



STATE OF WASHINGTON
 DEPARTMENT OF HEALTH
 Olympia, Washington 98504

CN #20-33


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WASHINGTON STATE CERTIFICATE OF NEED PROGRAM
 RCW 70.38 AND WAC 246-310

APPLICATION FOR CERTIFICATE OF NEED
HOSPICE PROJECTS
 (excludes amendments)

Certificate of Need applications must be submitted with a fee in accordance with the instructions on page 2 of this form.

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this application are correct to the best of my knowledge and belief.

<p>Signature and Title of Responsible Officer: Hyrum Kirton CEO  Date: 1/31/2020</p>	<p>Person To Whom Questions Regarding This Application Should Be Directed: Staci Beltran Hospice Development Analyst Telephone Number: 801-990-0363</p>
<p>Legal Name of Applicant: Bristol Hospice – Thurston, L.L.C. Address of Applicant: 206 North 2100 West, Ste. 202 Salt Lake City, UT 84116 Telephone Number: 801-325-0175</p>	<p>Type of Project (check all that apply): <input checked="" type="checkbox"/> New Agency <input type="checkbox"/> Existing Medicare Certified/Medicaid Eligible Agency Expanding into Different County <input type="checkbox"/> Existing Licensed-Only Hospice Agency to Become Medicare Certified/Medicaid Eligible</p>

Project Summary: Request for certificate of need approval to operate a Medicare Certified and Medicaid Eligible Hospice Agency.

Estimated capital expenditure: \$30,000

INSTRUCTIONS FOR SUBMISSION:

1. Mail an original and a CD with a PDF of the completed application, with narrative portion to:

Mailing Address:

Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

The application must be accompanied by a check, payable to: ***Department of Health***. This check is for the review fee as identified below.

2. COMPLETE THE FOLLOWING PRIOR TO SUBMISSION FOR REVIEW:

REVIEW FEE: \$21,968

APPLICATION INFORMATION INSTRUCTIONS:

These application information requirements are to be used in preparing a Certificate of Need application. The information will be used to evaluate the conformance of the project with all applicable review criteria contained in RCW 70.38.115 and WAC 246-310-210, 220, 230, 240, and 290.

Hospice projects are reviewed under a Concurrent Review schedule. Key dates include:

- **Letter of Intent:** Accepted between the 1st working day of September and the last working day of September of each year.
- **Application Submission:** Accepted between the 1st working day of October and last working day of October of each year. If a letter of intent has not been received in September, an application will not be accepted in October.

The application is to be submitted together with a completed, signed Certificate of Need application face sheet and the appropriate review. Please send an original and one copy to:

Mailing Address:
Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Other Than By Mail:
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

- Please make the narrative information complete and concise. Data sources are to be cited. Extensive supporting data, that tends to interrupt the narrative, should be placed in the appendix.
- DO NOT bind the application.
- Please number **ALL** pages consecutively.
- All cost projections are to be in non-inflated dollars. Use the current year dollar value for all program data and projections. **DO NOT** inflate these dollar amounts.
- Capital expenditures should not include contingencies. Certificate of Need statutes and regulations allow a 12 percent or \$50,000.00 (*whichever is greater*) margin before an amendment to an approved Certificate is required.
- All subsequent correspondence in relation to the application must be submitted with an original and one PDF copy.

I. APPLICANT DESCRIPTION:

A. Provide the legal name(s) of applicant(s).

Note: The term "applicant" for this purpose is defined as any person or individual with a ten percent or greater financial interest in a partnership or corporation or other comparable legal entity that engage in any undertaking which is subject to review under provisions of RCW 70.38.

The legal name of the applicant is Bristol Hospice – Thurston, L.L.C. which is a subsidiary of Bristol Hospice and Homecare – Northwest, L.L.C. Throughout the application Bristol Hospice – Thurston, L.L.C. will be referred to as "Bristol Hospice".

