SOLARIS HOSPICE

Patient and Caregiver Guide to Hospice Care

A compassionate and comprehensive guide for our patients and their caregivers.

Providing exemplary hospice care since 1998

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24-Hour Phone Line

888-376-5274

Solaris Hospice Contact Information

24-Hour Phone: 888-376-5274

Corporate Office Address: 2250 S FM 51, Suite 400
Decatur, TX 76234

Business Phone: 940-627-1011

Business Fax: 940-627-3160

Referrals Fax: 888-467-4168

Company Website: www.solarisfamily.com

Industry Partner Affiliations

Volunteer & Career Opportunities can be found online: www.solarisfamily.com or feel free to contact us by phone for general information.

Equal Opportunity Employer - Non-Discrimination Statement Enclosed

Revised: 01/30/25

SOLARIS HEALTHCARE

Mission Statement

To provide care and comfort through innovative palliative care while helping patients and families put life first.

Core Values

Compassion	Delivering uncommon care to each patient and caregiver we have the honor to serve.
Generosity	The art of giving in the form of caring relationships and purposeful contribution.
Service	Approaching each person we encounter with a heart of humility.
Leadership	Continual innovation and improvement in palliative medicine and palliative care.
Excellence	Striving daily to perform at the highest level in everything we do.

We value your feedback and deeply appreciate the trust you've placed in us to deliver exceptional hospice care services.

Thank you for inviting Solaris Hospice into your life. Solaris has served patients and their families with exceptional care and compassion since 1998. We consider it a privilege to serve you and are honored to include you among our Solaris Family.

This may be a difficult time for you and your family, but I invite you to now rely on the experienced, compassionate professionals at Solaris to support you throughout this journey. We are here for you every step of the way.

Hospice is about living – about quality of life. Our team approach to care addresses physical, emotional, social, and spiritual needs, with emphasis on strengthening individuals and families. Each person who works with Solaris Hospice is carefully chosen and trained to provide the very best care for you and your family.

Your questions and concerns are extremely important to us. Please never hesitate to ask about any aspect of your care. We will be available to you around the clock – every day, every week.

Sincerely,

Andy Milligan, RN, BSN, CHPN
President/CEO
Solaris Hospice

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Welcome to the Solaris Family

This guide is to serve as an informational tool explaining hospice care, benefit services, and an overview of what can be expected in the days and weeks ahead. It is our goal to provide exemplary care in all aspects to you and your family. We recommend reviewing this informational guide and revisiting any specific sections at any time that may be beneficial throughout the hospice journey. Please feel free to contact a Solaris team member if there is a topic you would like additional information about, or assistance is needed at any time. We are here for you and available 24 hours a day at 1-888-376-5274. Welcome to the Solaris Family!

About Solaris Hospice

Solaris Hospice has had the privilege to care for thousands of patients and families since 1998. Our focus is to reduce pain and provide exceptional symptom management, so that our patients are as comfortable as possible. In doing so, it is our goal that they will be able to focus on celebrating life with friends and family. Some of the clinical diagnoses and conditions that we provide care for include cancer, dementia, heart disease, COPD, and various others that meet CMS eligibility guidelines within the hospice benefit. Symptom management through hospice care may be a healthcare option when a cure is not available or treatment for a cure is not desired. Our team of physicians, nurses, nurse aides, and counselors bring comfort and emotional support to both the patient and family. We are committed to providing the highest quality of care possible and take pride in our organization's accreditation by the Accreditation Commission for Health Care (ACHC).

What is Hospice?

Hospice is a comprehensive, holistic program of care and support for terminally ill patients and their families. The focus shifts to comfort care and palliative symptom management instead of a cure. The goal is to enhance quality of life through individualized services and a plan of care that places the patient and family's goals at the forefront.

Solaris Hospice Services

Every patient and family are unique and may also have unique priorities and wishes throughout the course of care. Our goal is to support and empower those wishes and treatment preferences. Your Solaris team will work together with you to create an individualized plan of care. The plan of care may change as circumstances and needs change.

The following items and services are included in the Medicare hospice benefit:

- Expert clinical care with a focus on pain and symptom management
- 24-hour availability by phone
- Services from a hospice-employed physician, nurse practitioner, or other providers of patient choice
- Nursing care and hospice aide services
- Physical Therapy/Occupational Therapy/Speech-language pathology services
- Medical social services & Spiritual counseling
- Dietary counseling & Volunteer services
- Individual and family grief & loss counseling
- Short-term inpatient pain control and symptom management
- Medications, equipment, and supplies
- Caregiver education and support
- Respite Care

Medicare may provide payment for other reasonable and necessary hospice services in the patient's plan of care. The hospice program is responsible for providing requested information and arrangement of services if applicable (CMS, 2023).

Your Hospice Team

Your team of specially trained clinicians are highly skilled and experienced in hospice care. It is our goal to provide expert care with dignity and compassion. Care providers may include many or all the following professionals:

Nurses: A Registered Nurse (RN) is assigned as 'Case Manager' upon admission to hospice services. The RN Case Manager serves as a direct link for the patient and family/caregivers and the other members of the care team. Nursing services provided by the RN may include routine visits, clinical assessments, education or training, and treatment procedures as ordered by providers and within the plan of care.

Certified Nursing Assistants (CNA): Our compassionate and skilled nursing assistants, or hospice aides, provide care through an array of service tasks. Tasks through visits may include personal care assistance items and assistance with activities of daily living (ADLs). These are completed and coordinated within the assigned plan of care overseen by the RN Case Manager and the interdisciplinary team.

Aide care plan tasks may include (but not limited to):

- Bathing/Showering
- Toileting/Elimination
- Skin care/Oral hygiene
- Dressing/Feeding Assistance
- Linen changes/Transfer Assistance

Social Workers: Hospice social workers provide professional services through specialized training skills within their licensing and scope of practice.

Medical social services that may be covered under the hospice benefit include:

- Social and emotional assessments
- Collaboration of care with team members
- Assessment of living environment and community resource needs
- Financial resource information
- Counseling services
- Healthcare document assistance

Chaplain/Spiritual Counselor: Solaris Chaplains come from various religious traditions, backgrounds, and cultures. Respect is valued and provided through all care team members and departments in the organization. Spiritual care and support are available to all patients and families throughout the hospice journey. Chaplains can also assist with final arrangement preparations and facilitate visits from other local clergy should the patient and family desire.

Solaris Chaplains also offer grief, loss, and bereavement support for the family for over a year after patient has passed.

Hospice Physician: The hospice team works in close consultation with the hospice physician, who provides oversight for clinical decisions and plan of care orders. It is always patient choice for electing a specific attending physician/provider. If an attending of choice is not desired or in place, the hospice physician can be requested as both the attending and the hospice physician.

Solaris Pharmacists: Expertise with medications, particularly the best methods of administration for the patient, is vital to hospice care and patient comfort. At Solaris, we have our own compounding pharmacy dedicated only to Solaris patients. Solaris Pharmacists are part of the hospice team, reviewing the patient's medications and discussing them with the physician and nurse. They are available to our clinical staff to provide information and consulting 24 hours a day.

Volunteers: Volunteers play a vital role within the organization and in the lives of patients and families. Various duties may include visitation, errands, and other meaningful tasks within the patient plan of care.

Volunteering With Solaris

Solaris is always looking to add to our team of dynamic volunteers to help us make a difference in the lives of patients and their families. Volunteers are a very special and valuable part of the Solaris Family. Many people in the community imagine themselves being volunteers but never take the first step in exploring information or applying to become a hospice volunteer. The first step is essential and sets the foundation for a rewarding experience helping others.

Volunteer services often include:

- Phone calls / Administrative tasks
- Visitation
- Community outreach
- Volunteer recruitment

The opportunities are limitless and unique for patients and families.

If you have recently experienced the loss of a loved one, we encourage you to give yourself at least a year to grieve before volunteering. However, if you would like more information, or if you are ready to begin volunteering, give us a call at (940) 627-1011. We'd love to hear from you! You can also visit our website at www.solarisfamily.com to learn more and to complete a volunteer application.

Frequently Asked Questions (FAQs)

Who qualifies for hospice care?

Hospice is a healthcare specialty that is devoted to those who have been diagnosed with advanced illness or disease with a life expectancy of 6 months or less, if it follows its normal course. Some people may have multiple conditions that contribute to a limited life expectancy rather than a single illness. Physicians must certify terminal illness.

Where is hospice care provided?

Solaris provides hospice care wherever the patient calls 'home'. Whether that be in their own private residence, an assisted living residence, or a contracted healthcare facility, Solaris provides care specific to the patient's needs and environment. Communication and coordination of care is provided with various facilities and setting types.

Who pays for hospice care?

Most hospice patients are eligible for Medicare or Medicaid, which generally covers all aspects of hospice care and services related to the primary diagnosis. This also includes Medicare Advantage Plans. There is no deductible for hospice services, and it is very rare for a patient or family to have any out-of-pocket expenses.

Private or commercial insurance plans, such as the types typically provided by an employer, often also provide hospice benefit coverage. The extent to which hospice care and services are covered is specific to each plan and may differ from traditional Medicare. Solaris can help determine your coverage specifics and assist with any necessary insurance authorizations.

Veterans, or VA beneficiaries, generally have hospice coverage through Tricare.

Private payment, referred to as "self-pay", is also available.

How long can I receive hospice care?

There is no specific time limit for receiving hospice care, although a physician must continue to certify hospice eligibility and terminal illness at specified intervals within the hospice benefit periods. Patients can continue to receive hospice care and services for as long as medical eligibility certification and federal guidelines are met.

Who do I call if I have an emergency?

We encourage you to always call Solaris first for urgent needs or concerns at 888-376-5274. It is also recommended to keep all emergency contact information in a convenient, readily accessible place in the home. (9-1-1, Poison Control Center, personal emergency contacts, etc.) We are always here for you, 24 hours a day.

The Hospice Journey

We understand that various emotions or feelings may occur as hospice care begins. It is common and normal to have questions and/or emotions. Your Solaris team is here to help. The present time holds opportunities to share memories and stories, make amends, deepen relationships, express love and hope, and simply be together with friends and family. Solaris will be here with you every step of the way.

What to Expect

The First Week: The first week of hospice care is often the busiest, with multiple team members visiting initially, for foundational care needs and evaluations. Initial visits are very important, allowing the team members to assess and implement an effective care plan, or often to also provide acute symptom management. Together, a plan of care specific to the needs, goals, priorities, and values of each patient and their family is created. Future visits by hospice team members will be scheduled or coordinated according to the plan of care, helping with knowing whom to expect and when. Solaris team members are skilled, compassionate, and knowledgeable. ***We encourage you to ask any questions you may have at any time.***

Medications, Durable Medical Equipment (DME), and Supplies: The Medicare hospice benefit provides for the care, treatment, and services related to the patient's terminal diagnosis and related conditions. This includes medication, equipment, and supplies. Solaris Pharmacy is a "closed-door" compounding pharmacy, unique in that it operates only for Solaris patients. We also are proud to provide medical equipment specifically for Solaris patients, through Solaris DME. All medication, equipment, and supplies determined by the Solaris team to be medically necessary for the patient's care will be delivered through Solaris Hospice. We take pride in our highly knowledgeable pharmacy and DME staff.

Patient & Caregiver Education, Training, & Support: It is our goal to provide thorough education, training, and support to both patients and caregivers along the course of care. Education or training topics may include, but are not limited to:

- Medication education
- Symptom management
- Daily care tasks
- Emotional support/counseling

Self-care also plays a significant role in hospice for both patients and caregivers. We encourage you to share any concerns you may have with the hospice team regarding emotional, psychosocial, education/training, or caregiver needs. As needs change, we are readily available to assist with any specific needs, resources, or plan of care revisions.

Levels of Hospice Care

Routine Home Care: This is the most common level of hospice care and typically provided in the patient's home or place of residence. Day to day care is typically provided by a caregiver or family member, unless the patient can live independently. The hospice team provides care through an individualized plan of care and coordinates with the patient, family, caregiver, and interdisciplinary team. Symptoms are generally stable or adequately controlled.

