too good to be true, it probably is.

## Kitchen safety

- Keep food and kitchen items you use often at an easy to reach height.
- Store heavy pots at waist height or close to the floor.
- Keep knives in a knife rack or drawer.
- Use potholders when removing hot items from the stove. Handles should be turned away from the edge of the stove.
- Avoid wearing clothing with loose sleeves when cooking. Keep curtains and other materials away from the stove and other flame areas.
- Turn off kitchen appliances such as your stove or oven when they are not being used.
- Operate your microwave oven only when food is in it.
- Turn on exhaust fans when cooking.
- Keep electrical appliances away from the kitchen sink.

- Harmful cleaners and chemicals must be out of the reach of children and or anyone with memory issues.
- Keep a fire extinguisher handy. Make sure you and your family know how to use it.

## **Bathroom safety**

- Always check the water temperature before entering the bath or shower.
- Use easy to handle liquid soap instead of bar soap.
- Keep electric appliances (radio, TV, or heater) away from the sink, bathtub, or shower.
- Make sure that assistive devices such as walkers or canes can be moved and turned within the bathroom.
- Install a toilet seat extension to raise the seat, if suggested.
- Purchase a tub bench and a hand-held showerhead, if suggested.

## **Bedroom safety**

- Portable toilets can be kept by the bedside to avoid trips to the bathroom.
- Do not smoke in bed.

## **Basement safety**

- Always use correct size fuses.
- Gasoline, paints, solvents, and other flammable liquids should be stored out of living areas and away from heaters, furnaces, water heaters, ranges, and other gas appliances or open flames.
- Turn water heater temperature down to 115°F to prevent accidental serious burns.

# Tips to prevent falls

- For safe footing, avoid the use of patterned, dark or deep-piled carpeting.
- If you drop something, pick it up with an extended-reach grip device.
- Keep wires and cords behind furniture and close to the wall. Do not put cords under carpets.
- Keep a flashlight near your bed where you can reach it. Consider using Velcro™ to attach it to the nightstand or headboard.
- Avoid pajamas or robes that are too long.
- Avoid walking barefoot. Wear properly fitted, non-skid footwear.
- If your feet swell, buy shoes in the afternoon to prevent buying shoes that are too tight.
- To prevent dizziness, rise slowly after lying down or sitting; ask for assistance as needed.
- Keep porches, driveways, and walkways brightly lit.
- Sprinkle rock salt or clay-type kitty litter on slippery sidewalks to give better traction.
- Light switches should be at both ends of the hall, and at the top and bottom of stairs.
- Place night lights around the house, not just in the bathroom or hallway.
- Equip bathtubs and showers with non-skid mats and adhesive strips to prevent slipping.
- Install grab bars in the bathroom.
- Keep throw rugs down with double-sided tape or consider removing them.
- Be sure furniture is sturdy and won't topple easily.
- Avoid any furniture that has rollers.
- Make sure that chairs, stools, sofas, and beds are at the right height. You should be able to sit comfortably with your feet flat on the floor.
- Beware of coffee tables and footstools. They can be tripping hazards.

- Hand rails should be on both sides of the stairways for support.
- Place a phone where you can easily reach it while in bed.
- A cordless or cellular phone can be carried from room to room in an apron pocket or a fanny pack.
- To avoid rushing when the phone rings, consider installing phones in more than one room.
- Get regular eye exams and keep your glasses clean.
- While walking, do not wear glasses that are meant for reading.
- As we age, our eyes are slower to adapt from light to dark. Turn the light on before entering a room.
- Have your ears checked regularly. Ears play an important role in helping with balance.
- Ask your doctor or pharmacist if any of your medications affect balance or coordination.
- Avoid alcoholic beverages while on medication.
- Consider keeping pets in designated areas at night. This can prevent pets from becoming tripping hazards.
- Be careful of toys or other clutter lying in your path.
- Put your walker or cane where you won't fall over them.
- Do not use step stools if you have any balance problems.
- Add high-contrast, non-skid tape to the edge of non-carpeted stairs.
- Consider a bedside commode or urinal to limit trips to the bathroom.



# Pet safety

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Main Line Health HomeCare & Hospice understands that pets play an important role in enhancing your well-being and quality of life.

These tips can help you enjoy your pets safely:

- Know where your pets are before walking. Pets can easily get under foot and cause a fall.
- Cover your medical supplies in a drawer, in a sealed bag, or in a sealed container. This can keep your supplies free from pet dander, hair, or germs. Pets can carry germs that cause infection or prevent healing.
- Medicine should be kept away your pets.
- Keep pets away from oxygen tubing, air mattresses, or other equipment tubing in order to prevent equipment damage. Pets can chew these items which are a hazard to you and your pet.
- For the safety of you, your pets, and our staff, we ask that your pets be placed in another room during our home health visits.
- Having home care staff in your home can often frighten pets. This can cause pets to act differently.
- Pets can become upset and try to protect you by biting staff.
- Pets may also be curious about your care or medical supplies. This puts you at risk for infection.

# Fire safety

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Many Americans are injured or die every year in home fires. The best way to protect yourself and your home from fire is to remove fire hazards. Planning ahead is the best way to avoid harm or loss of your home. Always have working smoke detectors and an escape plan.

Follow these safety tips to reduce your risk of serious injury or death from home fire:

- Keep electrical appliances and cords clean and in good condition. Throw out frayed or damaged electrical cords.
- By overloading extension cords or electrical outlets, you may put yourself at risk. Limit the number of plugs. Use safety caps to cover unused outlets.
- Do not smoke. If you or your loved one is not able to quit smoking, ask a home care team member about ways to quit smoking.
- If you or another member of your home continues to smoke:
  - Always smoke outside.
  - Never smoke in bed, when drowsy, or when oxygen is in use.
  - Use deep, large ashtrays.
  - Never leave smoking materials unattended.
  - Never throw out smoking materials that are still hot or burning.
- Install a smoke detector on each level of your home; especially outside of bedrooms. Smoke detectors save lives.
- Check smoke detectors monthly. Keep smoke detectors dust free. Change smoke detector batteries when you change your clocks for daylight savings time.
- Wear fire proof clothing and bed linens. Avoid flammable personal care and household products (oil, grease, petroleum, or aerosol products).
- Have a fire escape plan which includes at least 2 ways out of the home from each room. Keep the fire escape plan posted where everyone can see it and practice it at least twice a year. If you live in an apartment building, know where to find the emergency exit.
- Make sure you have easy access to a telephone in the event of fire. Notify the fire department if you or a family member has a disability that prevents your ability to leave.
- Remove piles of papers or other items as they can become a fuel source for fires.

# Oxygen safety

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Oxygen is a medicine ordered by your doctor. Oxygen is safe when used properly. Oxygen does not burn or explode, but it will cause a fire to burn faster.

Unsafe practices when using oxygen puts you, your family and caregivers, your neighbors, and other nearby buildings at risk for fire and serious harm or death.

