



HOSPICE OF THE WESTERN RESERVE

Patient and Family Admission Guide

Inpatient Hospice Units



Welcome

THANK YOU for allowing us to care for you during this important time. Our inpatient hospice units have an array of services tailored to meet your needs while supporting your family and friends. Our dedicated paid and volunteer staff are committed to your comfort and wellbeing. Please do not hesitate to contact a team member if you have a question or request.

We are here to help.

Sincerely,

A handwritten signature in black ink, reading "William E. Finn". The signature is fluid and cursive, with the first name "William" being the most prominent.

William E. Finn

President and CEO

Hospice of the Western Reserve

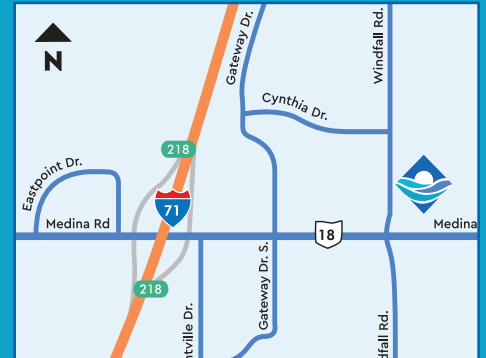
INPATIENT HOSPICE UNIT LOCATIONS



Ames Family Hospice House
30080 Hospice Way, Westlake



David Simpson Hospice House
300 East 185th Street, Cleveland



Medina Inpatient Hospice Unit
5075 Windfall Way, Medina



Care and Services

YOUR INDIVIDUAL HOSPICE PLAN OF CARE will help manage your serious illness.

Inpatient services* include:

- ♦ 24/7 care from staff such as physicians, nurses, nurse practitioners, nursing assistants, dietitians and others
- ♦ Social worker assistance for you and your family
- ♦ Special volunteer services which may include patient events, comfort massage and reiki
- ♦ Pharmacy services supervised by a licensed pharmacist
- ♦ Spiritual care for you and your loved ones
- ♦ Medications, treatments, supplies and durable medical equipment related to your serious illness
- ♦ Art and music are available
- ♦ Pet therapy visits
- ♦ Bereavement care for your family and friends

* For detailed information see the *Guide to Services and Amenities* in your patient suite.

Levels of Care

The hospice care team, in collaboration with your attending physician, will determine if a change in your level of care is necessary.

LEVEL OF CARE/AVAILABILITY	DESCRIPTION/ELIGIBILITY
GENERAL INPATIENT/PAIN AND SYMPTOM CONTROL <i>Available at all inpatient hospice units</i>	<p>The care provided addresses pain or symptoms that cannot be controlled or optimally managed at the patient's current residence.</p> <p>This level of care ends when the hospice team determines that pain/symptoms are optimally managed.</p> <p>Discharge plans must be discussed beginning at the time of transfer/admission.</p> <p>Anticipated day of discharge will be communicated once the effectiveness of the plan of care has been determined.</p> <p>In some situations, symptoms become managed quicker than anticipated and the patient must be changed to the Routine Level of Care or discharged at that time.</p> <p>Patients often return to the same residence once pain and symptoms are controlled or optimally managed. If this is not an option, the hospice team will assist in transitioning to an alternate care setting.</p>
RESPIRE CARE <i>Available at all inpatient hospice units based on bed availability</i>	<p>A patient may be admitted for five days of Respite Care if their caregiver needs a short interval of rest from caregiver duties. The caregiver must intend to resume caregiving after the Respite admission.</p>
ROUTINE/RESIDENTIAL CARE <i>Available at all inpatient hospice units based on bed availability</i>	<p>Short term Residential Care assists patients who are unable to care for themselves, have limited capacity or no family caregiving resources.</p> <p>Hospice of the Western Reserve is committed to providing short-term Residential Care (prognosis of 4 - 6 weeks) at our inpatient hospice care centers on a limited basis and based on bed availability.</p>
ROUTINE/TRANSITIONS PROGRAM <i>Available at all inpatient hospice units</i>	<p>Short-term residential care is for patients with a prognosis of fewer than 14 days.</p>

PRIOR APPROVALS	ROOM AND BOARD/INSURANCE COVERAGE
<p>If a patient needs to remain in the inpatient unit after symptoms are optimally managed, they must be changed to the Routine Level of Care.</p> <p>Short-term residential stays may be approved in order to facilitate a smooth transition to home or another care setting.</p> <p>Patients with no DNR-CC* *(Do Not Resuscitate-Comfort Care)</p>	<p>Room and Board Charges do NOT apply at this level of care.</p> <p>Room and Board charges WILL apply if a patient needs to remain in the inpatient hospice care unit once the hospice team determines that the patient's symptoms are controlled or optimally managed.</p> <p>Inpatient care is billed to Medicare, Medicaid and commercial insurances. Some commercial insurances charge a co-pay for General Inpatient Care.</p>
<p>Occasionally, due to unique circumstances, a patient may need to extend Respite Care beyond five days. Arrangements must be made and approved in advance. Stays may not exceed an additional five days.</p> <p>Patients with no DNR-CC</p>	<p>Medicare and Medicaid patients may be admitted for up to five days of respite with no room and board charges. Some commercial insurance companies also pay for Respite Care.</p> <p>Room and board fees apply beginning on day six. There are no discounts or payment plans for extended respite stays.</p>
<p>Inpatient unit team review and approval are required.</p> <p>Patients with no DNR-CC</p>	<p>Room and board charges WILL apply.</p>
<p>Prior approval by hospice inpatient clinical team leader</p> <p>Patients with no DNR-CC</p>	<p>Room and board charges WILL apply.</p>