B. For existing facilities, provide the name and address of the facility.

Note: The term "existing facility" for this purpose is defined as a home health agency that is currently providing licensed only home health care services OR a home health agency that is seeking to expand its Medicare certified service area.

Bristol Hospice is not an existing facility in the State of Washington. This question is not applicable.

C. Identify the type of ownership (public, private, corporation, non-profit, etc.).

Bristol Hospice is a privately held Washington State limited liability company.

D. Provide the name and address of *owning* entity at completion of project (unless same as applicant).

Bristol Hospice and Homecare – Northwest, L.L.C.
206 North 2100 West, Ste. 202
Salt Lake City, UT 84116

E. Provide the name and address of *operating* entity at completion of project (unless same as applicant).

Bristol Hospice – Thurston, L.L.C.
135 S 336th St
Federal Way, WA 98003

F. Identify the corporate structure and related parties. Attach a chart showing organizational relationship to related parties.

Please see **Exhibit 1** for an organizational chart. Bristol Hospice and Homecare – Northwest, L.L.C. owns 100% of Bristol Hospice – Thurston, L.L.C. Bristol Hospice and Homecare – Northwest, L.L.C. has four additional entities commonly owned which are Bristol Hospice Oregon, L.L.C., Bristol Hospice – King, L.L.C., Bristol Hospice – Snohomish, L.L.C. and Bristol Hospice - Pierce, L.L.C.

Bristol Hospice L.L.C. is the parent company to Bristol Hospice and Homecare – Northwest, L.L.C., it operates a total of 26 Hospice locations and two Home Health locations. More information on Bristol Hospice L.L.C. can be found at www.bristolhospice.com. For avoidance of doubt the applicant is being sponsored and financed by Bristol Hospice and Homecare – Northwest, L.L.C.

- G. Provide a general description and address of each facility owned and/or operated by applicant (include out-of-state facilities, if any).

Bristol Hospice and Homecare – Northwest, L.L.C. has the below facility in the Portland, Oregon area. This location provides excellent Hospice care to over 220 patients every day. Bristol Hospice – Pierce, L.L.C., Bristol Hospice – Snohomish L.L.C, Bristol Hospice – Thurston L.L.C, and Bristol Hospice – King, L.L.C. are limited liability companies under the same owning entity opened for purpose of applying for certificates of need.

Bristol Hospice - Oregon, L.L.C.
10365 SE Sunnyside Road, Ste. 340
Clackamas, OR 97015-5751
Medicare #38-1559
Medicaid #1063780351
NPI #1063780531

Bristol Hospice – King, L.L.C.
135 S 336th St
Federal Way, WA 98003
Current Certificate of Need Applicant

Bristol Hospice – Pierce, L.L.C
1011 E Main Suite 451
Puyallup, WA 98372
Current Certificate of Need Applicant

Bristol Hospice – Snohomish L.L.C.
5129 Hilltop Road
Everett, WA 98203
Current Certificate of Need Applicant

Bristol Hospice – Thurston L.L.C.
135 S 336th St
Federal Way, WA 98003
Current Certificate of Need Applicant

- H. For existing facilities, identify the geographic primary service area.

Bristol Hospice is not an existing facility. The question is not applicable.

- I. Identify the facility licensure/accreditation status.

Bristol Hospice will obtain licensure from the State of Washington, Medicare and Medicaid certification as well as accreditation by CHAP (Community Health Accreditation Program, Inc.) upon certificate of need approval.

J. Is applicant reimbursed for services under Titles XVIII, and XIX of Social Security Act?

Bristol Hospice will be reimbursed under Titles XVIII and XIX of the Social Security Act upon approval of the certificate of need and certification of Medicare and Medicaid.

K. Identify the medical director and provide his/her professional license number, and specialty represented.

Bristol Hospice's Medical Director is Dr. Sabine VonPreyss, Family Medicine, 1164551338.

L. Please identify whether the medical director is employed directly by or has contracted with the applicant. If services are contracted, please provide a copy of the contract.

The Medical Director is contracted. Please see **Exhibit 2** for a copy of the agreement.