To reduce the risk of fire or other injury, use caution when using home oxygen:

- Never smoke (including e-cigarettes) when using your oxygen. Do not allow smoking in the home, even when the oxygen is turned off.
- Place an “Oxygen in Use- No Smoking or Open Flames” sign on the door leading into your home.
- Keep flames, sparks, and materials that can easily catch fire away from oxygen equipment. Never allow an open flame such as a burning candle or lit fireplace in the same room.
- Never allow an open flame such as a burning candle or lit fireplace in the same room.
- Gas stovetop or oven should not be used while wearing oxygen.
- Keep gas and electric equipment at least 10 feet away from the oxygen source.
- Space heaters in the home should never be near oxygen or any flammable materials such as papers or blankets.
- Never place your oxygen equipment near curtains or cover them with clothing or other objects. This will limit air movement and increase the oxygen concentration.
- Avoid using oil, grease, petroleum, or aerosols on or around your oxygen equipment or tubing.
- Use water-based lubricants such as Surgilube to moisten your lips or nostrils. Do not use oil-based products such as petroleum jelly (Vaseline).
- Turn off your oxygen when you aren’t using it.
- Set flow rate for only the number of liters ordered by your doctor.
- Always be aware of the amount of oxygen in your tank.
- Arrange equipment to avoid tripping, especially at night.
- Keep children and pets away from oxygen equipment and tubing.

- Use the shortest oxygen tubing possible. This helps reduce the risk of tripping, the tubes becoming unattached, and the system not working.
- Keep oxygen tubing clear and straight so the oxygen can flow properly.
- Make sure that the oxygen equipment alarm can be heard from everywhere in your home.
- Register with your local electric company if you have electrically powered equipment such as oxygen, Bi-PAP, or mechanical ventilator to assist with breathing.
- Notify your local fire department that you have home oxygen.
- Keep the name and phone number of your oxygen provider easily available. Call them for any equipment problems or for replacement equipment as soon as you notice the need.
- Make sure there are working smoke alarms in your home.
- Have a fire evacuation plan.
- Keep a back-up supply of oxygen readily available and easy to reach. Know how to set up and use it.

## **Safe oxygen storage**

### **Oxygen tanks**

If you have compressed gas or liquid oxygen tanks, know how to store your oxygen equipment properly:

- It is best to store oxygen tanks in an upright position, with sides supported, in a dry location.
- Secure tanks in crate, cart, or rack so they cannot be knocked over or fall.
- If compressed gas cylinders cannot be safely stored upright, lay them down to prevent them from falling over.
- Be sure to secure them so they cannot roll.
- Liquid oxygen units must always be stored upright.
- Store oxygen tanks in a well-ventilated area away from sources of fire, heat, or items that can make a spark. Keep open space around the tanks. Never store the

tanks in enclosed places such as under beds, behind the bed, in closets, in car trunks, or in a garage.

- Never store oxygen tanks near heat or extreme cold, or in direct sunlight.
- Keep oxygen tanks at least 10 feet from: Gas or electric cook top or oven, gas furnace, water heater, kerosene heater, electric space heater, paint thinner, gasoline or kerosene, any source of open flame/ spark such as a lighter, electric hair dryer, electric razor, or open flame.
- When moving a tank of oxygen in the car, have it in its carrier lying down, or secure it with a seat belt. Traveling with loose tanks in a car or truck is dangerous.
- Always open a car or truck window when traveling with oxygen.
- Keep the amount of oxygen you carry in the car to a minimum. Avoid transporting large tanks of oxygen in your car.
- Open the tank valve by hand and turn it slowly. Do not use a wrench or other tool to loosen or tighten the cylinder valve.

## **Oxygen concentrator**

- Plug the concentrator into a grounded electrical outlet. Nothing else should be used in the same outlet. Do not use an extension cord.
- Always keep at least 6 inches of open space around the concentrator.
- Do not restrict the airflow around the concentrator.
- Concentrators should not be kept in a closet, behind drapes, behind the bed, in a garage or near a source of heat or extreme cold.
- Do not use the concentrator as a table or place items on top of it.
- Keep the concentrator at least 10 feet away from any open flames.
- Clean the concentrator as instructed by your equipment provider, nurse, or therapist.
- Have backup oxygen tanks available and know how attach and use them.
- If an electric power failure happens, unplug the concentrator to avoid an electric spark when power is restored and switch to a portable tank.

Name and Number of Oxygen Company: \_\_\_\_\_ . Call this number for new supplies or concerns about your equipment.

# Prevent Carbon Monoxide Poisoning

## **What is carbon monoxide?**

Carbon monoxide is an odorless, colorless gas that can cause sudden illness and death.

## **Where is carbon monoxide found?**

Carbon monoxide is found in fumes produced when fuel is burned by cars and trucks, small gasoline engines, stoves, lanterns, burning charcoal and wood, gas ranges, grills, fireplaces, and heating systems. Carbon monoxide can be dangerous in enclosed or semi-enclosed spaces because the amount becomes too high. People and animals in these spaces can be poisoned by breathing it.

## **What are the symptoms of carbon monoxide poisoning?**

The most common symptoms of carbon monoxide poisoning are often described as “flu like” symptoms. Some examples are headache, dizziness, weakness, nausea, vomiting, chest pain, and confusion. High levels of carbon monoxide inhalation can cause passing out and death. Unless suspected, carbon monoxide poisoning can be difficult to diagnose because the symptoms are like other illnesses. People who are sleeping or drunk can die from carbon monoxide poisoning before ever noticing symptoms.

## **How does carbon monoxide poisoning work?**

Red blood cells pick up carbon monoxide more quickly than they pick up oxygen. If there is a lot of carbon monoxide in the air, the body replaces oxygen in blood with carbon monoxide. This blocks oxygen from getting into the body and can damage tissues and cause death.

## **Tips to prevent carbon monoxide poisoning:**

- Have your heating system, water heater and any other gas, oil, or coal burning appliances serviced by a qualified technician every year.
- Install a battery-operated carbon monoxide detector in your home and check or replace the battery when you change the time on your clocks each spring and fall.
- If the detector sounds, leave your home immediately and call 911.
- Quickly seek medical attention if you think you have carbon monoxide poisoning and are feeling dizzy, light-headed, or feel sick in your stomach.
- Never use a generator, charcoal grill, camp stove, or other gasoline or charcoal-burning device inside your home, basement, or garage or near a window.
- Never run a car or truck inside a garage attached to your house, even if you leave the door open.
- Never burn anything in a stove or fireplace that isn't vented.
- Do NOT heat your house with a gas oven.

Adapted from CDC's "Carbon Monoxide Poisoning" <http://www.cdc.gov/co/faqs.htm>

# **Additional Main Line Health HomeCare & Hospice Services**

Main Line Health HomeCare & Hospice is committed to providing you with a full range of home care services necessary to maintain your independence and comfort at home.

## **Home Health Services**

Home health care includes a wide range of health care services provided in your home to maintain or restore your health, promote independence, improve quality of life, and avoid unnecessary hospitalization. Home health services are typically provided to people who are not able to leave their home without considerable effort to get the skilled nursing or therapy services they require.

