



Patient and Family Admission Guide

Inpatient Hospice Units



Your Family. Our Purpose. **Together.**

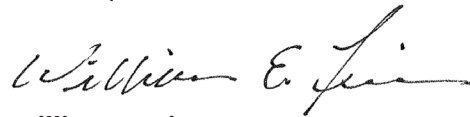
hospicewr.org | [f](#) [in](#) [@](#) [v](#)

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, appearing to read "William E. Finn". The signature is fluid and cursive, with a large initial "W" and a stylized "F".

William E. Finn

President and CEO

Western Reserve Care Solutions

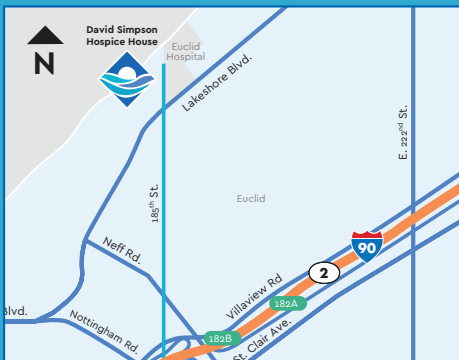
Care and Services

Your individual Hospice plan of care will help manage your serious illness.

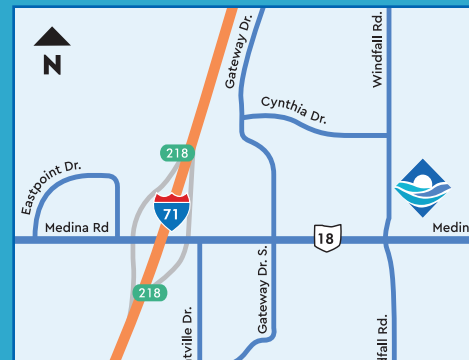
Inpatient services* include:

- ♦ 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

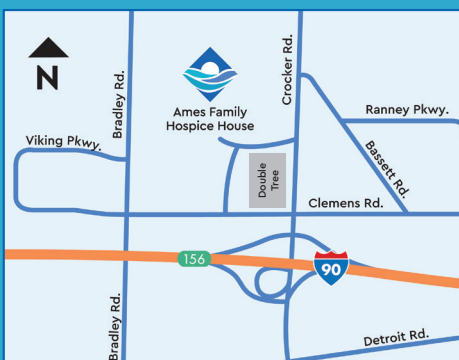
INPATIENT HOSPICE UNIT LOCATIONS



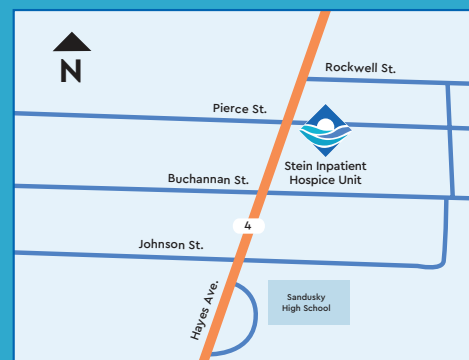
David Simpson Hospice House
300 East 185th Street, Cleveland



Medina Inpatient Hospice Unit
5075 Windfall Way, Medina



Ames Family Hospice House
30080 Hospice Way, Westlake



Sam and Rose Stein Inpatient Hospice Unit
1912 Hayes Avenue, Third Floor, Sandusky



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

Financial Responsibilities

Room and Board Charges

WRCS'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 including 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 to remain in the unit under the Routine Level of Care for the short-term transition program is contingent on the submission of a completed and signed **Room and Board Payment Agreement** in advance of change in Level of Care. Additionally, a two-week advance payment is required on or before the first day of the Routine Home Care Level of Care. Subsequent two-week advance payments are required to continue to remain in the unit..

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 the routine home care level of care (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 **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 Training Guide for Caregivers.

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 admission to the Transitions Program 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 an 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 or cannot 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.