Respite Care: Respite care is a level of care tied to caregiver needs. A primary caregiver may request respite for temporary relief of caregiving duties. Respite is generally available for up to five consecutive days per stay through Medicare and Medicaid hospice benefit coverage. Commercial or private insurance plans will vary, assistance with coverage details is available. The hospice team will assist with arrangement and facilitation of respite contracted level of care needs.

General Inpatient Care: This level of care is typically for short-term management of uncontrolled symptoms meeting level of care eligibility. It is usually provided in an inpatient setting, such as a contracted hospital or skilled nursing facility. Clinical evaluation and assessment are required by a hospice RN in coordination with the physician prior to the initiation of the level of care change.

Continuous Home Care: This level of care is also for clinical situations, requiring short-term management for stabilization or improvement. Criteria guidelines are similar in some aspects to guidelines of general inpatient care, but care is usually provided in the home by clinical staff, rather than in an inpatient setting. (Medicare.gov, 2023)

Hospice Care in a Facility

Hospice care is provided in a variety of settings, including various types of healthcare facilities. Facility types may include nursing homes, assisted living facilities skilled nursing facilities, and other alternate care facilities of residence. The hospice team will coordinate and communicate with the patient/family and the facility care team members when providing care to patients residing in a facility. Solaris provides the same high level of quality care to all patients, regardless of residence type.

Emotional & Spiritual Support

Hospice care can be an emotional time. It is natural for caregivers and family to feel hesitant about how to best express their feelings and cope with the changes happening. A Solaris Chaplain, Social Worker, or nurse can help you process such emotions and support you as you share your thoughts and feelings with those you love. Some of the most meaningful times in hospice care are centered around emotional and spiritual healing.

Our Chaplains are an important member of the care team and are available to listen without judgement, help explore spirituality and faith if desired, provide comfort through religious traditions such as prayer, reading, or music, and support you through the grieving process.

Solaris Social Workers are experts at helping patients and families navigate complex or intimidating end-of-life decision making. They are problem solvers, counselors, and educators that focus on helping connect families with the resources they need throughout the hospice journey.

Payment for Hospice Services

Payment for hospice is widely available. Medicare, Medicaid, and most private insurance plans provide payment for hospice care to beneficiaries meeting eligibility and electing services.

Solaris has highly trained staff who can help determine insurance coverage and benefit details. Patients will not be denied hospice care due to financial reasons or inability to pay.

The Medicare/Medicaid Hospice Benefit: Medicare/Medicaid beneficiaries may elect to utilize their hospice benefit coverage upon terminal illness diagnosis and physician certification or may choose to utilize traditional Medicare/Medicaid non-hospice coverage. It is the responsibility of the patient/family to notify hospice staff of ER visits, specialist visits, or hospitalizations while receiving hospice services.

The hospice team will evaluate and coordinate appropriately to determine if the encounter is hospice related or non-related. Hospice staff will then discuss goals of care with the patient/family and applicable care providers to assist in determination of hospice related or non-related items, plan of care revisions, financial responsibility, and options.

All options will be explained and reviewed including:

- Substituting the proposed treatment with an alternative focused on palliative symptom management
- Declining or foregoing proposed treatment plan

- Hospice revocation, resuming general Medicare/Medicaid coverage, if applicable
- Advance Beneficiary Notice form
- Patient financial responsibility

Private Insurance: Most insurance plans provide a hospice benefit very similar to Medicare, but coverage details may vary. Our highly trained admission and billing department can help determine coverage you may have specific to hospice services.

Private Pay or "Self-Pay": If there is not a hospice benefit or coverage available, Solaris will work with the patient and family to identify any potential sources of reimbursement or payor source. We believe payment for hospice services should never create a barrier to care.

When to Call Solaris

Please contact us at 888-376-5274 for any changes in condition, concerns, or needs that may arise. Various items may necessitate contacting the hospice team, regardless of time or day/night, including, but not limited to:

- Uncontrolled nausea/vomiting, pain, or new onset of any symptom
- Fever
- Alterations in skin color or wound onset/changes
- Respiratory changes
- Anxiety/Confusion or various neurological changes or new onset
- Suicidal ideation or hallucinations
- Falls with or without injuries
- Caregiver support/Emotional support or needs

The examples noted above are not an exhaustive list of reasons one may contact Solaris Hospice. Please call if there is any need whatsoever or if there is uncertainty about whether a call or nurse visit is needed. A hospice RN is available 24 hours per day by phone to assist with needs, service coordination, and to provide a skilled nurse visit in the event it is requested or warranted.

Care At Home

When hospice care begins, special needs in living environment or revisions may arise based on patient/family preference and for delivery of safe, effective care. This may include patient preference for a designated area in the home for a hospital bed or a specific area in the home to be utilized for medical equipment or supplies. Patient/family discussion is important regarding any pertinent home care needs or preferences upon admission to hospice services. This is to collaboratively identify and meet reasonable needs and preferences within an effective hospice plan of care.

Solaris Medical Equipment & Supplies

Care is easier and the patient is more comfortable when you have the right equipment and supplies. Solaris can provide medical equipment (hospital bed, oxygen, wheelchair, etc) and supplies necessary to effectively manage care at home. Your hospice nurse will help you decide what equipment and supplies you may need.

A member of our Solaris Medical Equipment team will deliver your equipment from Solaris Hospice DME, help set it up in the best location, and provide education/training. If the needs of the patient/caregiver change, the hospice team will be ready to adjust accordingly with any new equipment or supplies necessary, within the plan of care.

Fall Prevention

Every year, a significant number of falls occur at home or living residences and can cause serious injuries or disabilities. Falls are often preventable, although various factors can exist. ***The following tips may be helpful in preventing falls and identifying potential hazards:***

- Ensure walkways or pathways in the home are free of clutter.
- Remove rugs or secure them with double-sided or non-slip tape.
- Ensure electrical cords and wires are close to a wall. Utilize special tape if needed.
- Ensure the home is well lit, including night lights where appropriate.
- If stairs cannot be avoided:
- Avoid clutter in walkways.

- Repair loose or malfunctioning steps.
- Ensure adequate lighting.
- Utilize safety handrails.

Bathroom:

- Place non-slip mats on the floor of the tub and/or shower.
- Use a raised toilet seat or commode for ease in positioning and transferring.
- Use a hand-held shower head, shower chair or bench, and safety handrails.
- Avoid excess water and ensure the floor is dry prior to ambulating.

Ambulation Tips:

- Always rise slowly from a lying/sitting position and sit briefly prior to standing.
- Wear supportive shoes or slippers with non-skid soles or non-slip socks.
- Always use assistive devices provided such as walkers or canes.
- Use a hand-held "grabber" device to reach objects extending within immediate reach.
- Avoid climbing, ladders, and stools.

Wheelchair Safety:

- Always lock the brakes before attempting to move in/out of the wheelchair.
- Ensure leg rests are positioned appropriately prior to entering and exiting.

Skin Care and Prevention

Skin can be prone to breakdown and wounds for various reasons in those with advanced disease progression. Common contributing factors to skin breakdown include decreased mobility, decreased circulation, compromised nutrition, and moisture-related incontinence. ***The following items may be helpful in preserving skin integrity and reducing breakdown:***

- Keeping the skin clean, changing any incontinence pads or briefs frequently, if present.

- Utilizing a mild cleanser for hygienic needs and bathing.
- Avoiding scented or perfumed lotions. Utilize sensitive-skin or unscented products.
- Ensure bed linens are clean, dry and free of wrinkles.
- Repositioning.
- Utilize support pillows, orthotic devices, or special mattresses and overlays. Hospice nurses can assist with evaluation and coordination if applicable.
- ***Notify hospice of any changes in skin, wounds, discoloration, abnormalities, or concerns. Hospice nurses can assist with skin assessments and education or training needs.***

Oral Hygiene Care

Healthy oral hygiene is essential to overall health and comfort. Oral care should be completed at least twice daily, if possible, whether it is brushing teeth, utilizing oral swabs or supplies, and/or a combination. Hospice nurses or nurse aides can provide training and/or task assistance with this if needed and provide necessary supplies.

Nutrition

Nutrition is an important part of our lives and often plays a central role in spending time with family and friends. Preparing or attending meals with a loved one is often reported as a form of communicating love, concern, and care.

Many changes can naturally occur during the end-of-life process, and almost every hospice patient will have a decrease in appetite or thirst at some point. Taste buds can change as disease progresses and likes and dislikes may change as well. Like other aspects of care, nutrition can uniquely involve physical, emotional, and spiritual issues for each patient and family.

It is common for caregivers and family to be concerned about their loved one eating and drinking less. It is important to remember that this is a natural part of the dying process, and often eating and drinking can cause more distress than benefit. As death approaches, eating and drinking places an increased demand on the body and can lead to uncomfortable symptoms such as nausea and vomiting, congestion, and an increased workload on the heart and lungs when fluids cannot be easily eliminated or metabolized properly.

If you have concerns or additional questions about nutrition, please speak to your hospice nurse. They can help develop a nutrition plan to maximize comfort and provide additional patient/caregiver education tips.

Oxygen Safety

Oxygen therapy is a crucial treatment option for many patients in need of respiratory support. However, it is important to use oxygen safely to prevent hazards or injuries. Oxygen therapy may not be appropriate for every patient or condition. A physician/provider order is necessary prior to use.

The following information is an overview of oxygen safety precautions:

- It is important to not change the amount or route without first contacting hospice.
- Never smoke or allow anyone to smoke in the home where oxygen is being used.
- Ensure signs are posted to alert others not to smoke if oxygen is in use.
- DO NOT use petroleum-based products if oxygen is in use.
- Avoid open flames and do not use oxygen within 10 feet of open flames, such as a gas stove.
- Avoid static electricity; nylon or wool clothing is more likely to cause static electricity.
- Oxygen can be flammable.

Storage/Handling:

- Secure tanks in an oxygen stand to prevent damage in case of accidental falling.
- Do not place anything on top of your concentrator.
- Ensure the concentrator remains in a well-ventilated area.
- Ensure oxygen concentrators & all medical equipment devices are grounded in appropriate electrical outlets.
- Use only surge-protected extension cords with medical equipment.

Cooking:

- Secure the cannula over the ears and behind the head, instead of under the chin.
- Secure the tubing to the side of your clothing with a large safety pin or clothespin.
- Avoid cooking on gas stoves.

Medication Safety

HELPFUL TIPS:

Storage

- Store all medications in one secure place.
- Keep each medication in a clearly labeled container.
- Store medications at room temperature, unless otherwise instructed.
- Keep medications out of reach of children and pets.
- Avoid direct sunlight.

Medication List/Record

- Follow prescribing provider's medication instructions. Seek additional information when needed with provider, pharmacy, or hospice nurse.
- Inform the hospice nurse of all medications and supplements prescribed.
- Keep an allergy list on file and consider wearing a medical alert bracelet or device, if applicable.

Precautions

- Review all medication information, education, and patient safety material.
- Remove foil wrap or plastic wrapping from all suppositories before use.
- Ensure gloves are worn prior to administering suppositories, topicals, or transdermal patches.
- Avoid storing medications in bathroom cabinets or high humidity areas if possible.
- Avoid storing chemicals or poisons near medications.
- Avoid leaving medication containers open and/or unattended.
- Avoid taking medication in the dark or in inadequate lighting.
- Avoid heating medications in hot water or in the microwave.
- Do not break apart or crush pills without consulting the hospice nurse and following provider instructions.
- Do not take an extra dose of medication if you forget to take a dose.
- Do not stop or change medication administration without informing the hospice nurse and provider.

- ***Notify the hospice nurse immediately if any side effects, concerns, or questions arise.***

New Medication Prescription/Refills

- Coordinate with hospice nurse prior to filling, requesting refill, or picking up any medications from any pharmacy or provider while on hospice services. This will help prevent additional costs or billing items, that could also result in patient financial responsibility or duplications.
- Notify hospice nurse of hospice covered medication refill needs before the medication is completely empty.

Disposal

- Discard any medications that are expired or have been discontinued by your provider.
- Follow the safety disposal guidelines provided upon admission to services.