Financial Responsibilities

Room and Board Charges

HWR's units are licensed by the State of Ohio as inpatient hospice units. Due to this licensure, room and board payments are private pay. Patients whose level of care is defined as "Routine Home Care" are subject to these charges and include patients who are short-term residential (limited prognosis of 4 – 6 weeks), Transitional Care Program as well as those approved for extended respite stays.

Medicare and Medicaid do not cover room and board expenses at inpatient hospice units. Medicaid may, however, cover room and board charges at skilled nursing facilities while the patient receives hospice care. Some commercial insurers and long-term care policies may cover room and board fees. The patient or family is responsible for obtaining approval from the insurance company.

Room and board charges are the responsibility of the patient and their immediate family members. Immediate family is defined as spouse, significant other, children/stepchildren and parents.

The offer and acceptance of a Residential Care bed is contingent on the submission of a completed and signed [*Residential Care Room and Board Payment Agreement*](#) in advance of admission to Residential Care. Additionally, a two-week advance payment is required on or before the day of admission to Residential Care. Subsequent two-week advance payments are required prior to continued Residential Care.

Advance payment for extended Respite Care stays must be submitted prior to Respite admission.

Room and board rates are subject to change.

Unfortunately, if a signed payment agreement and advance payments for room and board are not received prior to admission (with the exception of approved payment plans), alternative care arrangements will be necessary. Room and board charges will automatically be billed for any days while alternative placement arrangements are made up to and including the day the patient is transferred. Any payments made in advance but not used will be fully refunded.

For additional information on payment and financial options, please request the [*Hospice Residential Care and Room and Board Patient and Family Responsibilities*](#) brochure from your Social Worker.

Insurance Coverage for Hospice Services

Medicare, Medicaid and most commercial insurances provide payment for hospice care and physician services in our inpatient hospice units. Charges that are not covered are noted in this brochure.

You and your family are responsible for all charges not covered by your insurance. This includes room and board and commercial insurance co-pays and deductibles. For additional information on hospice care insurance coverage and financial responsibilities, please refer to the [*Caregiver Training Guide*](#).

Transportation Charges

Transportation charges to our inpatient hospice units are covered under the following conditions:

- ♦ You elect the hospice benefit at home, a nursing facility or assisted living facility and are then transferred to the inpatient hospice units for General Inpatient (symptom control) or Respite level of care.

Transportation charges to the inpatient hospice units are not covered under the following conditions:

- ♦ You are changing residences, including becoming a resident at one of our inpatient hospice units.
- ♦ You have not or are unable to elect the hospice benefit at home, nursing facility, assisted living facility or hospital and are transferred to or from a inpatient hospice unit.

Medicare, Medicaid and commercial insurance coverage may not cover transportation expenses. In this case, the patient and family will be billed directly.

Medications

Generally, medication covered under the home care hospice program will be covered in the inpatient hospice units. Medications will be evaluated and may be changed based on the patient's current condition and hospice plan of care. The hospice team will discuss any changes with you and/or your designated Power of Attorney for Health Care.

Most medications may be brought into our inpatient hospice units. Your hospice team will review with you and your family which medications can be brought in with you. Medications must be in the original pharmacy packaging with appropriate pharmacy labeling. All medications must be reviewed by the hospice unit nurse prior to use.

Medications not covered by your hospice benefit need to be brought in by a family member/caregiver. If medications are not provided prior to the next scheduled time they are to be given, they will be ordered from the Hospice of the Western Reserve pharmacy provider and the patient/family will be billed. It will be the patient and family's responsibility to submit the bill and documentation to their insurance provider.

Prescription medications that are no longer being ordered (prescribed) or used by the patient at the time of discharge will not be returned to the patient or family.

Physician and Nurse Practitioner Services

Your designated attending physician who has overseen your hospice care may continue to provide care for you while you are at one of our inpatient hospice care units. Like hospitals, there is a credentialing process that must be completed before privileges are given.

Should your designated attending physician not be able to provide your hospice care, the hospice physician or nurse practitioner at that site will provide your medical care during your General Inpatient (symptom management) admission. For patients receiving General Inpatient Care, or those who are residents, you may choose to have your hospice medical care provided by our certified nurse practitioner or the hospice physician assigned to the inpatient hospice unit. The nurse practitioner is readily available to attend to your care and works in collaboration with our physician team members. The nurse practitioner and/or hospice physician will discuss this further with you and your family.