M. For existing facilities, please provide the following information for each county currently serving:

1. total number of unduplicated hospice patients served per year for the last three years;
2. average length of stay (days) per patient per year for the last three years;
3. median length of stay; and
4. average daily census per year for the last three years.

Bristol Hospice is not an existing facility. This question is not applicable.

II. PROJECT DESCRIPTION

Include the following elements in the project description. An amendment to a Certificate of Need is required for certain project modifications as described in WAC 246-310-100(1).

A. Provide the name and address of the proposed facility.

Bristol Hospice – Thurston, L.L.C. is leasing a space located at 5129 Hilltop Road, Everett, WA 98203 with 500 square feet of office space which includes two offices and accessibility to share restrooms with the building. The floor plan of this space can be found within the lease in **Exhibit 3**.

B. Describe the project for which Certificate of Need approval is sought.

Bristol Hospice is proposing to open a Medicare and Medicaid certified agency to fulfill the unmet Hospice needs to those suffering a life limiting illness in Thurston County, Washington. Bristol Hospice mission is to Embrace a Reverence for Life. Bristol Hospice will focus on response time, individual patient and family needs, exceptional patient care, and accessibility to all.

C. List new services or changes in services represented by this project. Please indicate which services would be provided directly by the agency and which services would be contracted.

Bristol Hospice provides the following services 24 hours a day 7 days a week:

Services:

- Pain and Symptom Management
- Bereavement Counseling and Support Services
- Spiritual Counseling
- Skilled Nursing Care
- Hospice Aide Services
- Volunteer Services
- Supplies, Medication and Durable Medical Equipment related to the Life-Limiting Illness
- Continuous Care

Contracted Services:

- Outpatient Services
- General Inpatient Services
- Respite Care Services
- Therapy Service
- Medical Director
- Dietary

Bristol's goal is to provide the best possible patient experience and has developed programs to address specific patient conditions that go above the CMS conditions of participation:

- **Namaste Program Services**
 - The Namaste program addresses the unique emotional and physical needs of individuals, their caregivers, and families. As a leader in the hospice community, Bristol Hospice stands true to its company values and mission of Embracing a Reverence for Life.
- **Bright Moments**
 - Bright Moments is a program specifically designed for patients with end-state dementia. It is based on the belief that more can be done for dementia and Alzheimer's patients. Bright Moments provides innovative tools to help support these patients, as well as their family, staff, and physicians.
- **Sweet Dreams**
 - The Sweet Dreams program addresses the unique emotional and physical needs of individuals, their caregivers, and families by providing services after 5 PM per the care plan. The goals of this program are to reduce nighttime agitation and enhance bedtime rituals to allow for comfort and quality sleep. As a leader in the hospice community, Bristol stands true to its company values and mission of Embracing a Reverence for Life.

D. General description of types of patients to be served by the project.

Bristol Hospice will provide Hospice services to those who are in the final phase of a terminal illness and would like to focus on comfort and quality of life, rather than curative care. These individuals will have elected to participate in the Medicare or Medicaid hospice benefit or have a private plan that has a hospice benefit. If the patient is hospice eligible and would like to receive services but is uninsured and unfunded Bristol Hospice provides charity care. The charity care policy can be found in **Exhibit 4**.

E. List the equipment proposed for the project:

1. description of equipment proposed; and
2. description of equipment to be replaced, including cost of the equipment, disposal, or use of the equipment to be replaced.

This would include the furniture and IT equipment, which is listed as depreciation and amortization, the amount is \$30,000.

Schedule for Capital Expenses and Equipment

Item	Expense	
IT Equipment	\$	15,000.00
Furniture for Office	\$	10,000.00
Initial Inventory of Supplies	\$	5,000.00
	\$	30,000.00

F. Provide drawings of proposed project:

1. single line drawings, *approximately to scale*, of current locations which identify current department and services; and
2. single line drawings, *approximately to scale*, of proposed locations which identify proposed services and departments; and

3. total net and gross square feet of project.