Medication Disposal

Solaris Hospice employees are never legally permitted to take possession of your medications or remove medications from the home. If you reside in a skilled nursing facility or institution that provides extended healthcare, the facility will generally dispose of medications per agency policy.

Expired, discontinued, or unwanted medications should never be disposed of by flushing in a toilet or drain, unless manufacturer or FDA information states otherwise. Please follow all state, agency, and local regulations for proper disposal of medications. This is completed in home or residence, with adult witness and authorization.

Safeguards:

- Keep medications safe by not giving them to anyone else.
- Expired or unwanted prescription and over-the-counter medications should never be disposed of by flushing them down the toilet or a drain unless they are recommended for disposal by flushing.

Dispose of medications safely by following these steps:

Step 1: Keep medicine in its original container to identify the contents.

Step 2: Mark out your name and prescription number to prevent personal information from being obtained.

Step 3: Gather absorbent disposable material like a diaper, paper toweling, and a plastic bag.

Step 4: Make the medication unusable by following the instructions on the following chart.

Step 5: Fold and place the disposable absorbent material containing liquid in a plastic bag.

Step 6: Place all medicine bottles in a plain paper or plastic bag and then put them in another bag to prevent leaking.

Step 7: Dispose of all bags in the regular trash, not in the recycling bin.

Sharps or Syringe Disposal

WTC HEALTH PROGRAM

Need to dispose of unwanted or expired prescription medication?

Timely disposal of unwanted or expired prescription medicine can reduce the risk of others taking the medication accidentally or misusing it intentionally!

- **Find a drug take back location:** Check with local hospitals and pharmacies to see if they accept unwanted medication. The U.S. Drug Enforcement Agency (DEA) also has a drug take back site locator at **takebackday.dea.gov**
- **Read your prescription medicine label.** It may contain specific instructions that will allow you to safely dispose of the medicine at home.
- **No special disposal instructions or nearby take back locations?** Dispose of your medication in the trash by following these four steps:
  1) Mix your medicine with an inedible substance like dirt, cat litter, or used coffee grounds.
  2) Put the mixture in a container, such as a sealed plastic bag.
  3) Throw the container in your household trash.
  4) Scratch out all the personal information on the prescription label to make it unreadable. Then dispose or recycle the empty medication bottle.

Learn more about safe medicine disposal at www.cdc.gov/wtc/prescriptionsafety.html

9.11 WTC Health Program

The FDA continually evaluates and monitors medications for safety risks. Additional information is available online at www.fda.gov ***or*** www.cdc.gov.

Emergency Preparedness & Disaster Safety

Emergencies can occur anywhere and anytime. In an emergency, it is vital to think clearly, act quickly, and be knowledgeable. Preparation, education, and avoiding panic are key elements to keep in mind. As standard practice, each Solaris patient is evaluated and assigned an emergency triage level upon admission. An individualized care plan is in place in the event of emergency situations. Staff are trained on comprehensive emergency policies and procedures in order to provide the best care possible in all situations that may arise.

Information sources that may be available:

- Emergency Alert System
- Local Radio/Television
- Ready.gov
- FEMA

Shelter in place

Some emergencies may require you to protect yourself either by evacuating the area or by immediately seeking shelter inside a building. If one of these actions is required, you may receive instructions through radio and television broadcasts.

What to Do if Sheltering-In-Place is Necessary

- Bring all family members and pets INSIDE the home.
- Close and lock all doors and windows. Turn off all heating, cooling and ventilation systems including attic and window fans. Close dampers in fireplaces.
- Everyone needs to go to a pre-designated shelter room. Place a combination of plastic and duct tape around all doors, windows, and electrical outlets in that room.
- Take your emergency supply kit in the room with you.
- Listen to radio and television broadcasts for further instructions.
- Do not leave your shelter area until local officials give an “ALL CLEAR.”
- After the “ALL CLEAR” is given, open doors and windows to ventilate.
- Ensure that an Emergency Safety Kit is on hand.

Tornado Safety

- If possible, move to underground shelter in case of a tornado.
- Close windows and draw drapes to prevent injury from flying debris.
- Turn on a portable radio.
- Seek shelter on inside walls away from doors and windows or go into a large closet, under beds or heavy tables, or in a dry bathtub (providing there are no glass shower doors).

What to Do If an Evacuation is Necessary

- Evacuate immediately, if advised through local, state, or federal guidance. Use travel routes specified by local officials.
- Wear sensible clothing and sturdy shoes appropriate for weather.
- Take along your emergency safety kit.
- Turn off all appliances. Lock your doors and windows.
- Take a form of identification and any medicine taken regularly by family members.
- Do not return to the emergency site until local officials have given an "ALL CLEAR."
- After the emergency is over, enter your home with caution. Open doors and windows to ventilate. DO NOT strike a match or turn on electric lights until you are sure there are no breaks or leaks in gas lines.

Emergency Safety Kit

During most serious emergencies, families may need to be self-reliant for multiple days at a time. Using the checklist that follows, put together an "emergency safety kit" with supplies for each member of your family.

- Flashlight, extra batteries
- Portable radio
- 3-day supply of medication (if necessary)
- Bottled water
- Non-perishable canned goods/can opener
- Baby food, diapers, etc. (if necessary)
- Basic first-aid supplies
- Fire extinguisher
- Hygiene products
- Change of clothes
- Pet food (if necessary)
- Blanket or sleeping bag
- Money & Form of ID

State of Texas Emergency Assistance Registry (STEAR)

The State of Texas offers the option to register with the STEAR program, a free registry that provides local emergency management planners and responders with information related to your needs during an emergency.

Who Should Register?

- People with disabilities
- People who are medically fragile
- People with functional needs such as:
  - Limited mobility
  - Communication barriers
  - Require additional medical assistance during an emergency event
  - Require personal care assistance
- People who require transportation assistance

Register online at Stear.tdem.texas.gov

Call 2-1-1 or use your video phone relay option of choice

Registering in STEAR **DOES NOT** guarantee you will receive a specific service during emergencies.

General Home Safety

Solaris takes your safety and the safety of your family seriously. The following are some tips to help you stay safe. If you have any concerns regarding your safety, please notify your Solaris team or call 1-888-376-5274 to contact our corporate office for more information.

Home Safety

- Inform your local police and fire departments that you have a resident who is homebound or dependent on a wheelchair.
- Contact the Texas Social Service Hotline (211) to request placement on a first-response list during power outages.
- Always keep a telephone nearby, if possible.

Preventing Fires

- Ensure that you have a working smoke detector in your home and replace the batteries twice per year.
- Purchase a fire extinguisher for your kitchen, ensure proper maintenance checks.
- Keep a box of baking soda in your kitchen as a backup.
- Plan at least two exits from each room in your home and establish a designated meeting place outside.
- Do not smoke in bed or when feeling sleepy and never leave smoking materials unattended.

Electrical Safety

- Unplug any appliance that produces smoke or odors.
- Do not overload electrical outlets or extension cords.
- Dispose of frayed or broken cords and keep all extension cords away from high-traffic areas.
- Discard damaged electrical appliances. Keep space heaters dust-free and at least three feet away from flammable materials.

Medications

The hospice nurse consults medication information and all orders with the patient/caregiver and the provider(s) upon initiation of services and on an ongoing basis. Coordination of services, including medication orders and record, is also completed with healthcare facility clinicians providing care if residing in a healthcare facility or residence.

Hospice Emergency Kit ("E-Kit")

The medication kit may contain controlled, non-controlled, or both types of prescription medications commonly prescribed to assist with palliative symptom management. Each medicine is to be taken according to the prescriber orders and directions on the label. Kit medications should only be taken when the patient/caregiver is instructed to do so by the nurse or prescriber and per the orders. Please notify the hospice nurse if any of the medications in the kit are used or need a refill requested. The kit is prescribed specifically for the patient receiving it and individualized per the provider's orders and within the patient's plan of care.

Side effects: Always monitor for side effects or adverse reactions. Signs or symptoms could include, but not limited to, shortness of breath, itching, sedation, rash or hives, or nausea/vomiting. Please notify Solaris Hospice by phone immediately should any side effects, adverse reactions, or concerns arise. 1-888-376-5274.

Pain Management

Pain management is one of the most significant goals of hospice care. Reducing pain can often also help improve respiratory, sleep, and emotional symptom management. Hospice nurses are trained in pain management assessment and interventions. Our goal is to assist with pain management and while every patient situation is unique, it is our goal for pain to be alleviated to a level of comfort and within clinical ability. During each visit, the hospice nurse will ask about pain along with other types of symptoms and individualized items within the plan of care. It is very important to always answer honestly so that we can provide the highest level of care possible and coordinate accurately with the physician and interdisciplinary team regarding treatment.

Reporting and Assessing Pain

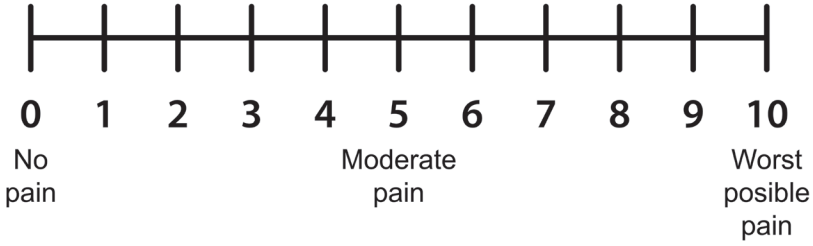
Pain can be both a physical sensation and an emotional experience. Only the person experiencing it can describe pain, its intensity, the pain sensation, and the effectiveness of pain relief measures. When a person can't express pain verbally, we rely on non-verbal indicators of pain such as facial and body expressions

Pain can occur suddenly **(acute pain)**, or it may be constant or long-term **(chronic pain)**. Many times, the person with long-term, chronic pain will not show the same signs as someone having acute pain. They may not display audible sounds indicative of pain or show signs of restlessness; their breathing or heart rate may not change. This does not mean they are not having pain.

Pain may be worse if a person is depressed, worried, or afraid of dying or being left alone. If those fears can be discussed, often pain is less of a problem. Everyone experiences pain differently.

You need to report any pain; no one else can describe how much it hurts. Solaris Hospice staff will use a comprehensive pain assessment. Zero means you have no pain, 10 means it is the worst possible. We will consult with the physician to find ways to manage pain and will adjust the plan of care until the pain is managed or effectively controlled.

Numeric Pain Scale



Pain Medications

It is important for your loved one's comfort that the medications are given ***exactly as ordered***. Do not wait to give pain medications until the patient has pain. Hospice pain medications are given to prevent pain. Your loved one will not necessarily become addicted to medications that are given for physical pain. If this is a worry for you or the patient, please ask the nurse to explain the facts and myths of using pain medications. Be sure to notify your Solaris Hospice nurse if you have three days or less supply on hand. Please provide additional notice near the holidays.

The most common and effective way of giving medication is by mouth. When that is not possible, there are other ways of giving medication. Working closely with your doctor, the nurse can adjust the amount and how often medicine is taken. Most people find that their pain is controlled best if they take their pain medicine on a set schedule. If they wait until the pain is out of control, the pain medication is not as effective.

Even severe pain can be well controlled by combinations of medicines. These combinations often will include narcotics. If you have concerns about your medications, please discuss them with your Hospice nurse. ***Do not stop or change medications without talking to your Hospice nurse.***

Commonly Used Opioid (Narcotic) Pain Medications

- Morphine-various forms-suspension is most common for hospice/ acute pain
- Hydromorphone (Dilaudid)-various forms-suspension is most common for hospice/acute pain
- Morphine Sulfate IR (immediate release MSIR)
- Morphine Sulfate ER (extended-release MS Contin)
- Oxycodone IR (immediate release – Oxy IR)
- Oxycodone ER (extended release – Oxycontin)
- Fentanyl (Duragesic patch)
- Methadone
- Hydrocodone and acetaminophen (Vicodin or Lortab)
- Hydrocodone and ibuprofen (Vicoprofen)
- Oxycodone and acetaminophen (Percocet)

Common Side Effects of Pain Medication

Constipation: All opioids (narcotics) cause constipation. For this reason, taking a laxative or stool softener along with an opioid is generally recommended.

