



HOSPICE OF THE WESTERN RESERVE

# Patient and Family Admission Guide

Hospice Inpatient Care Unit



Ames Family Hospice House, David Simpson Hospice House and the Medina Inpatient Hospice Care Unit are owned, operated and staffed by Hospice of the Western Reserve, Inc.



THANK YOU FOR ALLOWING US TO CARE  
for you during this important time. Each  
of our three Hospice Care 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 well-being. Please, do not  
hesitate to contact a team member  
if you have a question or request.

*We are here to help.*



Ames Family Hospice House

## Care and Services at our Inpatient Hospice Care Units

**YOUR INDIVIDUAL HOSPICE PLAN OF CARE** will help manage your serious illness. Inpatient services include:

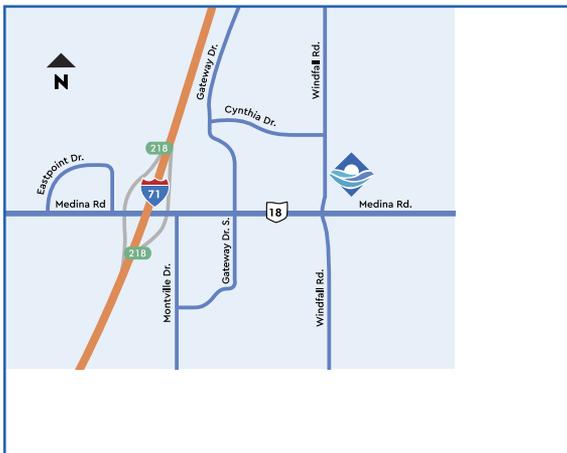
- ◆ 24/7 care from staff such as physicians, nurses, nurse practitioners, nursing assistants, dietitians and others
- ◆ Social worker assistance for you and your family
- ◆ Special volunteer services which may include patient events, comfort massage and reiki
- ◆ Pharmacy services supervised by a licensed,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



**Ames Family Hospice House**  
 30080 Hospice Way, Westlake



**David Simpson Hospice House**  
 300 East 185th Street, Cleveland



**Medina Inpatient Hospice Care Unit**  
 5075 Windfall Way, Medina



# Levels of Care at our Hospice

## Inpatient Care Unit

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

### *Pain and Symptom Management/ General Inpatient (GIP) Level of Care*

The General Inpatient (GIP) level of care addresses pain or symptoms that cannot be managed at the patient's current residence. Often, patients 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. Team members will discuss plans for discharge beginning at the time of admission. Anticipated day of discharge will be communicated once the effectiveness of the plan of care has been determined. General Inpatient care is billed to Medicare, Medicaid and commercial insurances. Some commercial insurances charge a co-pay for General Inpatient care. **While a patient remains in this level of care, there are no room and board charges.**

If a patient needs to remain at the Hospice Care Unit after the hospice team determines that their symptoms are optimally managed, they must be changed to the Routine Home Care level of care. Short-term stays may be approved in order to facilitate a smooth transition to home or another care setting. **Please refer to page five for additional information about room and board charges.**

*Available at all our Hospice Care Units.*

## □ *Respite Level of Care*

A patient may be admitted for Respite Care if his or her caregiver needs a short interval of rest or relief from caregiving duties. The caregiver must intend to resume caregiving after the respite admission. A Medicare/Medicaid patient may be admitted for up to five days per benefit period at the Respite level of care with no room and board charges. Some commercial insurance companies also pay for Respite Care. Occasionally, a patient may need to extend Respite Care beyond five days. Arrangements must be made and approved in advance. Room and board fees apply beginning on day six. **Please refer to page five for additional information about room and board charges.**

*Available at all our Hospice Care Units based on bed availability.*

## □ *Routine Home Care Level of Care (Residential)*

We at Hospice of the Western Reserve are committed to providing Residential Care at our Hospice Care Units on a limited basis based on bed availability.

Residential Care assists patients who are unable to care for themselves, have limited capacity or no family caregiving resources or a limited prognosis.

This level of care may also be approved for patients whose symptoms are controlled or optimally managed but who need a few extra days at the inpatient unit to smoothly transition to another care setting. Room and board charges apply to this level of care. **Please refer to page five for additional information about room and board charges.**

*Available at all our Hospice Care Units based on bed availability.*



David Simpson Hospice House

## □ *A Home Away from Home Option in the Final Days*

When an illness brings a short life expectancy (typically 1 to 14 days), there may be a need to move from the home or hospital to one of our Hospice Care Units. We can help in the transition and provide a peaceful and safe home away from home in the final days. Eligibility criteria apply to this program. Please ask to speak with a hospice team member if you feel this may apply to your situation. See below for additional information about room and board.