Please see **Exhibit 3** for a copy of the lease agreement which has a floor plan included.

G. Identify the anticipated dates of both commencement and completion of project.

The anticipated project commencement and completion are both projected for January 2021. This is based upon the expected receipt of certificate of need approval on or about September, 2020 per WAC 246-310-290. The third full year of operation is projected to be 2023.

H. Describe the relationship of this project to the applicant's long-range business plan and long-range financial plan (if any).

Bristol Hospice believes every individual and family facing a life limiting illness deserves the choice to be a Bristol Patient. It has intentions to serve Washington in as many counties as possible. It has been a focus of Bristol Hospice to develop programing that can accommodate individual needs of patients and families. Bristol Hospice desires to serve Washington as it believes Bristol Hospice has the best care and services available in the neighboring state Oregon. The opportunity to apply for a certificate of need to serve the Thurston County community is consistent with this vision.

I. Provide documentation that the applicant has sufficient interest in the site or facility proposed. "*Sufficient interest*" shall mean any of the following:

1. clear legal title to the proposed site; or
2. a lease for at least one year with options to renew for not less than a total of three years; or
3. a legally enforceable agreement (i.e., draft detailed sales or lease agreement, executed sales or lease agreement with contingencies clause) to give such title or such lease in the event that a Certificate of Need is issued for the proposed project.

Find a copy of the lease agreement in **Exhibit 3**. Please note Bristol Hospice is willing to accommodate any needed amendments to this lease to meet the requirements set by the Certificate of Need Department.

III. PROJECT RATIONALE

Please address each county proposing to be served separately.

A. Need (WAC 246-310-210)

1. Identify and analyze the unmet hospice service needs and/or other problems toward which this project is directed.
 - a. identify the unmet hospice needs of the patient population in the proposed service area(s). The unmet patient need should not include physical plant and/or operating (service delivery) deficiencies; and
 - b. identify the negative impact and consequences of unmet hospice needs and deficiencies.

According to the Department of Health 2019-2020 Hospice Numeric Need Methodology updated November 2019 Thurston County will have 246 unmet admits equaling ADC of 41 Hospice Patients totaling 14,815 unmet patient days starting in 2021.

Unmet hospice needs and deficiencies increase end of life costs and increase deaths in inpatient settings. Many patients would prefer to pass away at home and not having access to Hospice services take away their ability to do so. These patients are denied services that meet the physical, psychosocial and spiritual needs at the end of life. In addition, they are not receiving an individualized plan of care which may include, as appropriate, the following services: nursing, physicians, hospice aides, spiritual support, therapy, dietary, counseling, volunteers, durable medical equipment, supplies, bereavement services and medications related to the terminal illness.

2. Define the types of patients that are expected to be served by the project. The types of patients expected to be served can be defined according to specific needs and circumstances of patients (i.e., culturally diverse, limited English speaking, etc.) or by the number of persons who prefer to receive the services of a particular recognized school or theory of medical care.

The patients expected to be served are all those who have reached the final phase of a terminal illness and would like to focus on comfort and quality of life, rather than curative care. These individuals will have elected to participate in the Medicare or Medicaid hospice benefit or have a private plan that has a hospice benefit. If the patient is hospice eligible and would like to receive services but is uninsured and unfunded Bristol Hospice provides charity care. Bristol Hospice charity care policy can be found in **Exhibit 4**.

Patients will be accepted for care without discrimination on the basis of race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin. Bristol Hospice serves patients in a broad array of setting including but not limited to Home, Assisted Living Facilities, Skilled Nursing Facilities, Nursing Homes, Board and Cares, and Adult Family Homes.

Bristol Hospice has put resources in place to serve all community members including those that are underserved. This includes but is not limited to language translation services, continued

education to staff, dedicated Community Liaisons that provide outreach, and specialty programs such as Bright Moments for Alzheimer's and Dementia, We Honor Veterans, and Sweet Dreams.