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>	The care provided addresses pain or symptoms that cannot be controlled or optimally managed at the patient's current residence. This level of care ends immediately when the hospice physician or nurse practitioner determines that pain/symptoms are optimally managed. Discharge plans must be discussed beginning at the time of transfer/admission. Anticipated day of discharge will be communicated once the effectiveness of the plan of care has been determined. 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. 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.
Respite Care <i>Available at all inpatient hospice units based on bed availability</i>	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.
Routine/Transitions Program <i>Available at all inpatient hospice units</i>	Short-term care is for patients with a prognosis of fewer than 14 days.

Please refer to the following documents for additional information:
Inpatient Unit Admission Guide Acknowledgment
Acknowledgment of Responsibilities for Room and Board Charges with Change of Level of Care at the Inpatient Unit

Forms must be signed prior to holding a bed for admission into one of our inpatient units.

Families must provide the name of a funeral home or cremation service they intend to use for final arrangements prior to admission into one of our inpatient units.

PRIOR APPROVALS	ROOM AND BOARD/INSURANCE COVERAGE
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. Short-term stays may be approved in order to facilitate a smooth transition to home or another care setting. Patients with no DNR-CC* *(Do Not Resuscitate-Comfort Care)	Room and Board Charges do NOT apply at this level of care. Room and Board charges WILL apply if a patient needs to remain in the inpatient hospice unit once the hospice team determines that the patient's symptoms are controlled or optimally managed and changed to routine level of care. Inpatient care is billed to Medicare, Medicaid and commercial insurances. Some commercial insurances charge a co-pay for General Inpatient Care.
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. Patients with no DNR-CC	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. Room and board fees apply beginning on day six. There are no discounts or payment plans for extended respite stays.
Prior approval by hospice inpatient clinical team leader Patients with no DNR-CC	Room and board charges WILL apply.

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 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. 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 in Ohio: 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 and Stein Hospice 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 and Stein Hospice 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

All buildings and grounds are smoke-free, including Stein Hospice located in Firelands Regional Medical Center Campus.

Belongings and Personal Items

Western Reserve Care Solutions 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, heating pads and space heaters are **NOT** permitted.

Weapons-Free Facility

The Agency maintains a weapons-free facility, workplace and campus. All non-law enforcement personnel who enter the premises are prohibited from carrying handguns, firearms or any other weapons, even if they have a valid license to care such items elsewhere. Please respect the atmosphere that we wish to foster by keeping our inpatient unit and premises weapons-free.

Visitor Restrictions

Western Reserve Care Solutions does not tolerate any violent, aggressive or disruptive behaviors, including verbal or physical threats against patients, visitors or staff or damage to property. In the event that these do occur, action will be taken, including activating the local law enforcement, removal of any person(s) from agency buildings and grounds, refusal/limitations to buildings, grounds and refusal/limitations to patient visitation at the facility.

Patients may restrict any person from visiting or restrict visitors for any period of time. Prior notification is required to restrict visitors. Patients may also indicate who they wish to be visited by. In the event that a patient is unable to communicate their wishes, visitors will be allowed based on prior communications of the patient or prior visitation arrangements/allowance.

Court ordered or court appointed guardian visitation and visitation restrictions will be followed.

Persons designated as Durable Power of Attorney for Health Care may allow or restrict visitors only within the limitations communicated by the patient. If the patient cannot speak for themselves, prior visitation arrangements/allowance will be continued, particularly if they brought comfort to the patient.

In circumstances where the behaviors of the patient's loved ones/visitors are such that they are deemed disruptive, hostile, or do not support a peaceful/calm/comforting environment, a visitation schedule will be established and enforced. If a patient's condition deteriorates and they are showing signs/symptoms of active dying, the visitation schedule will be amended by the decision of the hospice team. All immediate family members and those visitors that had prior visitation arrangements/allowances will be allowed to visit together. Any persons demonstrating above stated behaviors will be subject to removal from the facility and grounds.

Patients and families wishing privacy are permitted to use Do Not Disturb door hangers. Message books for other visitors may be requested and will be kept outside the patient's door or at the Team Station for other visitors to communicate to the patient/family.

Notes

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



800.707.8922 | hospicewr.org

OUR MISSION

Our hospices provide 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 Ashland, Ashtabula, Cuyahoga, Erie, Geauga, Huron, Knox, Lake, Lorain, Medina, Ottawa, Portage, Richland, Sandusky, Seneca, Stark, Summit and Wayne.

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.