*Available at all our Hospice Care Units.*

## Room and Board Charges

Ames Family Hospice House, David Simpson Hospice House and the Medina Hospice Inpatient Care Unit 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- and long-term residents 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



Medina Inpatient Hospice Care Unit

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/step-children 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.

## Transportation Charges

Transportation charges to our Hospice Care 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 Hospice Care Unit for General Inpatient (symptom control) or Respite level of care.

Transportation charges to the Hospice Care Units are not covered under the following conditions:

- ◆ You are changing residences, including becoming a resident at one of our Hospice Care 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 hospice inpatient unit

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

## Insurance Coverage for Hospice Services

Medicare, Medicaid and most commercial insurances provide payment for routine hospice care and services in our Hospice Care 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.

# Medications

Generally, medication covered under the Home Care hospice program will be covered in the Hospice Care Unit. 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 Hospice Care 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 nurse prior to use.

You may choose to have our pharmacy provide medications that are not related to your hospice diagnosis. In this case they will bill you directly. You or your family must indicate this when signing the *Admission Guide Acknowledgement* form at the time of admission. If medications that are not related to the hospice diagnosis are needed and not provided prior to the next scheduled time, the hospice inpatient nurse will order them from our pharmacy. You will be asked to provide billing information and billed directly.

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 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 Hospice Care 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.

Patients at the general inpatient level of care are visited daily by a physician or nurse practitioner team member. Residents or patients at the Routine Home Care level of care are seen at a minimum of once a month. If your status changes to General Inpatient for management of symptoms, the physician or nurse practitioner will again visit you daily.

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 visit you daily.



Tribute Gardens

## Advanced Directives and DNR orders

The Hospice Care Units do not maintain resuscitative equipment nor does hospice staff perform cardiopulmonary resuscitation (CPR) on patients or anyone in the facility. In emergency situations, 911 will be contacted immediately.

Prior to admission or transfer to our Hospice Care Unit, a signed DNR-CC order will be obtained from your attending physician. If you or your Power of Attorney for Health Care revokes the DNR-CC, you may be transferred to a setting that can better meet your goals of care.

When a DNR-CC order is not in place, review and approval must be obtained by the Hospice Care Unit Clinical Team Leader prior to admission. Consultation with others, including the Administrator On-Call, may be necessary.

*Patients who have been approved to remain in our Hospice Care Unit without a DNR-CC order:* Although staff are attentive to patient's needs and changes in condition, **they do not remain in patient suites continuously.** Family and other caregivers are welcomed to stay with loved ones without a DNR-CC order and may activate

911, or request staff to activate 911, as they feel necessary to meet the patient's goals of care.

To be sure that your healthcare choices are honored, copies of the Living Will and Durable Power of Attorney for Health Care 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 but wish to complete them, a member of the team can assist you. Our free booklet, *Courage in Conversation: Communicating Your Goals of Care and Healthcare Choices in Ohio* contains the legal forms you will need, instructions for filling them out and a self-quiz to help you as you articulate your choices.

## Discharges Against Medical Advice

Patients admitted to our Hospice Care Units under the General Inpatient level of care done 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 Hospice Care Center 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 Hospice Care Unit to a new location that is done against medical advice. After discharge against medical advice from

any of the Hospice Care 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 Hospice Care Units. Please refer to the smoking policy in your patient suite's *Inpatient Guide*, or speak to a hospice team member for more information.

## Personal Items and Belongings

During your stay in one of our Hospice Care 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

You may bring electrical devices from home (electric razors, hair blowers, 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.

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 Hospice Care Units will be held for a period of two weeks. Items not claimed after two weeks will be considered donations and sent to one of our resale shops.





## 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.

*Serving the Northern Ohio Counties of  
Ashtabula, Cuyahoga, Geauga, Lake, Lorain  
Medina, Portage, Stark and Summit.*

800.707.8922 | [hospicewr.org](http://hospicewr.org)

Certified Medicare/Medicaid Hospice, Licensed in Ohio  
Accredited by the Joint Commission