Nausea/vomiting: These symptoms usually subside after a few days. Your physician may have ordered medication to help relieve these symptoms. If not, please notify and discuss with your hospice nurse.

Dry mouth:

Help Preventing/Alleviating:

- Eat popsicles, shakes, yogurts, lemon drops and/or ice chips.

- Increase fluid intake, as much as tolerated.
- Rinse mouth frequently. Use mouthwash sparingly and use ONLY mouthwash labeled for “dry mouth” and alcohol-free.

Sedation or drowsiness: Drowsiness is often the body’s way of re-energizing and resting from the strain that pain has placed on your body. If the drowsiness does not subside quickly or worsens, notify Solaris nurse. Caffeinated drinks such as coffee or tea can be used to minimize sedation.

Dizziness: When starting on opioids (narcotics) or whenever increasing the dose, be aware that you may experience dizziness when getting out of bed, out of a chair or when participating in any strenuous activity.

To prevent dizziness when standing:

- Move more slowly when getting out of bed or up from a chair.
- Allow your feet to dangle at the side of the bed or chair before attempting to rise.
- Call for assistance when needed.
- Avoid strenuous activities such as driving, cleaning, or cooking.
- Make sure your home environment is safe from scatter rugs and loose cords, and keep the area well lit.

Itching: Itching may occur for up to 3 days when a dose is started or increased.

****Contact Solaris immediately if there is a sudden onset of severe sedation, rash/hives or any other serious effects or symptoms occur that concern you related to your medication.***

General Guidelines for Pain Management

- The goal of pain management is for the patient to be alert while pain is kept under control.
- Pain is cumulative. The best approach is taking pain medication on a regular, around- the-clock schedule rather than simply as needed. If you wait too long to take your pain medication, the pain can become so severe that the medication is no longer effective.
- Once you are pain-free, it is important to continue the medication schedule as directed by your physician. Different pain medications are effective for different lengths of time. Taking medication at the appropriate intervals is very important.

- Accurate record-keeping regarding the time of day you take your pain medications and the level of relief you experienced will help your hospice team to better manage your pain control needs.
- Do NOT crush long-acting oral pain medications. If you are unable to swallow or have difficulty swallowing, contact Solaris and a different medication or different route of administration may be necessary based upon the provider's orders.

Scheduled Medications

The best way to manage pain is to control it with regularly scheduled medication that allows the person to be comfortable and alert. There are various ways to manage scheduling, as directed by the physician including, but not limited to:

The physician may order:

- Long-acting opioid (narcotic) to be given every 8, 12 or 24 hours around-the clock AND/OR
- Short-acting opioid (narcotic) to be given every few hours around the clock.

PRN Medications (Also known as "Breakthrough" or "Rescue Doses")

There may be periods of time when pain increases due to activity, disease progression or the need for change in the amount of scheduled medication. For this reason, physicians commonly order PRN doses of short-acting opioids.

1. If you are taking your regularly scheduled medication and you are having pain between doses, you may also need to take the PRN pain medication.
2. These PRN pain medications or PRN doses of the same type of opioid pain medication are often ordered to be available every few hours when discomfort/pain is at a heightened level.
3. The PRN medication may be utilized at the same time as the long-acting scheduled dose if pain is present or severe. PRN medications typically work quicker and are shorter in duration.
4. Accurate record keeping is very important and helpful for the care team in coordinating with the physician. Your nurse and physician will review records if available and any monitoring information in order to assess the need for any pain medication changes.

Non-medication Interventions:

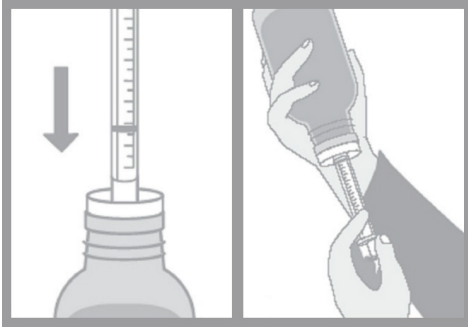
Distraction or diversion: Many people with chronic pain report that concentrating on something other than pain may help. Some things to try are watching TV or movies, reading, listening to music, writing, painting, or other activities that you enjoy.

Meditation and relaxation: Meditation and breathing exercises may help reduce muscle tension. Many libraries, bookstores, or internet sites may have meditation materials available. Other options may include prayer, visualization and/or focused deep breathing.

Massage: Gentle massage, stretching, or simply a soft touch may be soothing.

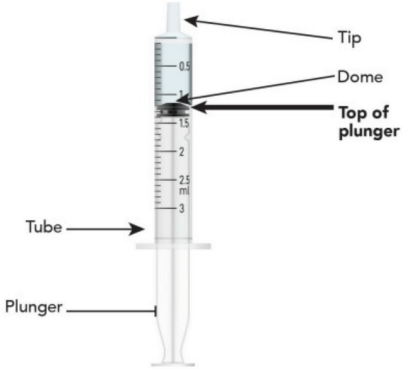
Take your medication, as ordered: Keep a record of each dose taken and your pain rating (response to medication) 1 hour after your administration of the medication. ***Notify Solaris if your pain is not relieved or gets worse.***

Oral Syringes



Steps to Follow

1. Insert syringe tip into hole on the top of the plug until secure.
2. Turn bottle upside down and pull-down syringe plunger to the line that matches the dose prescribed by your provider.
3. Turn bottle right side up. Remove syringe by twisting.



Additional Tips

1. Always use the oral syringe provided to make sure you measure the right amount.
2. Use the top of the plunger to measure the correct dose of medicine.
3. If there are air bubbles, hold the tip of the syringe up and flick the syringe. This should make the air bubbles go to the top. Press the plunger to push out the air bubbles.

Steps Continued

4. Put the tip of the syringe into your mouth or under the tongue.
5. Take the medicine by slowly pushing the plunger until the syringe is empty.
6. May rinse syringe with water after use.

Breathing Changes or Shortness of Breath

As a person becomes weaker, the normal process of breathing in and out becomes more difficult. The person may experience painful, rapid, or noisy breathing, or may feel winded. He or she may experience "air hunger" or a feeling that they cannot breathe. Restlessness and increased anxiety often accompany breathing problems.

ALERT: If your loved one has a sudden increase in shortness of breath, anxiety, or restlessness, call your Solaris team.

The nurse can talk with your doctor and order specialized equipment such as a nebulizer or oxygen. Medications may be prescribed to decrease anxiety.

Signs and Symptoms

- Feeling "winded" or unable to speak in full sentences.
- Sitting with hands on knees, or on the side of the bed, leaning over to breathe.
- Using neck, shoulder, chest, and abdominal muscles to breathe.
- Feelings of anxiety or fear. May appear stressed, anxious, and/or frightened.
- Lips and nail beds may be bluish in color and extremities may be cool and/or "mottled."

Helpful Interventions

- ***Position is important.***

  - Sit in a chair or a recliner. If able, try sitting up and leaning forward over a table or leaning forward with hands on knees.
  - While lying in bed, elevate your head on pillows or raise the head of an electric bed.

- Keep room cool. Use air conditioning rather than open windows and doors.
- Increase air movement. Direct a fan to gently blow across cheek.
- Apply a cool cloth to head or neck.
- Take medications as ordered. Notify Solaris if your shortness of breath is not relieved or worsens.
- Keep the environment quiet – try calming music.

- Use relaxing activities such as prayer or meditation.
- Hand or foot massage may be helpful.

Congestion or Excessive Secretions

As the last hours of life approach, you may hear various audible "rattling" or gurgling breathing sounds. Sometimes these sounds are quite loud. This happens because saliva (normal fluids) "pool" in the back of the throat and upper airways. Your loved one has become weaker, and it has become increasingly difficult for him/her to fully clear these normal secretions. Keep in mind that these noises may be far more disturbing or frightening to you than they are to your loved one. You may also observe changes in breathing patterns. Sometimes the patient breathes rapidly alternating with periods of no breathing (called apnea). This pattern is called Cheyne-Stokes breathing. The stimulus to breathe is not caused by lack of oxygen in our bodies, but by the buildup of carbon dioxide. The brain of a terminally ill person is much less sensitive to this buildup. You may notice a period of apnea while the carbon dioxide accumulates to the level needed to trigger a breath. Your loved one may take several rapid, shallow breaths, which allow the body to "blow off" the carbon dioxide. There may then be another period of apnea.

This pattern occurs while the patient is asleep but not generally while awake.

Remember: This is a natural breathing pattern at times and generally does not cause discomfort. Administering oxygen does not alter the breathing pattern.

Helpful Interventions

- Elevate the head of the bed and gently turn your loved one's head to the side. Gravity can help with draining secretions.
- Wipe the mouth with a soft, moist cloth. (Suctioning can irritate the oral tissues and cause increased secretions.) Keep the room cool.
- Circulate air so it blows on the face.
- Talk to the hospice nurse about medication that may help reduce secretions.

Nausea & Vomiting

NAUSEA is an unpleasant wave-like feeling in the stomach that may or may not be followed by vomiting.

VOMITING is the sudden, forceful emptying of stomach contents that may or may not be preceded by nausea.

Nausea may be triggered by:

- Offensive odors, the taste or sight of certain foods.
- Medications such as opioid pain medications, antibiotics, and non-steroidal anti- inflammatory drugs such as ibuprofen, Advil, Aleve, and Naprosyn.
- Constipation or bowel obstruction.
- Pressure on the stomach from other enlarged organs, ascites, or growths.

Helpful Interventions

1. Try drinking:
    a. Sips of water or ice chips.
    b. Sips of carbonated drinks.
    c. Warm liquids like warm tea, if tolerated.
    d. Sports hydration drinks (Ex: Gatorade)
2. Avoid:
    a. Eating food until you can tolerate sips of liquid.
    b. Juices (orange, cranberry, grape, apple, etc.).
    c. Milk or milk products.
    d. Hot foods (room temperature or cold foods may be better tolerated).
    e. Spicy and/or fried foods.
    f. Foods with strong or distinct odors (fish, etc.).
3. Try eating:
    a. Foods that are bland (dry toast, rice, baked potatoes).
    b. Salty foods (crackers, chicken broth).
    c. Small meals or frequent small snacks.
4. Constipation may cause nausea and vomiting – see the constipation section.
5. Make sure your environment is comfortable:
    a. Avoid strong odors such as perfume and deodorizers.
    b. Maintain a comfortable room temperature (cooler room may be helpful).

c. Increase air flow by using a fan in the room.

6. Provide frequent mouth care.
7. Engage in relaxing activities.
8. Take medications as ordered.
9. Notify Solaris if nausea/vomiting is not relieved, is new or worsening.

Constipation or Diarrhea

"Stool," "feces," and "bowel movement or BM," are common terms for your body's way of passing waste and toxins. The number of times a person has a bowel movement varies from person to person. There is no specific number that is necessarily 'normal'. Most people have a bowel movement at least three or more times per week.

Constipation may be caused by decreased activity, decreased appetite, medications, infections, and sometimes disease process. Opioids (narcotic) pain medications often cause constipation.

Diarrhea may be caused by water in the intestine not being reabsorbed into the body. Sometimes it is caused when a person is constipated, and the stool blocks the intestine. In this situation, liquid flows around the blockage of stool. Your nurse can help to assess whether this is the cause.

Signs and Symptoms

Constipation:

- Less frequent bowel movements.
- Smaller, harder, drier, more difficult to pass.
- Bloated feeling, pressure, or sense of fullness in the rectum.
- No bowel movement for more than 3 days.

Diarrhea:

- More than three liquid bowel movements a day

Helpful Interventions

Constipation:

- Increase water intake.
- Drink warm prune or fruit juice.
- Eat fresh vegetables, fresh fruit, whole wheat and bran cereal.

- Increase activity. If bedbound, reposition frequently and perform active or passive exercise (movements) of legs and arms.

Diarrhea:

- Eat white rice, bananas, cottage cheese, applesauce, baked potatoes, cooked cereal, pasta, or white toast.
- Nutmeg added to food can slow down the movement of stool in the intestine.
- Avoid caffeine, alcohol, milk, very hot or very cold liquids.
- Drink clear liquids, broth, and sports/electrolyte supplement drinks.