For the General Inpatient Level of Care, a physician or nurse practitioner will daily review the plan of care and progress toward symptom management goals. Visit schedule will be determined based on clinical assessment. Residents or patients on the Routine Home Care level of care are seen at a minimum of once a month.

For patients admitted for Respite level of care, physician orders are obtained from your designated attending physician before admission. A hospice physician or nurse practitioner does not visit patients admitted to this level of care. If, during your Respite admission, your level of care changes to General Inpatient for management of symptoms, either your designated attending physician, if credentialed, or a hospice physician or nurse practitioner team member will daily review your plan of care, and schedule visits based on clinical assessments.



Advanced Directives and DNR Orders

To be sure that your healthcare choices are honored, copies of your DNR (Do Not Resuscitate), Living Will and Durable Power of Attorney for Health Care, if completed, must be provided for the medical chart prior to or at the time of admission. If any changes to these documents are made, it is important that updated copies be provided as soon as possible. Please ask one of the hospice team members if you need to have copies made free of charge.

If you do not have these documents and wish to complete them, a member of the team can assist you. We have the legal forms you will need. You can also download the necessary forms from our website by clicking on [*Courage in Conversation: Communicating Your Goals of Care and Healthcare Choices*](#): hospicewr.org/courage.

When a DNR-CC order is not in place, review and approval must be obtained by the hospice unit clinical team leader prior to admission. Consultation with others, including the administrator on call, may be necessary.

Ongoing discussion of a patient's goals of care while in the inpatient hospice unit is very important to ensure that your wishes are met. If the hospice team's assessment indicates your condition is worsening and it would not be able to support you because of your desire to be resuscitated, they will call 911 and have you transferred to a hospital that can meet your goals of care. The inpatient hospice units do not maintain resuscitative equipment or medications; therefore, we are limited in our ability to support an individual who has a cardiac arrest. If you do not have a DNR-CC and arrest we will call 911 and start CPR.

Discharges Against Medical Advice

Patients admitted to our inpatient hospice units under the General Inpatient level of care do so on the advice of their physician(s). Their admission is to ensure that the appropriate care, services and treatment are provided for their current condition which may include: a decline in overall health, progression of disease, or symptom assessment, management and control. A discharge from the General Inpatient level of care at the patient's request or at the request of the patient's Power of Attorney for Health Care will be considered against medical advice.

All expenses related to it will be the responsibility of the patient or the patient's legally responsible person. These charges may include, but are not limited to, transportation from the inpatient hospice unit to the new location, medications, equipment, supplies and any other charges needed to move and care for the patient in the new location until services can begin again.

Hospice of the Western Reserve will not accept responsibility for any harm that may come to the patient or family/caregiver as a result of a discharge from the inpatient hospice unit to a new location that is done against medical advice. After discharge against medical advice from the inpatient hospice units, Hospice of the Western Reserve will resume services in the new location, if desired, as soon as the plan of care can be reviewed and updated and services to support the changes in the plan of care in the new location can be reasonably and appropriately coordinated and started.



Smoking Guidelines

Hospice of the Western Reserve is a smoke-free agency. Patient smoking is permitted in designated areas of our inpatient hospice units. Please refer to the smoking policy in your patient suite's *Guide to Services and Amenities*, or speak to a hospice team member for more information.

Belongings and Personal Items

Hospice of the Western Reserve, Inc. is **NOT** responsible for patient or visitor belongings or valuables. We encourage patients to have responsible family members take any valuables home. Belongings left at one of our inpatient hospice units will be held for a period of two weeks.

Items not claimed after two weeks will be considered donations.

During your stay at one of our inpatient hospice units, you or your family will be responsible for providing all necessary personal care items. Items that should be brought with you include:

- ◆ Toothpaste, toothbrush and mouthwash
- ◆ Soap or body wash
- ◆ Combs and brushes
- ◆ Shampoos and conditioners
- ◆ Deodorants and powders
- ◆ Razors and shaving cream
- ◆ Comfortable clothing
- ◆ Slippers with a non-skid surface

Electrical Devices

You may bring electrical devices from home (electric razors, blow dryers, etc.) however, these must be checked and approved by a maintenance team member prior to being used.

Electric blankets and space heaters are not permitted.

NOTES

Many family members find it helpful to take notes to review later.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



HOSPICE
OF THE
WESTERN
RESERVE

OUR MISSION

Hospice of the Western Reserve
provides palliative and end-of-life care,
caregiver support, and bereavement services
throughout Northern Ohio.

In celebration of the individual worth of each life,
we strive to relieve suffering, enhance comfort,
promote quality of life, foster choice in
end-of-life care, and support
effective grieving.

800.707.8922 | hospicewr.org

Certified Medicare/Medicaid Hospice, Licensed in Ohio
Joint Commission on Accreditation of Healthcare Organizations

If you do not speak English, language assistance services, free of charge, are available to you.
Call 216.383.6688.