Home health care can consist of a range of coordinated therapeutic skilled services that are provided based on your unique needs and goals. Main Line Health HomeCare & Hospice has a variety of clinical programs specially designed to meet your needs and to help you remain safe in your home.

People can benefit from home health services for many different reasons including:

- Learning about medications, diet, or medical treatments
- Setting up a schedule for when to take different medications
- Home safety evaluation and learning how to safely move around your home
- Development of home exercise programs
- Assistance with communication, swallowing difficulties, or cognitive impairments
- Post operative recovery
- Better management of your illness or symptoms resulting from your illness

## **Home-Based Palliative Care Practice**

The Home-Based Palliative Care Practice offers consultative and collaborative specialty care to support patients with serious illnesses, including patients who are undergoing treatment. It focuses on providing patients with relief from the symptoms, pain and stresses associated with serious illness. It also supports family members and caregivers who provide care to their loved ones.

The goal is to improve overall quality of life for patients, families and caregivers while empowering informed decision making, promote independence, improve quality of life, and avoid unnecessary hospitalization.

Our team members include:

- Nurse Practitioners who will assess any symptoms, order tests, prescribe medications, order special equipment, discuss goals of care and help with guidance of medical choices.
- Medical Social Workers who assist you with social and emotional factors related to your medical condition. They provide support and short-term counseling services to promote effective care and help remove problems which keep you from meeting your health care goals and needs.
- Pastoral Counselors who provide support to you and your family with full respect for individual values and beliefs.

## **Private Duty Services**

Main Line Health Private Duty services is committed to enhancing quality of life by promoting independence and wellness for our clients in their homes. Whether you are receiving services covered by your health insurance, or if you need services not covered by your health insurance, we can provide the following care:

- Personal care to help you with bathing, toileting and other activities of daily living.
- Respite care to enable your family caregiver “time off”.
- Private duty Home Health Aides that can help from 2 to 24 hours a day to assist with personal care as well as light housekeeping and laundry.

All personnel are carefully screened through a personal interview, reference check, criminal background check, health screening and skills evaluation. Supervision is performed by a Registered Nurse who will carefully evaluate your home situation and develop a plan of service with you that matches your needs.

Unlike some employment matchmaker services or home care registries that use independent contractors, all Private Duty direct care workers are employees that are fully insured and bonded. This provides protection and peace of mind to our clients.

In choosing Private Duty services, you are assured of having knowledgeable, experienced and highly competent staff to provide individualized care and personal attention.



## **Email Communication**

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Main Line Health HomeCare & Hospice believes that communication with patients and family members is an important part of providing superior service and care. If you or your designated caregiver has an interest in communicating with us using email, please talk with your nurse or therapist. Main Line Health HomeCare & Hospice recognizes that technology is changing, as well as the needs of our patients and families regarding email communication. In order to balance communication needs with maintaining the integrity of Protected Health Information (PHI), we will ask you to sign a consent form that outlines the security of email communication if you or your family member chooses to communicate with us using email.

## **Patient & Family Satisfaction**

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Our mission at Main Line Health HomeCare & Hospice is to provide our patients with the highest quality health care possible. To accomplish this, we need to know what we are doing right and what needs improvement.

You may receive a family evaluation of hospice care survey. The questionnaire asks for your opinions about the hospice care you received. By sharing your thoughts and feelings, you can help us improve the care we provide. We hope that you will take a few minutes to complete and return the questionnaire.

Your participation in the survey is voluntary and will not affect any health care or benefits you receive. All information you give in the survey will be held in confidence and is protected by the Privacy Act. Your answers to the survey will be grouped with answers from all other survey participants. Your name and identifying information will not be linked to your answers when the data are analyzed. The results from the survey may be shared with leaders from the agency to improve care.

Should you have concerns about the care that is being provided, please notify a hospice team member or call the hospice office at 484-580-1550 so that we can resolve any concerns or unmet needs you may have immediately.

# Client Consent Form

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- 1. TREATMENT AUTHORIZATION:** In the knowledge that my state of health requires the services of Main Line Health (MLH) HomeCare & Hospice, I voluntarily consent and agree to actively participate in such services as assessments, treatments, personal care and therapeutic exercises prescribed by my physician and rendered by Nurses, Physical Therapists, Occupational Therapists, Speech Pathologists, Nutritionists, Social Workers and Home Health Aides. I understand that MLH HomeCare & Hospice may terminate services at my request, request of physician and/or the decision of MLH HomeCare & Hospice.
- 2. RELEASE OF INFORMATION:** I authorize Main Line Health HomeCare & Hospice to furnish information from my medical records to third party payers, regulatory and accrediting agencies, billing services, case utilization and managed care review companies and to all other agencies, institutions, or individuals providing health or social services to me. Consent is also given for release of information to MLH HomeCare & Hospice by any insurer and all other agencies, institutions, or individuals from whom I have received medical or social services. This authorization does not apply to information specifically protected by state or federal laws or regulations.
- 3. ASSIGNMENT OF INSURANCE BENEFITS TO MAIN LINE HEALTH HOMECARE & HOSPICE:** I certify that the information given by me in applying for payment through my insurance is correct. I hereby authorize payment of healthcare benefits directly to Main Line Health HomeCare & Hospice for services provided during my treatment. In making this assignment, I understand and agree that I may be financially responsible to MLH HomeCare & Hospice for charges not paid under my insurance policy(ies). I permit a copy of this authorization to be used in place of the original.
- 4. AUTHORIZATION TO PURSUE GRIEVANCE:** I authorize Main Line Health HomeCare & Hospice to file appeals/grievances with my insurance company, third party payors, case utilization and managed care review organizations which may be necessary to challenge denials of authorization or payment for a healthcare service. I understand that I may revoke this authorization allowing MLH HomeCare & Hospice to pursue grievances on my behalf at any time during the grievance process, by providing written notice to MLH HomeCare & Hospice. Finally, I understand that if MLH HomeCare & Hospice files a grievance to challenge denials of authorization or payment for healthcare services on my behalf, I will not be able to file a separate grievance on the same grounds.
- 5. BILL OF RIGHTS/RESPONSIBILITIES:** I hereby acknowledge receipt and understanding of the Client's Bill of Rights and Responsibilities as a statement of my rights as a client of Main Line Health HomeCare & Hospice.

*(Note: Consent Form continues on next page)*

**6. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):** I hereby acknowledge receipt of a copy of the HIPAA Notice of Privacy Practices of Main Line Health HomeCare & Hospice. Further, I authorize the home care staff to discuss my treatment plan with my designated caregiver and, if applicable, the staff at the personal care home, assisted living, or skilled nursing facility where I may reside or receive care.

**7. RESEARCH:**  
I consent to the release of my name, address and telephone number to qualified institutions and organizations for research activities.

- Agree
- Disagree

**8. ADVANCE MEDICAL DIRECTIVES:** I acknowledge that I received information from Main Line Health HomeCare & Hospice regarding Advance Medical Directives as required by federal law.