Physician May Order If Appropriate

1. Laxative for constipation (may be ordered daily or as needed).
2. Rectal suppository to stimulate bowel movement (for constipation).
3. Enema to stimulate bowel movement.
4. Anti-diarrheal medication.

Incontinence

Your loved one may lose control of his/her bladder and/or bowel. Loss of bowel and bladder control is the direct result of muscle weakness. As general weakness increases, the muscles that control these functions also relax, which may result in incontinence.

You may observe the person's urine color is darker and urination quantity and frequency are less. As fluid intake decreases, the urine becomes more concentrated (darker) and frequency decreases.

Loss of bowel and bladder control can be extremely distressing for your loved one. Talk to your hospice team or call Solaris about any fears or concerns that you have.

Help make him or her comfortable and maintain privacy and dignity by:

- Use of protective covering for the bed (incontinent pads).
- Use of adult incontinent diapers.
- Practicing good hygiene – use disposable gloves when providing incontinent care.
- Apply ointments to protect the skin.

Tips for Using the Toilet or Bedpan

- Pad the back portion of a bedpan and/or sprinkle baby powder on the edges to prevent sticking.
- A small amount of water or a plastic bag liner in the toilet bucket or toilet paper in the bottom of a bedpan can aid cleanup.

If your loved one has not voided or produced urine over an extended amount of time or hours within the day and/or displaying signs of new or increased agitation or pain, please notify Solaris immediately.

Bleeding

Bleeding can occur for various clinical reasons or factors. For example, exterior tumors or sores may bleed. Bleeding isn't usually painful, but it can be frightening or concerning. A calm, reassuring manner can help reduce the fears of a person who is bleeding.

Normally, bleeding stops in five to six minutes after local pressure is applied to the skin.

If there is a possibility of bleeding, keep a small stack of dark colored towels at the bedside, along with a plastic sheet or bag. The towels will help stop the blood flow, and the plastic will protect the bedding. Dark towels make the redness of blood less apparent and can help calm both the patient and others.

Helpful Interventions

Bleeding from the skin

Apply pressure locally to bleeding area, for up to 5 minutes. This will help the blood to clot.

Bleeding from nose or mouth

Turn the person on one side. Lying flat could cause the blood to run down the back of the throat which could result in an upset stomach or vomiting.

- For a nosebleed, pinch the nostrils together or use clean gauze to pack the nostrils. An ice pack placed above the nose may help shrink the blood vessels to lessen or stop the bleeding.
- After a nosebleed or bleeding from the mouth, help rinse the person's mouth.

Rare Cases of Bleeding: In rare cases, patients may cough up blood, vomit blood, or pass blood from the rectum. This can occur for various reasons, including from tumors in the lungs or stomach or because of chemical changes in the body. This kind of bleeding can often cause anxiety and may require further interventions or assessment. If this occurs, please notify your hospice team as soon as possible.

- If blood is coughed up, assist to clear the phlegm and blood from the person's mouth. The person should sit upright or in a semi-sitting position or lie on one side in bed.
- If bleeding occurs with vomiting, do the same things as above. Additionally, give prescribed medication for nausea or vomiting. If blood is passed through the rectum, keep the area clean as you would after bowel movements. Alert: If bleeding is new, uncontrolled, and/or prompts concern, please notify your Hospice team immediately.

Anxiety or Restlessness

Life after a terminal diagnosis may be one of the most anxiety-filled times we face, whether experienced by a person with the diagnosis, a caregiver or a family member. Anxiety is a common and understandable response.

When we face uncertainty, we experience concern – we don't know where the road will take us or how long it may be. This worry can easily move into anxiety. Often it can be hard to pinpoint the cause of anxious feelings. Many aspects of facing end of life can contribute to anxiety: undertreated pain, the disease process itself, medications, fear, and/or unresolved life issues.

One good place to start to decrease anxious feelings is with your Hospice team members. Knowledge and information can help ease fears about the disease process or what to expect. By talking things out, your Hospice team may help you explore ways to cope.

Signs and Symptoms

- Shortness of breath
- Increased worry
- Difficulty sleeping
- Tension
- Difficulty concentrating
- Panic

Common Fears

For the Patient

- Fear of the unknown
- Fear of loneliness
- Fear of losing family and friends
- Fear of losing control
- Fear of disability
- Fear of loss of identity
- Fear of sorrow
- Fear of burden
- Fear of loss of independence
- Fear of death

For Family Members/Caregivers

- What will the death be like?
- What if I give him/her too much medication?
- How will I cope with caring for the person, my children, my job, etc?
- How will my finances be affected?
- How will I face the future without my loved one?

It is common and understandable to have questions and to even feel various emotions. ***Your Hospice team wants to help you. Please do not hesitate to ask questions or request ways to help ease worries and fears.***

Common Methods to Ease Anxiety

- Music
- Meditation
- Relaxation Exercises
- Requesting help or support resources
- Using a volunteer or accepting offers of help
- Focusing on what you can control
- Talking to someone you trust about your fears
- Focusing on the present – taking one day at a time

- Exploring spiritual concerns
- Medication

Confusion/Disorientation

Your loved one may or may not experience confusion and/or disorientation. This can sometimes involve confusion about time, place, and the identity of others. It is important to speak clearly and softly. Avoiding quizzing or confrontational subjects is also important to prevent increased anxiety, frustration, and confusion.

Your loved one may be comforted by the presence of a familiar person at night when restlessness and anxiety are sometimes magnified.

Common Causes of Confusion/Disorientation

- Infection
- Medications
- Brain metastases (spread of tumor to the brain)
- Change in daily routine
- Decreased oxygen to brain
- Progression of the disease and metabolic changes
- "Terminal confusion" or "terminal restlessness" in the final hours, days, or weeks of life
- If you notice gradually increasing confusion or anxiety, please notify your Hospice team and discuss your observations with the nurse.

Managing Confusion/Disorientation

- Keep a calendar and a clock in plain view so that the person who is ill can see the date and time.
- Ask questions or make simple statements.
- Be patient with your loved one. Communication becomes more challenging with nutritional changes, increased weakness, fatigue, declining health status and increased stress.

Changes in Body Temperature

Your loved one may experience various changes in body temperature. Intermittent changes in temperature are often the result of changes in body chemistry that affect the brain's ability to regulate. This can be common during end-of-life transition and does not necessarily signal an infection.

Your loved one may also develop coolness in the hands and arms and/or coolness in the legs and feet. At the same time the lower part of the body may become darker and look blotchy or mottled. The brain is often in the process of shutting down circulation to the hands and feet to direct blood to the vital organs.

Helpful Interventions

- Check for fever with a thermometer. Ask Solaris whether giving acetaminophen (Tylenol) would be appropriate to lower the temperature. If your loved one is unable to swallow, fever-reducing medication may be ordered as a rectal suppository.
- Cover the loved one lightly with a sheet rather than a blanket. If the person is in a hospital bed, drape the sheet over the siderails rather than placing it directly on your loved one.
- Keep the person warm with a blanket, depending on comfort level and preference.
- Avoid electric blankets or heating pads.
- Ensure room temperature is comfortable for patient.

Emotional Changes

Disappointment

Your loved one may be disappointed to realize that his or her contribution to life is ending or changing in a physical aspect. The times of achievement in career, family and education are often reflected upon. Especially in younger people, it seems that death comes too soon and interferes with their goals.

Separation

As your loved one begins to understand that dying means separation, he or she may begin to withdraw. The circle of people involved in care may begin to narrow. If you are not in the "inner circle," it does not mean that you are not loved or are unimportant. It may rather mean, that you have already fulfilled your task with the person in saying "goodbyes" or expression of feelings.

Nearing Death

As death nears, your loved one may seem unresponsive or in a comatose state. This is part of "letting go" as the person nears life's physical end. Since the ability to hear usually isn't altered in the process of dying, continue to speak to your loved one in your normal tone of voice. Identify yourself by your name when you speak; hold the person's hand and say whatever you need to say for your own sake and to help the person let go.

Relationships

People who are ill often believe they are a burden to their loved ones. In frustration, they may become angry and lash out at those who are closest. The impact of this anger on a tired or anxious caregiver can be devastating. As with all anger, remind yourself that stepping back and allowing "breathing space" gives everyone a chance to assess what is happening.

Helpful Tips:

- Emphasize that gifts are being shared by each person, both the caregivers and patient.
- Affirm the anger rather than deny it.
- Talk about expressing feelings honestly.
- Contact friends, relatives, and hospice team members to gain the support you need to continue to provide care.

- If you are not already talking with the hospice Social Worker or Chaplain, and desire a contact, call Solaris Hospice, and speak with someone on your hospice team. A team member can arrange a visit with the person who would best suit your needs.

Fears

The patient may experience personal fears. Fear of pain is often inseparably linked with terminal illness. The person may also have fears associated with loss of control and loss of privacy. The Hospice team will help you address these and any other concerns that are important to the patient and family.

Signs of Approaching Death

A person prepares to die emotionally and spiritually as well as physically. Death occurs when the body completes the natural process of shutting down.

Most people die the way they have usually fallen asleep, without convulsing, hemorrhaging, or increased pain. “Active dying” phase can take several hours or several days, so it is impossible to predict exactly when death will occur.

There are some common signs of approaching death, but because individuals vary so greatly, not every person may experience all of them. You may or may not see the following clinical signs:

Skin Temperature and Color

As circulation slows, the skin, particularly in the arms and legs, may feel cool and may deepen in color or appear mottled. Other areas of the body may appear bluish or pale. Keep your loved one warm with blankets or comfort items.

Sleepiness and Restlessness

Your loved one may sleep more during the day and may be harder to wake. The person will want less food and drink because the body is conserving the energy that would be used to eat and drink. Your loved one may become more restless and may pick or pull at the bed linens. This is due to the decrease in oxygen circulation to the brain and to metabolic changes.

Spend time with your loved one during alert periods. Your loved one may be comforted by the presence of a familiar person at night when restlessness and anxiety may intensify.

You may find the following helpful:

- Applying cool, moist cloths to the head, face, and body for comfort.
- Soothing music.

- Tell your nurse if your loved one seems restless or anxious. Medication can help manage these symptoms.

The Final Hours

It is not unusual for people at the end of life to hold on, even though they are suffering. This is especially true for those who have been authority figures or whose family is in conflict. In order to 'let go', your loved one needs to know that those he or she is leaving behind are going to be able to flourish on their own.

You can:

Stay focused on giving one of the greatest gifts possible to your loved one – the security of knowing that you will be all right and that your loved one has your permission and encouragement to let go.

- Say goodbye, knowing that the patient and you may both need to hear this.
- Don't be afraid to cry or hide emotion. Tears and emotions are a natural part of the experience; they express your love.
- Acknowledge that your loved one's absence will create a void in your life, but that you recognize the person's need to move on. You might say something like, "I will miss you, but I will be ok. It's time for you to let go."
- Be aware that making your loved one feel guilty about leaving you can cause great distress, as can trying to keep the person from moving on in order to meet your needs.

When Death Occurs

We hope that your Solaris team, along with the information conveyed in this guide, help to make the experience of your loved one's death less frightening and less anxiety-producing for you. We encourage you to reach out to us whenever needed. Our goal is to support you throughout the journey. It is not realistic to know when the exact moment of death will occur. People can present signs of remaining between life and death for hours and often days, and it is often easy to miss the final moment.

It has been speculated that individuals who are very private, or who are afraid of causing their loved one's undue anguish, may choose to die when there is no one else in the room. Others are thought to wait for a particular person to arrive to say good-bye or a particular date that has meaning to the family to pass.

The most important thing to focus on is creating a peaceful, soothing atmosphere for the person you love and to say all the things that you want the loved one to know. (Whether or not the person is able to respond.)

When death occurs, it can happen very quickly. Even if you have never been present at a death, most people will recognize that it is taking place.

Sometimes the person will give several outward pants as the heart and lungs stop. Others may give a long exhale, followed a few seconds later by another intake of breath. This may be repeated several times before breathing stops entirely.

Other indicators are often more clear or indicative:

- There will not be a pulse (heartbeat).
- There will not be any breathing or response to voice or touch.
- The person's eyes may be open.
- The skin tone may change, often may appear pale or waxy.
- The facial expression may change or loosen.

What to do After Death

When death occurs, call the Solaris Hospice 24-hour number 1-888-376-5274 and a nurse will arrive as soon as possible to assist you.

Do NOT Call 911 unless an emergency is warranted and/or unless legal regulations specify otherwise and/or coordinated with the hospice provider.

Care for Your Loved One

It is not necessary to do anything specifically with your loved one's body upon passing. However, it is advisable to lower the head and foot of the bed to a flat position.

If you wish to provide personal care, you may. Some people wish to wash and dress their loved one in clean garments before the funeral home arrival. If that is your wish, please let Solaris know.

Funeral Arrangements

The nurse will assess the patient and determine that death has occurred or complete "pronouncement" per state, agency, and licensing regulations. When you are ready, the nurse will call the funeral home of your choice so the patient can be transported to the funeral home.

The funeral home will contact you and schedule a meeting for the coordination of arrangements or to discuss further information if needed. The funeral director will guide you through the process and assist in making final decisions as well as answer questions you may have.

If burial plans have already been made, please bring the plan information or documents with you to the funeral home. If you are planning a visitation and burial, you will likely be asked to bring clothing and other personal items such as dentures, glasses, or jewelry. If you are planning a cremation and no visitation, it may not be necessary to take burial clothing with you.

You may also want to take any life insurance policies with you, as the funeral home may be able to assist with a life insurance claim.

The funeral director can assist with the obituary. If you wish to write the obituary, just notify the funeral director and they can discuss guidelines or necessary information. A basic obituary is usually no additional cost. You may be asked to provide the following: parent's names, survivors, pallbearers, special friends, and memberships.

Death Certificates

The funeral director will begin the process for obtaining the death certificate and can order certified copies for you. It is generally recommended that you request five (5) to ten (10) certified copies of the death certificate; the actual number needed will vary based upon your individual needs. You should also keep at least one certified copy on hand for future needs, as a request can take several weeks to process. If you need additional copies later, contact the Department of Public Health or Office of Vital statistics (TX) by phone: 888-963-7111 or request online at texas.gov or https://ovra.txapps.texas.gov/ovra/order-death-certificate. Cost of additional copies may vary depending on the agency and details.

Certified death certificates are usually required for:

- Social Security Administration
- Insurance companies – 1 per company
- Vehicle transfers – 1 for each vehicle
- Property transfers – 1 for each piece of property
- Other legal and/or financial matters

Grief and Loss

The death of a loved one can be one of the most difficult experiences any of us will face. It is our hope that throughout the end-of-life transition, you and your loved one felt supported and cared for. It has been a privilege and honor to be part of your loved one's life as well as yours, and we wish to assist you in any way possible as you begin a new journey: one of healing and renewed vitality. It will take time, and we are available, willing, and prepared to support you, step by step, through your personal process of grief. As the focus of our journey with you shifts to your care, please know that we hold this trust with the same sense of privilege as we held the trust between your loved one and us.

Although each person's grief reaction is a unique and personal experience, many often find a commonality in the complexity of grief. Grief reactions can affect people emotionally, physically, and spiritually. Experiencing grief is a normal and natural reac tion to the loss of a loved one, and it can be overwhelming. If you feel like you need additional support or resources in your grief, Solaris Bereavement Coordinators and counselors are here for you.

Please feel free to reach out anytime, even outside of any bereavement visits or calls in place through our program, and we will assist you in finding the grief support or additional resource that best meets your needs.

You do not have to walk this path alone. We are here for you.

Support Group Resources

- General Grief Resource & Local Information: www.griefshare.org
- AARP Grief and Loss Resources: www.aarp.org
- Adult Grief/Loss: www.whatsyourgrief.com
- Grieving Military Survivors & Families: www.taps.org

If you feel you need to speak to a counselor or additional grieving support specialist, please do so and let us know if we can help with facilitation or service information. A list of certified grief counselors can be found online at www.adec.org.

National Suicide and Crisis Lifeline-Available 24hrs/day by dialing 9-8-8.

Patient Caregiver Rights and Responsibilities

Solaris Hospice encourages awareness and protection of patient rights and responsibilities, provides guidelines and information to assist patients in making decisions regarding care, and promotes active patient participation in care planning.

Patient Bill of Rights

The Patient Bill of Rights statement defines the right of the patient to:

- Patient/family is informed of their rights during the initial assessment, prior to the program providing care.
- The patient/family must be informed of their rights in a language they can understand both verbally and in writing.
- The program should make all reasonable efforts to secure a professional, objective translator for patient communications, including those involving the notice of patient rights.
- The program should also make all reasonable efforts to have written copies of the notice of rights available in the language(s) that are commonly spoken in the service area.
- If the patient has been adjudicated incompetent under state law, the rights of the patient are exercised by the person appointed to act on the patient's behalf; if a state court has not adjudicated the patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
- For a minor or patient needing assistance in understanding these rights, both the patient and parent, legal guardian, or other responsible person are fully informed of these rights and responsibilities.
- Family members or friends as translators should be used as a last resort.
- Advance directive information must be made available to the patient/family.
- The program must obtain the patient's or representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.

Programs Must:

- Report violations to program administrator.
- Investigate violations & complaints.
- Take corrective action if violation is verified.
- Report verified significant violations to state/local bodies within 5 working days of becoming aware of incident.

Patients have the right to:

Exercise their rights.

- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Voice grievances/complaints regarding treatment or care that is (or fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the program.
- Have grievances/complaints regarding treatment of care that is (or fails to be) furnished or lack of respect of property investigated.
- Be protected from discrimination or reprisal for exercising their rights.
- Pain management and symptom control.
- Be involved in developing and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Choose a hospice provider of choice and attending physician.
- Confidential clinical record/HIPAA.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- Receive information about services covered under the program benefit.
- Receive information about scope of services and specific limitations of program service.
- Be fully informed in advance about care/services to be provided, including the disciplines that furnish care and the frequency of the visits, as well as any modifications to the plan of care.
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible.

- Be advised of policies and procedures regarding the disclosure of clinical records.
- Be informed of patient rights under state law to formulate Advanced Directives. Be able to identify visiting personnel members through proper identification.
- Recommend changes in policies and procedures, personal care, or service.
- Received appropriate care without discrimination in accordance with physician orders.
- Be informed of any financial benefits when referred to a program.
- Be fully informed of one's responsibilities.
- Be informed of anticipated outcomes of care and of any barriers in outcome achievement.

Patient Responsibilities

- The patient has the responsibility to participate in the plan of care to the degree that they are capable.
- Patients and their families have the responsibility to carry out the plan of care, as instructed, to arrive at the highest possible level of health, wellness, and independence and to inform the agency when instructions are not followed.
- The patient has the responsibility to notify the agency of any changes in treatment.
- The patient has the responsibility to disclose pertinent health related information accurately to plan and carry out care, including information on advanced directives.
- The patient has the responsibility to have and maintain contact with his/her physician to allow the physician to order and supervise care.
- The patient has the responsibility to notify the agency of a change in the primary physician.
- The patient has the responsibility to be available to the staff for home visits at a mutually agreed upon time.
- The patient has the responsibility to inform the agency of appointments that will alter a scheduled visit by the agency's staff.
- The patient has the responsibility to provide a safe working environment for the home health staff.
- The patient has the responsibility to provide information and releases when required for billing purposes.

- The patient has the responsibility to notify the agency of a change in insurance carriers, insurance plan, reduction in insurance benefits, or termination of benefits prior to such changes.
- The patient has the responsibility to allow the agency to act on his/her behalf in filing appeals.
- The patient has the responsibility to inform the agency of any dissatisfaction with service or care.
- The patient has the responsibility to inform agency personnel when instructions to the patient or patient's representative cannot be understood or followed.
- The patient has the responsibility to communicate in a respectful manner with staff and administration.

RIGHTS OF THE ELDERLY

DEFINITIONS:

1. "Convalescent and nursing home" means an institution licensed by the Department of Aging and Disability Services under Chapter 242, Health and Safety Code.

2. "Home health services" means the provision of health service for pay or other consideration in a patient's residence regulated under Chapter 142, Health and Safety Code.

3. "Alternate care" means services provided within an elderly individual's own home, neighborhood, or community, including:

a. day care;

b. foster care;

c. alternative living plans, including personal care services; and

d. supportive living services, including attendant care, residential repair, or emergency response services.

4. "Person providing services" means an individual, corporation, association, partnership, or other private or public entity providing convalescent and nursing home services, home health services, or alternate care services.

5. "Elderly individual" means an individual 60 years of age or older.

PROHIBITION:

a. A person providing services to the elderly may not deny an elderly individual a right guaranteed by this chapter.

b. Each agency that licenses, registers, or certifies a person providing services shall require the person to implement and enforce this chapter. A violation of this chapter is grounds for suspension or revocation of the license, registration, or certification of a person providing services.

RIGHTS OF THE ELDERLY:

a. An elderly individual has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The elderly individual has the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.

b. An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the elderly individual:

1. has the right to make the individual's own choices regarding the individual's personal affairs, care, benefits, and services;

2. has the right to be free from abuse, neglect, and exploitation; and

3. if protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of the individual's affairs.

c. An elderly individual has the right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the individual's medical symptoms. A person providing services may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is necessary in an emergency to protect the elderly individual or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel.

d. An elderly individual with an intellectual disability who has a court-appointed guardian of the person may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of the guardian.

e. An elderly individual may not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care, or services.

f. An elderly individual may complain about the individual's care or treatment. The complaint may be made anonymously or communicated by a person designated by the elderly individual. The person providing service shall promptly respond to resolve the complaint. The person providing services may not discriminate or take other punitive action against an elderly individual who makes a complaint.

g. An elderly individual is entitled to privacy while attending to personal needs and a private place for receiving visitors or associating with other individuals unless providing privacy would infringe on the rights of other individuals. This right applies to medical treatment, written communications, telephone conversations, meeting with family, and access to resident councils. An elderly person may send and receive unopened mail, and the person providing services shall ensure that the individual's mail is sent and delivered promptly. If an elderly individual is married and the spouse is receiving similar services, the couple may share a room.

h. An elderly individual may participate in activities of social, religious, or community groups unless the participation interferes with the rights of other persons.

i. An elderly individual may manage the individual's personal financial affairs. The elderly individual may authorize in writing another person to manage the individual's financial affairs. The elderly individual may choose the manner of financial management, which may include management through or under a money management program, a representative payee program, a financial power of attorney, a trust, or a similar method, and the individual may choose the least restrictive of these methods. A person designated to manage an elderly individual's financial affairs shall do so in accordance with each applicable program policy, law, or rule. On request of the elderly individual or the individual's representative, the person designated to manage the elderly individual's financial affairs shall make available the related financial records and provide an accounting relating to the financial management. An elderly individual's designation of another person to manage the individual's financial affairs does not affect the individual's ability to exercise another right described by this chapter. If an elderly individual is unable to designate another person to manage the individual's financial affairs and a guardian is designated by a court, the guardian shall manage the individual's financial affairs in accordance with the Estates Code and other applicable laws.

j. An elderly individual is entitled to access to the individual's personal and clinical records. These records are confidential and may not be released without the elderly individual's consent, except the records may be released:

1. to another person providing services at the time the elderly individual is transferred; or

2. if the release is required by another law.

k. A person providing services shall fully inform an elderly individual, in language that the individual can understand, of the individual's total medical condition and shall notify the individual whenever there is a significant change in the person's medical condition.

l. An elderly individual may choose and retain a personal physician and is entitled to be fully informed in advance about treatment or care that may affect the individual's well-being.

m. An elderly individual may participate in an individual plan of care that describes the individual's medical, nursing, and psychological needs and how the needs will be met.

n. An elderly individual may refuse medical treatment after the elderly individual:

1. is advised by the person providing services of the possible consequences of refusing treatment; and

2. acknowledges that the individual clearly understands the consequences of refusing treatment.

o. An elderly individual may retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other individuals.

p. An elderly individual may refuse to perform services for the person providing services.

q. Not later than the 30th day after the date the elderly individual is admitted for service, a person providing services shall inform the individual:

1. whether the individual is entitled to benefits under Medicare or Medicaid; and

2. which items and services are covered by these benefits, including items or services for which the elderly individual may not be charged.

r. A person providing services may not transfer or discharge an elderly individual unless:

1. the transfer is for the elderly individual's welfare, and the individual's needs cannot be met by the person providing services;

2. the elderly individual's health is improved sufficiently so that services are no longer needed;

3. the elderly individual's health and safety or the health and safety of another individual would be endangered if the transfer or discharge was not made;

4. the person providing services ceases to operate or to participate in the program that reimburses the person providing services for the elderly individual's treatment or care; or

5. the elderly individual fails, after reasonable and appropriate notices, to pay for services.

s. Except in an emergency, a person providing services may not transfer or discharge an elderly individual from a residential facility until the 30th day after the date the person providing services provides written notice to the elderly individual, the individual's legal representative, or a member of the individual's family stating:

1. that the person providing services intends to transfer or to discharge the elderly individual;

2. the reason for the transfer or discharge listed in Subsection (r);

3. the effective date of the transfer or discharge;

4. if the individual is to be transferred, the location to which the individual will be transferred; and

5. the individual's right to appeal the action and the person to whom the appeal should be directed.

t. An elderly individual may:

1. make a living will by executing a directive under Subchapter B, Chapter 166, Health and Safety Code;

2. execute a medical power of attorney under Subchapter D, Chapter 166, Health and Safety Code; or

3. designate a guardian in advance of need to make decisions regarding the individual's health care should the individual become incapacitated.