Check any applicable boxes below:

- I have provided a copy of my current Advance Directive upon admission.
- I will give my current Advance Directive to Main Line Health HomeCare & Hospice. I understand that since I am not providing my Advance Directive, MLH HomeCare & Hospice cannot honor its contents.
- I choose not to provide a copy of my current Advance Directive. I understand that since I am not providing my Advance Directive, Main Line Health HomeCare & Hospice will not be able to honor its contents.
- I do not have a current Advance Directive.
- Main Line Health HomeCare & Hospice has provided me with information about Advance Directives.
- Client is a minor. Advance Directives do not apply.

I hereby certify that I have read and fully understand the above consent and authorizations. I have had sufficient opportunity to ask whatever questions I might have and they have been answered to my satisfaction. I voluntarily and freely consent to the above and accept its terms.

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Name and Signature of Client or Authorized Representative    Date    Time  AM  PM

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Relationship to Client

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Signature of Witness    Date    Time  AM  PM

# Hospice Election Form

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1. I have been informed of my diagnosis and request hospice care from Main Line Health HomeCare & Hospice (Hospice).
2. I have had ample opportunity to discuss Hospice care and services with representatives of Main Line Health HomeCare & Hospice and with my attending physician, and to discuss my wishes regarding treatment.
3. I understand the purpose of hospice care and that treatment is primarily palliative rather than curative as it relates to the care and treatment of my terminal illness and related or secondary conditions.
4. I understand the services provided by the Hospice program as outlined in the Guide to your Care Hospice booklet. I understand that hospice care involves physical, emotional, and spiritual support provided by an interdisciplinary team that including skilled nurses, social workers, chaplains and other counselors, physical and other therapies, hospice aides, and volunteers, as well as short term inpatient or respite care.
5. I understand that my care will be directed by an independent attending physician that I choose and the Medical Director for Main Line Health HomeCare & Hospice.
6. I understand that payment for these services will be determined by insurance type. I will be informed of any services not covered by my insurance prior to these services being provided.
7. In addition, for all Medicare Beneficiaries, I understand the following explanation of the Medicare Hospice Benefit:
  - a. I understand that only Main Line Health HomeCare & Hospice will be able to receive Medicare payment for care or services provided to me for my terminal illness and any other condition related to my terminal illness. I understand that I waive my rights to all other benefits related to my terminal illness under the Medicare program while I am receiving Medicare hospice benefits.
  - b. I understand that I am responsible for the cost of care for my terminal illness if I seek care beyond what is considered medically necessary by the hospice interdisciplinary team and documented on my plan of care.
  - c. I understand that Medicare will make payment for unlimited hospice days for as long as I remain eligible for hospice care.
  - d. I understand that the Medicare hospice program consists of two 90-day periods and unlimited 60-day periods if no revocations or discharges occur. I will use the benefit periods in the above order.
  - e. I understand that Medicare will continue to make payment in the usual manner for:
    - a. My independent attending physician for services if my physician is not a hospice employee nor receiving payment from Main Line Health HomeCare & Hospice.
    - b. Treatment of a condition unrelated to my terminal illness.
  - f. I understand that I may discontinue hospice care at any time by completing a revocation statement. If I revoke during a benefit period, I lose the remaining days in that benefit period. I may, however, re-elect hospice at any time when I am eligible.

- g. I understand that I can change from one hospice to another, if I wish to do so. To change hospice programs, I will confirm that I may be admitted to another hospice and I will then inform Main Line Health HomeCare & Hospice of my wishes so arrangement for transfer can be made. I will specify the date I wish to discontinue care with Main Line Health HomeCare & Hospice, the name of the hospice program from which I wish to receive care, and the date care will start with the new hospice program. In changing to another hospice program, I will not lose any benefit days. I may change hospices only once during each benefit period.

**Hospice Coverage and Right to Request “Patient Notification of Hospice Non-Covered Items, Services, and Drugs”**

I acknowledge that I have been provided with information about my financial responsibility for certain hospice services (drug, copayment and inpatient respite care). I understand that I have the right to request at any time, in writing, the “Patient Notification of Hospice Non-Covered Items, Services, and Drugs” Addendum that lists the items, services, and drugs that the hospice has determined to be unrelated to my terminal illness and related conditions that would not be covered by the hospice. The hospice must furnish this notification within 5 days, if you request this form on the start of care date, and within 72 hours (or 3 days) if you request this form during the course of hospice care. I acknowledge that I have been provided information regarding the provision of immediate advocacy through the Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO) if I disagree with any of the hospice’s determinations.

BFCC-QIO Name: Livanta LLC

BFCC-QIO Phone Number: 1-866-815-5440

ACKNOWLEDGING AND UNDERSTANDING THE ABOVE, I AUTHORIZE HOSPICE SERVICES FROM MAIN LINE HEALTH HOMECARE & HOSPICE WITH COVERAGE TO BEGIN ON:

\_\_\_\_\_  
Month/Day/Year

I CHOOSE TO HAVE THE FOLLOWING ATTENDING PHYSICIAN DIRECT AND OVERSEE MY HOSPICE CARE AND SERVICES:

\_\_\_\_\_  
Physician Full Name and Office Address

I hereby certify that I have read and fully understand the above consent. I have had sufficient opportunity to ask whatever questions I might have, and they have been answered to my satisfaction. I voluntarily and freely consent to the above and accept its terms.

\_\_\_\_\_  
Name and Signature of Patient or Authorized Representative      Date      Time AM PM

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Reason Patient Did Not Sign

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time AM PM

# Client Bill of Rights

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Main Line Health HomeCare & Hospice protects and promotes your rights as a client under its care. You may exercise these rights at any time while under our care, or you may have a family member or guardian exercise these rights if you are unable.

You have the right to:

1. Receive written information and be fully informed of all your rights and responsibilities while under our care.
2. Be treated with dignity and to have your property treated with respect at all times.
3. Receive services without regard to race, color, creed, national origin, religion, sexual orientation, age, gender, economic status or disability.
4. Receive a comprehensive assessment including evaluation of comfort, nutrition and pain management.
5. Privacy and to have all of your records pertaining to your care treated in a confidential manner. Information concerning your care will not be released without your written consent or as required by law.
6. Refuse care within the confines of the law and be informed of the consequences of your actions.
7. Right to request a change in caregiver without fear of reprisal or discrimination.
8. Make decisions about your medical care, including the use of advance directives.
9. Receive care without regard to whether you have or have not executed an advance directive.
10. Be fully informed of our policies and charges for service, including eligibility for third party reimbursement and the extent to which payment may be required from you.
11. Be fully informed, within 30 days of the date we become aware, of any changes in your payment responsibility.
12. Participate in the planning of your care and to receive information necessary to give informed consent prior to the start of your care.
13. Be informed of and participate in planning changes in your plan of care prior to the change being made.
14. Know who the persons are who will be providing care, what their roles are in your care, what type(s) of care each will provide and the frequency of care.
15. Voice grievances regarding care that is (or fails to be) provided, or regarding a lack of respect to your property without fear of reprisal or discrimination. To lodge a complaint with us, call 484-580-1550 and ask for Terre Mirsch, Executive Director or Susan Harrigan, Director.
16. Be informed about the disposition of your grievance or complaint.
17. Be informed of the availability of the Pennsylvania Home Health Agency Hotline (1-800-254-5164) to communicate complaints or questions about the hospice agency. This service is available Monday through Friday from 8:30am to 4:30pm. After hours, weekends and holidays a message may be left on an answering machine for a response the next working day.
18. Be informed of the availability of The Joint Commission as a resource for patient safety and quality concerns. Main Line Health HomeCare & Hospice encourages clients and their families to share concerns about patient safety and quality of care with the

organization. If these concerns are not addressed, Main Line Health HomeCare & Hospice recommends that the organization's management be contacted. Concerns that cannot be resolved through this manner may be communicated to The Joint Commission in one of the following three ways:

- Email at [www.jointcommission.org](http://www.jointcommission.org) using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website
- By Fax to 630-792-5636
- By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181

19. Choose whether or not to participate in research, investigations or experimental studies or clinical trials.

## Client Responsibilities

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Main Line Health HomeCare & Hospice protects and promotes your rights as a client under its care. As a home health care client/caregiver you have the responsibility to:

- Give accurate and complete health information concerning your past illnesses, hospitalizations, medication, allergies, present complaints, and other pertinent items.
- Inform your caregiver of perceived risks and/or changes in your health status including any problems you are experiencing with the use of medication.
- Assist in providing and maintaining a safe and healthy environment.
- Inform us when you will not be able to keep a hospice care visit.
- Participate in the care planning and decision-making about your medical care. This includes the use of advance directives.
- Follow your care plan and inform us of any concerns about your ability to follow the plan.
- Accept consequences for your outcome if you do not follow the care, treatment, and service plan.
- Request further information concerning anything you do not understand.
- Give information regarding concerns or problems you are experiencing to your caregiver.
- Inform us of any changes you make in your health insurance coverage. Failure to notify the Agency may result in services not being covered by your insurance. You will be billed for these services.
- Meet any financial obligation agreed to with Main Line Health HomeCare & Hospice.
- Follow our rules and regulations.
- Show respect and consideration for home care staff and property.
- Bring your medication list with you to all health care settings and providers.

Please ask your hospice team if you need further information about your rights or responsibilities as a hospice client.

# Notice of Privacy Practices

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**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.**

## **I. Who We Are.**

This Notice describes the privacy practices of Main Line Health (MLH) which includes Bryn Mawr, Paoli, Riddle and Bryn Mawr Rehabilitation Hospitals, Lankenau Medical Center, Mirmont Treatment Center, Main Line Health Behavioral Health Services, Main Line HealthCare, Main Line Affiliates, Main Line Health Integrative and Functional Medicine Services, and Main Line Health HomeCare & Hospice.

While treating you, our employees, volunteers, students and health care professionals affiliated with MLH follow this Notice. In addition, any person involved in your care, entities, sites and locations may share medical information about you with each other for treatment, payment or health care operations as described in this notice.

We are required by law to maintain the privacy of your health information and to provide you with this Notice.

## **II. Our Duties to Safeguard your Protected Health Information.**

Protected Health Information (“PHI”) is any information related to your health care that is shared or maintained in any manner. It includes your insurance information as well. This Notice applies to all PHI generated by Main Line Health or any of its entities. Non-Main Line HealthCare physicians may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office.

This Notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- make sure that your PHI is kept private;
- give you this Notice of our legal duties and privacy practices related to your PHI; and,
- follow the terms of the Notice that is currently in effect.

## **III. How Main Line Health May Use and Disclose Medical Information About You – Treatment, Payment and Health Care Operations.**

Except in an emergency or other special situations, we will ask you to sign a general consent, as required by Pennsylvania law, so that we may use and disclose your PHI for the following purposes:



**Treatment.** We may use and disclose PHI about you in connection with your treatment, for example to diagnose you. In addition, we may contact you to remind you about appointments, give you instructions prior to tests or surgery, or inform you about treatment alternatives or other health related benefits or services.

We may also disclose your PHI to other providers, doctors, nurses, technicians, medical students, hospital personnel or other health care facilities or entities for treatment, care coordination or quality improvement activities. We will communicate this PHI using phone, fax, two-way radio or electronic transfer.

**Payment.** We may use and disclose your PHI to obtain payment for services we provide to you. For example, we may contact your insurance company to pay for the services you receive, to verify that your insurer will pay for the services, to coordinate benefits, or to collect any outstanding accounts.

**Health Care Operations.** We may use and disclose your PHI for health care operations which include: activities related to evaluating treatment effectiveness, teaching and learning purposes, evaluating the quality of our services, investigating complaints related to service, fundraising activities and marketing activities.

**Other Health Care Providers.** We may also disclose your PHI to other health care providers when such PHI is required for them to treat you, receive payment for services you receive or conduct certain health care operations. For example, we will share your PHI with an ambulance company so the ambulance company can be reimbursed for transporting you to the hospital.

**Health Information Exchange.** A health information exchange (“HIE”) is a network that allows HIE participants to share patients’ PHI for treatment, payment and healthcare operations purposes and other lawful purposes to the extent permitted by law (“Permitted Purposes”). HIEs make it possible for us to electronically share patients’ PHI to coordinate their care, obtain billing information, and participate in quality improvement, public health and population health initiatives, among other things. Participants in the HIE may be healthcare providers, their billing companies, insurers, health plans, and accountable care organizations (“Participants”). Note that sensitive information (such as information relating to mental health, drug and alcohol treatment, HIV status and sexually transmitted diseases) may be contained in the documents accessed through the HIE.

MLH participates in various HIEs from time to time solely for the Permitted Purposes, including Health Share Exchange of Southeastern Pennsylvania (“HSX”). More information on HSX can be found on its website: <http://www.hsxsepa.org>.

**Opting Out of HIEs.** You may opt out of participating in all of the HIEs MLH participates in by contacting the MLH Privacy Office or by going to this link

and completing the opt out form: [www.mainlinehealth.org/about/policies/opt-out-of-electronic-transmittal-of-protected-health-information](http://www.mainlinehealth.org/about/policies/opt-out-of-electronic-transmittal-of-protected-health-information). You may also opt out of the HSX HIE directly on the HSX website by completing the HSX Opt Out form at: [www.healthshareexchange.org/patient-options-opt-out-back](http://www.healthshareexchange.org/patient-options-opt-out-back).

#### **IV. Other Uses and Disclosures of Your PHI for which Authorization is Not Required.**

**Hospital Directory.** Inpatients are automatically listed in our hospital directory. The directory includes your name, room number, general health condition and religious affiliation. Unless you disagree or object, information in the directory may be disclosed to anyone who asks for you by name or to clergy members of your religious affiliation.

**Disclosure to Relatives and Close Friends.** We may disclose your PHI to a family member, other relative, a close personal friend or any other person if we: 1) obtain your agreement; 2) provide you with the opportunity to object to the disclosure; or, 3) we can reasonably infer that you do not object to the disclosure.

**Incapacity or Emergency Circumstances.** If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure to relatives and/or close friends is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care.

**Fundraising.** We may contact you to request a contribution to support important activities of Main Line Health or its entities. In connection with any fundraising, we may use and disclose your demographic information as well as the dates on which you received health care services, the department where you received your services, your treating physician and outcome information related to your care. If you do not want to receive any fundraising requests, you may contact us at: [www.mainlinehealth.org/optout](http://www.mainlinehealth.org/optout) or:

Main Line Health Development Office  
240 N. Radnor Chester Road  
Radnor, PA 19087

**Public Health Activities.** We may disclose your PHI for public health activities including the following:

- Reporting births or deaths
- To prevent or control disease, injury or disability
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify individuals who may have been exposed to a disease or may be at risk for contracting a disease or condition

- Reporting PHI to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance

**Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, in accordance with current Pennsylvania law, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency that is responsible to ensure compliance with rules of government health programs such as Medicare and Medicaid. These oversight activities include, for example, audits, investigations, inspections and licensure.

**Legal Proceedings and Law Enforcement.** We may disclose your PHI in response to a court order, subpoena, or other lawful process.

**Deceased Persons.** We may release PHI to a coroner or medical examiner authorized by law to receive such information.

**Organ and Tissue Donation.** We may disclose your PHI to organizations that obtain organs or tissues for banking and/or transplantation.

**Public Safety.** We may use or disclose your PHI to prevent or lessen a serious or imminent threat to the safety of a person or the public.

**Research.** Usually, we will ask for your permission or authorization before using your PHI for research purposes. However, we may use and disclose your PHI without your authorization if Main Line Hospital's or another qualified Institutional Review Board (IRB) has waived the authorization requirement. An IRB is a committee that oversees and approves research involving human subjects.

**Disaster Relief Efforts.** We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Military, National Defense and Security.** We may release your PHI if required for military, national defense and security and other special government functions.

**Workers' Compensation.** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Communications from Us.** We may use or disclose your PHI to identify health-related services and products that may be beneficial to your health, such as notification of a new physician and/or additional products and

services, and then contact you about those products and services. If you do not wish to receive information of this type, please contact us at [www.mainlinehealth.org/optout](http://www.mainlinehealth.org/optout) or:

Main Line Health Marketing Office  
240 N. Radnor Chester Road  
Radnor, PA 19087

**As Required by Law.** We may use and disclose your PHI when required to do so by any other laws not already referenced above.

**V. Uses and Disclosures Requiring Your Specific Authorization.**

**Highly Confidential Information.** Federal and State laws require special privacy protections for certain highly confidential information about you. This includes PHI that is: 1) maintained in psychotherapy notes; 2) documentation related to mental health or developmental disabilities services; 3) drug and alcohol abuse, prevention, treatment and referral information; and, 4) information related to HIV status, testing and treatment as well as any information related to the treatment or diagnosis of sexually transmitted diseases. Generally, we must obtain your authorization to release this type of PHI. However, there are limited circumstances under the law when this type of PHI may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

**Other Uses or Disclosures Not Described in this Notice.** Other uses and disclosures of PHI not covered by this Notice or permitted under the laws that apply to us will be made only with your written permission. Except as permitted under this Notice or as permitted by law, we will seek your written permission prior to using or sharing your information for marketing purposes or selling your information. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain a record of the care that we provided to you.

**VI. Your Rights Regarding Medical Information About You.**

You have the following rights regarding PHI we maintain about you:

**Right to Obtain.** You have the right to request your PHI, excluding psychotherapy notes, in a hard-copy or electronic format, if we maintain the PHI in an electronic format. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request. Instructions on how to request your PHI are at: <https://www.mainlinehealth.org/patient-services/medical-records>.

**Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care, excluding psychotherapy notes. Instructions on how to request your PHI are at:  
<https://www.mainlinehealth.org/patient-services/medical-records>.

We may deny your request to inspect and copy in certain very limited circumstances. You may request a professional review of the denial. If you request a review, then we will designate another MLH licensed health care professional to review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** You have the right to request that we amend the PHI we keep about you in your medical and billing records. Instructions on how to request an amendment to your PHI are at:  
<https://www.mainlinehealth.org/patient-services/medical-records>.

We will ask your provider(s) to review amendment requests to the medical record. We may deny your request if we believe the information you wish to amend is accurate, current and complete without your requested amendment, or the PHI was not created by Main Line Health, or other special circumstances apply.

**Right to an Accounting of Disclosures.** You have the right to request a record of all disclosures of your PHI. We are not required to give you an accounting of information we have used or disclosed for treatment, payment or health care operations or information you authorized us to disclose.

To request this list or accounting of disclosures, you must submit your request in writing to:

Privacy Officer, Main Line Health  
Main Line Health Compliance Department  
259 N. Radnor Chester Road, Suite 290  
Radnor, PA 19087  
(610) 225-6206

Your request may cover any disclosures made in the six years prior to the date of your request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. If we agree to a restriction, we will abide by restrictions unless a disclosure is needed to provide you emergency treatment. If you request we not share your PHI with your medical insurer or other third party payer, we will honor your request provided you pay in full for the health care item or service.

To request restrictions, you must make your request in writing to the appropriate Main Line Health office or department. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and, (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing to the appropriate Main Line Health office or department. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Revoke Your Authorization.** You may revoke your authorization for us to use and disclose your PHI at any time by submitting a request in writing to the appropriate office or department.

## **VII. Links and Interfaces to Third-Party Products and Services**

For convenience, we offer some digital services including MyChart patient portal and application programming interfaces (“Digital Services”). Some Digital Services can connect parts of your MLH electronic health record (“EMR”) to some third-party mobile applications, websites, and online products and services (“Non-MLH Services”). If you connect to Non-MLH Services, those services can access and receive information from your EMR. We do not own or control the Non-MLH Services. Their access to your information is outside our Digital Services, even if you connect to them with your patient portal credentials.

Because we do not own or control the Non-MLH Services or the companies that operate them including any that are co-branded (defined below) with us (“Non-MLH Services and Companies”), we do not control and are not liable for (i) their content, products or services (ii) your use of them; (iii) anything they do or do not do, and your use of them is at your sole risk. We make NO representation, warranty or guaranty about the security and privacy of any data or information that you give to the Non-MLH Services and Companies or allow them to access, including your personal and electronic health record information. We have no obligation to update your information in Non-MLH Services unless you make a specific request.

The Non-MLH Services and Companies are not covered by this Notice of Privacy Practices or any other MLH policies. We have no control, responsibility or liability for any policies or practices of the Non-MLH Services and Companies. The provisions of this paragraph apply even if the Non-MLH Services and Companies help you manage your health or take and fulfill orders for products or services purchased from us or are co-branded with us,

or both. Co-branded means that a product or service or content has both the name(s) of the Non-MLH Services and Companies and our name and logo.