LIST OF RIGHTS:

a. A person providing services shall provide each elderly individual with a written list of the individual's rights and responsibilities, including each provision of Section 102.003, before providing services or as soon after providing services as possible, and shall post the list in a conspicuous location.

b. A person providing services must inform an elderly individual of changes or revisions in the list.

RIGHTS CUMULATIVE:

The rights described in this chapter are cumulative of other rights or remedies to which an elderly individual may be entitled under law.

Notice of Privacy Practices

The Privacy Practices of Solaris Hospice, Inc., designed to protect the privacy, use and disclosure of protected health information, are clearly delineated in Notice of Privacy Practices of Solaris Hospice, Inc., which was developed and is used in accordance with Federal Requirements.

Solaris Hospice is in compliance with both Federal and State regulations regarding personal health information.

The following are procedures of Notice of Privacy Practices:

- The privacy practices of Solaris Hospice, Inc. are described in the Notice of Privacy Practices.
- The privacy practices and requirements of Solaris Hospice are further detailed in the agency's privacy policies and procedures.
- The Notice of Privacy Practices is given to all patients no later than the date of the first service delivery.
- A good faith effort is made to obtain written acknowledgement of the patient's receipt of the agency's Notice of Privacy Practices.
- When written acknowledgement of the patient's receipt of the Notice cannot be obtained, there is documentation to explain efforts made to obtain it and the reason(s) why it was not obtained.
- The Notice of Privacy Practices is available to anyone who requests it.
- The Notice of Privacy Practices will be revised as needed to reflect any changes in Solaris Hospice's privacy practices. Revisions to the Notice will not be implemented prior to the effective date of the revised Notice.
- When revisions to the Notices of Privacy Practices are necessary, all current patients, employees, and business associates will receive a revised copy with notation of the changes made within 60 days of the revision.
- The Privacy Official retains copies of the original Notice of Privacy Practices and any subsequent revisions for a period of ten (10) years from the date of its creation or when it was last in effect, whichever is later.

Non-Discrimination Statement

To provide a mechanism whereby the person served will not be subject to discrimination by any member of Solaris Hospice, Inc.

1. Solaris Hospice, Inc. will comply with the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, by providing benefits and services to all persons without regard to race, color, national origin, sex, disability, or age.

2. The Medicare Conditions of Participation will apply to all patients of Solaris Hospice, Inc., regardless of payor source.

3. No distinction is made among any persons regarding eligibility for the reception of benefits and services provided by or through the auspices of Solaris Hospice, Inc. All persons and organizations having occasion either to refer persons to or recommend this facility/agency are advised to do so without regard to the person's race, color, national origin, sex, disability, or age.

4. If the persons served have concerns regarding the provision of services on the basis of handicap or disability, management personnel and/or the Human Resources Department may be contacted at 940-627-1011 or toll free at 1-888-376-5274.

5. Persons served may also contact the Texas Department of Health & Human Services Commission at 1-800-458-9858.

Reporting Complaints or Concerns

Solaris is committed to excellent care and customer service and maintains a corporate compliance program that helps employees adhere to the appropriate standards and conduct necessary to provide the best hospice services possible. We strive to conduct our business and ourselves to the highest standard, including meeting or exceeding applicable rules, regulations, policies, and procedures. Patient safety is a core component of our corporate compliance policy.

We encourage you to always discuss any concerns you have with a hospice team member and will address and resolve all customer concerns or complaints in a timely manner. If you experience service that fails to meet your expectations, we welcome the opportunity to discuss the concern and reach resolution. Your feedback is important to us as it allows us to educate our staff and improve our processes.

Concerns or complaints may be reported in the following ways:

1. Directly to a Solaris team member.

2. Via live chat with a team member on our organization's website, www.solarisfamily.com, M-F 8am-5pm CST.

3. By calling the Solaris Internal Compliance Line: 940-627-1102.

4. Hospice Administrator: Candice Chappell
   Email: cchappell@solarisfamily.com
   Corporate address: 2250 S FM 51, Suite 400, Decatur, TX 76234
   Phone: 940-627-1011

In the event you have contacted Solaris and feel we have not adequately addressed your concerns; you may also choose to contact the agencies below:

1. Our accreditation agency, ACHC during their hours of operation, 8am-5pm EST at 855-937-2242.
2. The Hospice Compliance Hotline at 888-765-7408.
3. For anonymous reporting or for concerns about the implementation of a patient's Advance Directive, contact the State Hotline at 800-458-9858.

Home Use And Disposal Of Controlled Substances

Policy: To ensure the appropriate use and disposal of controlled substances in accordance with applicable state and federal regulations.
Effective Date: 09.12.18

Solaris Hospice adheres to a controlled drug reporting process.

1. Controlled substances will be distributed directly to the patient or his/her representative. The dispensing pharmacist will be responsible for monitoring the amount of drug issued and the length of time between renewals.
2. A copy of the written policies and procedures on the management and disposal of controlled drugs are given to the patient/representative and family at the time of admission.
3. The Case Manager will outline an informal documentation procedure for the patient and family/caregiver when hospice personnel are not present in the home.
4. Medications should be disposed upon the discontinuation of the medication, drug expiration, and upon the discharge or death of a patient. Hospice nurses are available to assist with medication disposal upon request and permission.
5. In the event a family/caregiver refuses to dispose of medications at this time, the nurse will inform them of safety and proper disposal.

Medication Disposal

Policy: To ensure safe disposal of controlled substances by the ultimate user.
Effective Date: 04.20.2020

The following rules and regulations concerning the disposal of patient medications will be enforced:

1. The hospice nurse may confiscate and dispose a patient's medication for the following:
    a. The patient has died

b. The controlled drug has expired

c. The patient's physician has given written instructions that the patient should no longer use the drug

2. The hospice nurse shall dispose of the drug in a manner consistent with the recommendations of the United States Food and Drug Administration laws

3. The disposal of the controlled substance prescription drug must occur at the location at which the drug was confiscated and be witnessed by another person 18 years of age or older.

4. After disposing of the controlled substance prescription drug, the employee shall document in the patient's record the following: See Medication Disposal Form:

a. The name of the drug

b. The dosage of the drug the patient was receiving

c. The route of the controlled substance prescription drug administration

d. The quantity of the controlled substance prescription drug originally dispensed

e. The quantity of the drug remaining and to be disposed

f. The time, date, and manner of disposal

5. If the family member of the patient prevented confiscation and disposal of a controlled substance prescription drug as authorized, the hospice nurse shall document in the patient's record

6. The hospice nurse will not transport or remove any drugs from the patients' place of residence under any circumstance.

7. Facilities such as nursing homes and hospitals must dispose of medications according to the facility's own policies.

8. Failure to comply with this policy can result in disciplinary action.

Advance Directives

YOUR LIFE IN YOUR HANDS

Advance directives are legal documents that allow you to plan and make your own end-of-life wishes known in the event that you are unable to communicate. Advance directives consist of (1) a living will and (2) a medical (healthcare) power of attorney. A living will describes your wishes regarding medical care. With a medical power of attorney you can appoint a person to make healthcare decisions for you in case you are unable to speak for yourself.

Below are links to downloadable advance directive documents for your convenience. Many people find it hard to talk about these topics, but have strong opinions about how they would want to be treated. Early advance care planning is the kindest thing you can do for yourself, your family and friends. For more information on advance directives visit caringinfo.org.

https://www.hhs.texas.gov/formas/advance-directives

Drug Testing Policy

Policy: The safety and well-being of our patients, the public and our employees, requires that all of our employees perform their duties free of the effects of drugs and alcohol.
Effective Date: 03.03.22

A drug and alcohol free workplace is especially important because of our responsibility to serve the public safely without interruption. An employee who uses drugs or is under the influence of alcohol represents a hazard to himself and the public.

In order to ensure a safe, efficient drug and alcohol free workplace the following policy has been adopted and will apply to all individuals hereafter applying for employment or employed with Solaris Hospice.

Solaris Hospice, Inc, numerous regulatory authorities, and the general public are concerned that all persons employed perform their duties in a workman like and professional manner, unimpaired by the effects of drug and alcohol. While no company policy will eliminate the possibility of drug and alcohol abuse completely, it is believed that the program described in this policy will greatly reduce the risks associated with drug and alcohol abuse to our employees and to the public.

A copy of this policy will be provided to anyone applying for services from Solaris and to any person who requests it.

USE PROHIBITED: No employee shall use any Scheduled drug included in the Schedule of Controlled Substance of the Drug Enforcement Agency or any narcotic or habit–forming drug except as prescribed by a licensed physician.

The Schedule of Controlled Substance includes the following drugs and classes of drugs:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cannabinoids (Marijuana)

- Cocaine
- Methadone
- Methaqualone
- Opiates
- Phencyclidine (PCP)
- Propoxyphene

No employee may use any of these drugs whether on duty or off duty unless otherwise prescribed by a physician. Any violation of this policy will result in disciplinary action, which may include discharge.

IMPAIRMENT PROHIBITED: No employee will report for duty while impaired by the use of alcohol, or any drug or controlled substance. An employee may use a drug or a controlled substance if it has been prescribed or administered by a physician. No employee shall report to duty under the influence of alcohol.

POSSESSION, SALE AND TRANSFER PROHIBITED: No employee at any work site will posses any quantity of any drug, controlled substance, or alcohol, lawful or unlawful, which in sufficient quantity could result in impaired performance, with the exception of substances prescribed by a licensed physician. No employee shall sell or transfer, or attempt to sell or transfer, to any other person, any drug, controlled substance, or alcohol, at any work site unless under the direction of a physician order for the delivery of appropriate care (i.e. delivery of hospice medications to hospice patients).

The term “work site” means any motor vehicle, office, building, terminal, yard or other property owned or operated by Solaris Hospice, Inc. or any other location at which the employee is to perform work. The terms “possess” means to have in or on the possession of the employee, the employees motor vehicle, personal effects or areas trusted substantially to the control of the employee. Any violation of this policy will result in summary discipline, which may include discharge.

ALCOHOL, DRUG AND CONTROLLED SUBSTANCE TESTING: In order to ensure an alcohol and drug-free environment and comply with Federal regulations, all Solaris Hospice employees and applicants for employment will be subject to a test for the use of alcohol, drugs, and controlled substance. The term “testing” means the testing of urine for evidence of use of alcohol, drugs and controlled substances.

Any applicant for employment with Solaris Hospice may be subject to alcohol, drug and controlled substance testing. Refusal of the applicant to submit to such testing will cause the applicant to be found not medically qualified and the applicant will not be hired.