If our Digital Services contain advertisements, still we make NO representation, warranty or guaranty about the advertised products, content and services and we have no responsibility or liability for any of them.

You are not required to connect to any Non-MLH Services and Companies, even if co-branded or advertised. Before you decide to connect to Non-MLH Services and Companies, review their privacy policies, terms and conditions of use and anything else you think is important to ensure you are satisfied with them and their protection of the privacy and security of your personal and medical information.

#### **VIII. Changes to This Notice.**

We reserve the right to change this Notice. Revised Notices will be posted in appropriate locations and on-line at <http://www.mainlinehealth.org/>. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. A copy of the current Notice is available upon request.

#### **IX. Complaints.**

If you believe your privacy rights have been violated, you may file a complaint, in writing, with the Main Line Health Privacy Officer at:

Privacy Officer, Main Line Health  
Main Line Health Compliance Department  
259 N. Radnor Chester Road, Suite 290  
Radnor, PA 19087  
(610) 225-6206

You may also wish to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services. The Privacy Officer can supply the correct address for the Office for Civil Rights.

**We will not penalize you if you file a complaint.**

#### **X. Breach Notification.**

We will notify you in the event of a breach (as defined by HIPAA) of your PHI.

This Notice is effective: April 14, 2003  
Updated: 5/11, 7/13, 7/14, 10/16, 12/16, 10/17, 1/18, 10/18, 4/21

# Nondiscrimination and availability of services notice

## Discrimination is Against the Law

Main Line Health complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, religion, color, national origin, ancestry, age, disability, sex, parental status, political affiliation, military service or relationship status.

### Main Line Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters;
- Provides 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 Main Line Health Patient Advocacy at 484-337-2662.

If you believe that Main Line Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Main Line Health  
130 S. Bryn Mawr Avenue  
Bryn Mawr, PA 19010  
Phone: 484 337-2662 Fax: 484-337-2013  
Email: MLHPatientRelations@mlhs.org

If you need help filing a grievance, Main Line Health Patient Advocacy is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services;  
200 Independence Avenue, SW  
Room 509F, HHH Building; Washington, DC 20201  
1-800-368-1019 1-800-537-7697 (TDD)  
Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>



**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call: 1-484-337-2662 (TTY: 1-800-654-5984 or 7-1-1).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-484-337-2662 (TTY: 1-844-308-9291 ó 7-1-1).

**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 1-484-337-2662 (TTY: 1-800-654-5984, 7-1-1)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-484-337-2662 (TTY: 1-800-654-5984 hoặc là 7-1-1).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-484-337-2662 (телетайп: 1-800-654-5984 или же 7-1-1).

**Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff:** Call 1-484-337-2662 (TTY: 1-800-654-5984 adder 7-1-1).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-484-337-2662 (TTY: 1-800-654-5984 or 7-1-1)번으로 전화해 주십시오.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-484-337-2662 (TTY: 1-800-654-5984 o 7-1-1)

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-484-337-2662 (رقم هاتف الصم والبكم: 1-800-654-5984 أو 7-1-1).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-484-337-2662 (ATS: 1-800-654-5984 ou 7-1-1)

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-484-337-2662 (TTY: 1-800-654-5984 oder 7-1-1).

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-484-337-2662 (TTY: 1-800-654-5984 અથવા 7-1-1).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-484-337-2662 (TTY: 1-800-654-5984 albo 7-1-1).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-484-337-2662 (TTY: 1-800-654-5984 oubyen 7-1-1).

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-484-337-2662 (TTY: 1-800-654-5984 ឬ 7-1-1)។

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-484-337-2662 (TTY: 1-800-654-5984 ou 7-1-1).



## Durable Health Care Power of Attorney

I \_\_\_\_\_, of \_\_\_\_\_ County, Pennsylvania, appoint the person named below to be my health care agent to make health and personal care decisions for me.

Effective immediately and continuously until my death or revocation by a writing signed by me or someone authorized to make health care treatment decisions for me, I authorize all health care providers or other covered entities to disclose to my health care agent, upon my agent's request, any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records and what is otherwise private, privileged, protected or personal health information, such as health information as defined and described in the Health Insurance Portability and Accountability Act of 1996 (Public Law 104—191, 110 Stat. 1936), the regulations promulgated thereunder and any other State or local laws and rules. Information disclosed by a health care provider or other covered entity may be redisclosed and may no longer be subject to the privacy rules provided by 45 C.F.R. Pt. 164.

The remainder of this document will take effect when and only when I lack the ability to understand, make or communicate a choice regarding a health or personal care decision as verified by my attending physician. My health care agent may not delegate the authority to make decisions.

My health care agent has all of the following powers subject to the health care treatment instructions that follow in Part III (cross out any powers you do not want to give your health care agent):

- 1 To authorize, withhold or withdraw medical care and surgical procedures.
- 2 To authorize, withhold or withdraw nutrition (food) or hydration (water) medically supplied by tube through my nose, stomach, intestines, arteries or veins.
- 3 To authorize my admission to or discharge from a medical, nursing, residential or similar facility and to make agreements for my care and health insurance for my care, including hospice and/or palliative care.
- 4 To hire and fire medical, social service and other support personnel responsible for my care.
- 5 To take any legal action necessary to do what I have directed.
- 6 To request that a physician responsible for my care issue a do-not-resuscitate (DNR) order, including an out-of-hospital DNR order, and sign any required documents and consents.

## Appointment of Health Care Agent

I appoint the following health care agent:

Health Care Agent (Name and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail \_\_\_\_\_

If you do not name a health care agent, health care providers will ask your family or an adult who knows your preferences and values for help in determining your wishes for treatment. Note that you may not appoint your doctor or other health care provider as your health care agent unless related to you by blood, marriage or adoption.

If my health care agent is not readily available or if my health care agent is my spouse and an action for divorce is filed by either of us after the date of this document, I appoint the person or persons named below in the order named. (It is helpful, but not required, to name alternative health care agents.)

First Alternative Health Care Agent (name and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_

Second Alternative Health Care Agent (name and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Guidance for Health Care Agent Goals**

If I have an end-stage medical condition or other extreme irreversible medical condition, my goals in making medical decisions are as follows (insert your personal priorities such as comfort, care, preservation of mental function, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to help understand what you want from medical treatment, place your initials in the box which reflects your values. Remember that these are used only to help inform your physician and guide your Health Care Agent in making health care decision if you are not able to communicate your wishes:

| <b>If I am in these situations:</b>   | <b>I want to continue living like this</b> | <b>I'm not sure</b> | <b>I do not want to live like this</b> |
|---|--|---------------------|--|
| Cannot understand what I read or cannot carry on a conversation due to dementia or brain injury.                      |  |                     |  |
| Need to stay in a nursing home for the rest of my life.   |  |                     |  |
| Need somebody to take care of me (bathing, feeding, using the bathroom, and getting dressed) for the rest of my life. |  |                     |  |
| Can't go outside on my own for the rest of my life.   |  |                     |  |

## Severe Brain Damage or Brain Disease

If I should suffer from severe and irreversible brain damage or brain disease with no realistic hope of significant recovery, I would consider such a condition intolerable and the application of aggressive medical care to be burdensome. I therefore request that my health care agent respond to any intervening (other and separate) life threatening conditions in the same manner as directed for an end-stage medical condition or state of permanent unconsciousness as I have indicated below.