All incumbent Solaris Hospice, Inc. employees will also be subject to alcohol, drug and controlled substance testing as follows:

1. ***PERIODIC TESTING***
   Employees may be required to submit to an unannounced alcohol, drug, and controlled substance testing during the course of their employment.

2. ***RANDOM TESTING***
   Employees may be subject to unannounced alcohol, drug and controlled substance testing at any time on a random basis as a condition of their continued employment.

3. ***REASONABLE CAUSE TESTING***
   When there is cause to believe that an employee has reported to work or is working impaired as a result of the use of alcohol, drugs or controlled substances, the employee may be required to submit to urine testing.

4. ***POST-ACCIDENT TESTING***
   Any employee who is involved in a reportable accident must submit to alcohol, drug and controlled substance testing as soon as possible following the accident and no later than 32 hours after the accident.

The refusal to submit to periodic, random or reasonable cause alcohol, drug and controlled substance testing will result in possible termination.

TESTING RESULTS: The testing of all urine samples submitted in accordance with this policy will be performed by certified testing laboratories. The test results will be reviewed to determine if there is evidence of the use of alcohol, drugs or controlled substance. The test results will be treated in strict confidence. Human Resource Department will be the sole custodian of the individual test results. Human Resources will discuss positive test with the agency administrator if discrepancies are identified. No test results will be released to any other party without written authorization of the employee who was tested.

POSITIVE RESULTS: If test results are positive, employees who have direct patient contact will be terminated and referred to seek substance abuse counseling by a certified program. The employee will be required to complete a certified substance abuse program along with negative drug testing according to the program plan.

Upon successful completion of the program, the employee may re-apply for a position with Solaris Hospice or one of its subsidiaries. This provision does not constitute an agreement to re-hire an employee who has been terminated.

Solaris Hospice shall report any disciplinary actions under this policy as required by law to the State Board of Nurse Examiners and shall take action, as required by law, under its Registered Nurse Peer Review Plan.

Hospice Election Statement

HOSPICE ELECTION – INFORMED CONSENT

I choose and consent to have Solaris Hospice to provide my care to be effective this date: _____/_____/_____.

Note: The effective date, which may be the first day of hospice care or a later date but may not designate an effective date that is retroactive.

HOSPICE PHILOSPHY AND COVERAGE OF HOSPICE CARE

I understand that for the duration of an election of hospice care, an **individual waives all rights to Medicare/Medicaid payments for the following services**: Hospice care provided by a hospice other than the hospice designated by the individual (unless provided under arrangements made by the designated hospice); any Medicare/Medicaid services that are related to the treatment of the terminal condition for which hospice care was elected or a related condition or that are equivalent to hospice care except for services provided by the designated hospice, provided by another hospice under arrangements made by the designated hospice; and provided by the individual's designated hospice attending physician that I have selected, if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services. I understand that services not related to my terminal illness or related conditions will continue to be eligible for coverage by Medicare. However, I also understand that services unrelated to my terminal illness and related conditions are exceptional and unusual and hospice should cover all care related to my terminal illness and related conditions needed under the hospice election.

I understand that by choosing the Medicare or Medicaid Hospice Benefit, I will be entitled to the following services if certified necessary by my provider and the Solaris Hospice Team:

- Services by nursing, a homemaker, home health aide, social worker, chaplain, volunteers and other professionals as defined by the plan of care.
- Intermittent visits and/or consultation by auxiliary team members providing dietary, physical, occupational and speech therapies.

- Extended hours of care in the home in times of medical crisis, as determined by the Solaris Hospice Team and defined by the Medicare or Medicaid Hospice Benefit. Solaris Hospice is on call twenty- four (24) hours a day, seven (7) days a week. If Medicaid is the primary payor source, in the event you require continuous home care for more than 5 days, we must advise you of temporary alternate placement available to meet your needs at a contracted facility.
- Medical supplies, equipment and prescription medications (less deductible, if applicable) that are related to the pain and symptom management of my terminal diagnosis and related conditions.
- Hospital Care for acute pain and symptom management that cannot be achieved at home. Short- term inpatient care is provided only as arranged by Solaris Hospice at a contracted facility.
- Respite care to relieve the family / caregiver for up to five (5) days per stay per period at a contracted facility.

I understand that I may revoke this Benefit anytime and re-elect whenever I choose. I may transfer to another Medicare Certified Hospice Program without reducing the benefits to which I am entitled. I consent for Medicare to reimburse Solaris Hospice directly for service. I will be informed of any costs Medicare does not cover and, if I agree to these services, I will be responsible for the cost.

I understand that:

- The goal of Solaris Hospice is not to cure my terminal illness. The goal of Solaris Hospice is to maintain quality of life through the management of pain and other symptoms when no further curative measures are planned. Solaris Hospice staff will also provide emotional and spiritual support (when requested) for me, my family and/or primary caregiver.
- A team of staff specially trained in hospice care provides hospice services. Services may include medical, nursing, social work, home health aide, dietary, pastoral / spiritual, marriage and family therapy, and volunteer. The role of each hospice team member has been explained to me.
- Care will be provided by scheduled appointment, but assistance is available 24 hours a day, 7 days a week. I can reach Solaris Hospice by calling the local office number provided to me or 1-888-376-5274.
- While I am enrolled in the hospice program, Solaris Hospice staff will manage my care whether I'm cared for in my home, a nursing home or hospital. A Registered Nurse will supervise my care while enrolled in the Hospice Benefit.
- This consent may be withdrawn at any time.

- Solaris Hospice does not take the place of the caregiver, but rather, supports the caregiver.
- I have been informed I have the right to be involved in my plan of care.
- In summary, I have been advised of my rights and responsibilities. All the services have been explained to me, and I have had ample opportunity to ask questions.

The following topics have been explained to me/us, and I/we understand, I/we have received a copy of the following documents:

- Abuse, Neglect, and Exploitation
- Advance Directives
- Choice of Provide
- Drug Testing Policy
- Durable Medical Equipment
- Medication Disposal
- Non-Discrimination
- Patient's Rights & Responsibilities
- Potential Availability of Palliative Care Options
- Privacy Practices

RIGHT TO CHOOSE AN ATTENDING PHYSICIAN

- I understand that I have a right to choose my attending physician to oversee my care.
- My attending physician will work in collaboration with the Hospice agency to provide care related to my terminal illness and related conditions.

SEEKING AGGRESSIVE CARE RELATED TO MY HOSPICE DIAGNOSIS OR RELATED CONDITIONS

I understand and agree with the following:

- I will notify Solaris Hospice prior to seeking aggressive care to allow the hospice to coordinate care effectively.
- Inpatient Hospice Care is provided at contracted facilities only. Prior authorization by Solaris Hospice is necessary. If Inpatient Hospice Care is chosen at a non-contracted facility, I understand I will be responsible for all cost associated.

- All services related to my terminal diagnosis and related conditions must be pre-approved including medications. I understand by utilizing non- contracted services such as medical transport, medical equipment, and outpatient services; I will be financially responsible for the cost incurred.
- If I seek aggressive care related to my terminal diagnosis, I understand that I have the option of remaining on hospice but will be financially responsible for any services and/or charges not related to my hospice diagnosis or that have not been pre-approved by the hospice.
- I understand that I may revoke my hospice benefit at any time for any reason but must notify the hospice in writing.
- I understand that I may re-elect my Medicare hospice benefit at any time.

COMPLAINTS & HOTLINES

I understand that:

If I have a concern or issue, which I wish to discuss regarding Solaris Hospice, call 1-888-376-5274 and ask to speak with the Administrator or Designee. This complaint will be reviewed no later than ten (10) days from the initial complaint and a resolution will be confirmed no later than thirty (30) days from the initial complaint. Compliance issues may be reported to the Hospice Compliance Network at 1-888-765-7408 or to ACHC, our accreditation agency, via phone at 855-937-2242 (Hours of operation 8am-5pm ET). Consumers or individuals on the behalf of a consumer wishing to file a complaint can file online at https://txhhs.force.com/complaint/s/, email Texas Health and Human Services Commission (TX HHSC) CII at ciicomplaints@hhs.texas.gov or call 1-800-458-9858. Unresolved issues and/or Abuse, Neglect, or Exploitation (ANE) reports may be addressed through TX HHSC. Mail: TX HHSC Attn: Complaint & Incident Intake, Mail Code E249, PO Box 149030, Austin, TX 78714-9030. Online: https://txhhs.force.com/complaint/s/, Email: CII at ciicomplaints@hhs.texas.gov, Phone: 1-800-458-9858 (Operated 24hrs/day) or Fax: 877-438-5827 or 512-438-2724. All Home and Community Support Service Agency's (HCSSA) reporting should be sent to TX HHSC CII and non-HCSSA reporting should be sent to Department of Family Protective Services (DFPS), Phone: 1-800-252-5400 or Online: txabusehotline.org. I have the right to seek assistance from the agency with any reporting needs, including complaints or concerns.

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 potential cost- sharing for certain hospice services (drug copayment and inpatient respite care) if applicable. I was provided information on which items, services, and drugs the hospice will cover and furnish upon my election to receive hospice 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 the form on the start of care date, and within 3 days if you request this form during the course of hospice care.

I acknowledge that I have been provided with 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, I can contact Acentra at 888-315-0636 (toll-free); 855-843-4776 (TTY); 844-878-7921 (toll-free fax); https://acentraqio.com.

I/we authorize payments to be made directly to Solaris Hospice health insurance or coverage under Medicare, Medicaid and/or other insurance plans. I understand that I am financially responsible to Hospice for all charges not covered by my health insurance plans.

Payment for Hospice is widely available. Medicare, Medicaid and most private health insurance plans pay for Hospice care. Your Hospice team can assist you in finding out what insurance coverage you have. Ask your Hospice team to determine if your insurance pays for all or part of the Hospice services. No patient will be denied Hospice care and support because of inability to pay.

- Medicare 100% covered
- Medicaid 100% covered
- Insurance - Coverage varies with individual policy
- VA Insurance 100% covered

The coverage for hospice care has been explained and I have been given the opportunity to discuss financial needs with a Solaris Hospice representative to the extent that I desire. I understand that it is my responsibility to provide accurate information and cooperate in completion of documentation for private insurance, Medicare, Medicaid or other third-party payors to hospice.

I hereby assign the benefits due to me covering services rendered to Solaris Hospice and authorize any payments to be made directly to the agency. I understand that I will be responsible for any applicable deductible and/or coinsurance and any other amount not covered by my third-party payer. I certify that the information given in applying for payment under Title XVIII of the Social Security Act and/or Title XIX is correct and authorizes the release of all records required to act on this request so that payment of authorized benefits may be made on my behalf.

RELEASE OF INFORMATION

1. I/We give consent and approval for notations to be made on hospice records and care plans concerning the medical, nursing, psychological, religious and personal information necessary for Solaris Hospice to fulfill its function.

1. I/We give consent and approval for the release of information and appropriate medical records to or from any skilled facility, hospital, home health agency, health organization, state and/or community social service agency, or private physician from or authorized personnel of Solaris Hospice.

1. I/We authorize the release of any medical information related to psychiatric care, drug and alcohol abuse and HIV/AIDS confidential information, necessary to process insurance claims for any medical information that is needed for any utilization review or quality assurance activities. In summary, I have been advised of my rights and responsibilities. All the services have been explained to me, and I have had ample opportunity to ask questions.

Additional Forms/Policy/Resources

Please visit us online at www.solarisfamily.com or call 1-888-376-5274 (24-hour line).

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OUR COMMITMENT

UNCOMMON CARE & SERVICE

Solaris Healthcare is committed to providing quality hospice care, home health, and palliative care services with expertise and compassion. We are clinician owned and operated while being recognized as industry experts in palliative medicine for over 25 years.

We also provide pharmacy and medical equipment services exclusively for our patients, ensuring that their needs are met quickly and with ease.

From the nurse that provides bedside care to the office worker providing support behind a desk, our team of highly skilled professionals work together to fulfill our mission at Solaris: helping our patients and their families put life first.

If you have any questions about your hospice benefit and what Solaris can do for you, please give us a call.

We're here to help you in any way we can!

SOLARIS HOSPICE

888.376.5274

SOLARISFAMILY.COM