Initials I agree \_\_\_\_\_

Initials I disagree \_\_\_\_\_

## Health Care Treatment Instructions in the Event of End-Stage Medical Condition or Permanent Unconsciousness (Living Will)

The following health care treatment instructions exercise my right to make my own health care decisions. These instructions are intended to provide clear and convincing evidence of my wishes to be followed when I lack the capacity to understand, make or communicate my treatment decisions:

If I have an end-stage medical condition (which will result in my death, despite the introduction or continuation of medical treatment) or am permanently unconscious such as an irreversible coma or an irreversible vegetative state and there is no realistic hope of significant recovery, all of the following apply (cross out any treatment instructions with which you do not agree):

1. I direct that I be given health care treatment to relieve pain or provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit forming.
2. I direct that all life-prolonging procedures be withheld or withdrawn.
3. I specifically do not want any of the following as life prolonging procedures: (If you wish to receive any of these treatments, write "I do want" after the treatment)

heart-lung resuscitation (CPR) \_\_\_\_\_  
mechanical ventilator (breathing machine) \_\_\_\_\_  
dialysis (kidney machine) \_\_\_\_\_  
surgery \_\_\_\_\_  
chemotherapy \_\_\_\_\_  
radiation treatment \_\_\_\_\_  
antibiotics \_\_\_\_\_

Please indicate whether you want nutrition (food) or hydration (water) medically supplied by a tube into your nose, stomach, intestine, arteries, or veins if you have an end-stage medical condition or are permanently unconscious and there is no realistic hope of significant recovery. (Initial only one statement).

### Tube Feedings

\_\_\_\_\_ I want tube feedings to be given

### No Tube Feedings

\_\_\_\_\_ I do not want tube feedings to be given.

**Health Care Agent's Use of Instructions  
(Initial one option only)**

\_\_\_\_\_ My health care agent must follow these instructions.  
**OR**

\_\_\_\_\_ These instructions are only guidance. My health care agent shall have final say and may override any of my instructions. (Indicate any exceptions)

\_\_\_\_\_

\_\_\_\_\_

If I did not appoint a health care agent, these instructions shall be followed.

**Legal Protection**

Pennsylvania law protects my health care agent and health care providers from any legal liability for their good faith actions in following my wishes as expressed in this form or in complying with my health care agent's direction. On behalf of myself, my executors and heirs, I further hold my health care agent and my health care providers harmless and indemnify them against any claim for their good faith actions in recognizing my health care agent's authority or in following my treatment instructions.

**Organ Donation (Initial one option only)**

\_\_\_\_\_ I consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study or education. (Insert any limitations you desire on donation of specific organs or tissues or uses for donation of organs and tissues.)

\_\_\_\_\_

\_\_\_\_\_

**OR**

\_\_\_\_\_ I do not consent to donate my organs or tissues at the time of my death.

**Signature**

Having carefully read this document, I have signed it this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, revoking all previous health care powers of attorney and health care treatment instructions.

\_\_\_\_\_  
(Sign full name here for health care power of attorney and health care treatment instructions.)

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

Two witnesses at least 18 years of age are required by Pennsylvania law and should witness your signature in each other's presence. A person who signs this document on behalf of and at the direction of a principal may not be witness. (It is preferable if the witnesses are not your heirs, nor your creditors, nor employed by any of your health care providers.)

## Notarization (optional)

(Notarization of document is not required by Pennsylvania law, but if the document is both witnessed and notarized, it is more likely to be honored by the laws of some other states.)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared the aforesaid declarant and principal, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

In witness whereof, I have hereunto set my hand and affixed my official seal in the County of \_\_\_\_\_ State of \_\_\_\_\_ the day and year first above written.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires





# 24 Hour Support

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For any medical problems or concerns,

**Do Not Call 9-1-1**

**Call:**



**Main Line Health®**  
HomeCare & Hospice

**484-580-1550**

**24 Hours/ 7 Days a Week**

When calling during the evening and night hours, our answering service will answer your call. Please be prepared to provide the following information when calling:

- Your name
- A phone number where you can be reached
- The person you are calling about
- The nature of your concern.

A nurse is available 24 hours a day to accept calls and to visit you as needed to address your concerns.

## **Call Hospice for:**

- A change in condition
- Uncontrolled symptoms or complaints including pain, shortness of breath, nausea, vomiting, fever, bleeding, or bowel problems
- Changes in behavior including anxiety, confusion, agitation or restlessness, decrease in mental alertness, or loss of consciousness
- Questions about medications or treatments
- Any other questions or concerns regarding care



## Disclosure and consent for use of email

I request and permit the staff of Main Line Health HomeCare & Hospice to communicate information to the individuals identified below. I understand that such emails may contain confidential medical information and may not be encrypted and the security of the emails cannot be guaranteed. I also understand the emails may contain incomplete, inaccurate or incorrect information and that they may be inadvertently sent to the wrong address. In addition, while I understand it is the intent of Main Line Health HomeCare & Hospice staff to email information which is general in nature, it is possible that I would find this information distressing, possibly more so than would be the case if I learned this information in direct discussion with the staff. I am aware of the additional risks of transmitting information by email, including those listed below and have taken these risks into account in making this request and giving my permission of these emails.

- Emails can be circulated, forwarded, and stored in numerous paper and electronic files.
- Emails can immediately be broadcasted worldwide and be received by many intended and unintended recipients.
- Email is easier to falsify than handwritten or signed documents.
- Employers and on-line services have the right to archive and inspect emails transmitted through their systems.
- Email can be intercepted, altered, forwarded or used without authorization or detection.
- Email can introduce viruses into computer systems which cause damage to the computer or computer files.

**I have read and fully understand the risks associated with the use of email. I agree to hold harmless Main Line Health HomeCare & Hospice, their officers, directors, trustees, employees, agents, and affiliates for any damage that may occur as a result of these emails.**

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Name and signature of patient or authorized representative

Date

---

Relationship to patient

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Signature of witness







# Our Patients Are Important

**We want to improve, and you can help.**

You may receive a survey asking about your hospice experience.

Please complete the survey.  
We will use your feedback to make improvements.



**Main Line Health<sup>®</sup>**  
**HomeCare & Hospice**



© 2013 Press Ganey Associates, Inc.



You may receive a survey by phone, mail or email.



Surveys are administered by Press Ganey Associates, Inc. All responses are confidential.

Main Line Health HomeCare & Hospice  
offers the following services:

Home Health  
Hospice Care  
Palliative Care  
Private Duty Services

484.580.1550  
[mainlinehealth.org/homecare](http://mainlinehealth.org/homecare)



**Main Line Health**<sup>®</sup>  
HomeCare & Hospice