Bristol believes that the Hispanic population could be better served by a provider providing programming and access to this population such as Bristol Hospice. Barriers for these groups include, language, religion, family culture, and resources.

Bristol Hospice would implement a Spanish speaking specialty program in Thurston County to serve the Spanish speaking community. Bristol Hospice sister company Bristol Hospice – Miami-Dade LLC has implemented this program in their location and have had great success serving and educating the Spanish Speaking Community.

Examples of the support and education that would be provided:

- Bristol Hospice would recruit and retain Spanish Speaking staff. It would be intended that Spanish Speaking patients be paired with Spanish Speaking staff members.
 - All consents would be available in Spanish. See **Exhibit 5** for Examples.
 - All Marketing Materials would be available in Spanish. See **Exhibit 6** For Examples.
 - Bereavement Programs would be available in Spanish. See **Exhibit 7** For an example flyer of an event.
 - Education materials would be created in Spanish. See **Exhibit 8** for an example.
 - Bristol Hospice would engage with local Spanish Community groups such as the Alzheimer's Association and YMCA Spanish speaking support groups, the Latino Community Fund, and local Spanish Speaking religious groups. See **Exhibit 9** for an Example of community events Bristol Hospice – Miami-Dade LLC has participated in.
3. For existing facilities, include a patient origin analysis for at least the most recent three-month period, if such data is maintained, or provide patient origin data from the last statewide patient origin study. Patient origin is to be indicated by zip code. Zip codes are to be grouped by city and county, and include a zip code map illustrating the service area.

Bristol Hospice is not an existing facility. This question is not applicable.

4. Please provide utilization forecasts for the following, for each county proposing to serve:
- a. total number of unduplicated hospice patients served per year for the first three years;
 - b. average length of stay (days) per patient per year for the first three years;
 - c. median length of stay; and
 - c. average daily census per year for the first three years.

Bristol Hospice took the Department of Health 2019-2020 Hospice Numeric Need Methodology and extended the projections out to 2023 using the same assumptions. With this it took a market share of 3% of total admissions during the first year growing to 7% in the 3rd year of operations. Bristol has seen similar results in other markets and feels that this would be reasonable in fulfilling the unmet need.

Projected Patients	Projected Patients	Average Population (2016-2018)	2021 Projected Population	2022 Projected Population	2023 Projected Population
Ages 0-64	414	683,800	721,527	726,273	731,019
Ages 65+	2,469	107,560	131,978	138,737	145,495
			Potential Volume	Potential Volume	Potential Volume
Ages 0-64			436.8	439.7	442.6
Ages 65+			3,029.5	3,184.7	3,339.8
Total Admissions			3,466.3	3,624.4	3,782.4
			3% of total admissions	5% of total admissions	7% of total admissions
Bristol Admissions			103.99	181.22	264.77
Bristol Patient Days			6,252.94	10,896.67	15,920.38
Bristol ADC			17.13	29.85	43.62

Source: DOH 2019-2020 Hospice Methodology and Applicant

5. Please provide a forecasted breakdown of patient diagnoses.

Diagnosis	Estimated Percent
Cancer	14%
Heart Disease	19%
Alzh. Disease	11%
COPD	6%
Stroke	13%
Other	37%
Total	

Bristol Hospice operates in the state of Oregon and the patient diagnoses breakdown provided was forecasted based upon 2018 Medicare Claims & Cost Reports for this location as it would be similar. Bristol Hospice and its sister companies have seen a large array of patient diagnosis that may be encountered and has deep subject matter expertise available to manage any patient situation. Bristol Hospice is excited to put this knowledge base to work for the residents of Thurston County.

6. Provide the complete step-by-step quantitative methodology used to construct each utilization forecast. All assumptions related to use rate, market share, intensity of service, and others must be provided.

Bristol Hospice based the assumptions in the utilization forecast as follows:

- Unduplicated Patients (admissions) Bristol Hospice has taken a conservative view of past startups projecting the ADC after three years will be 43.62. This was completed by reviewing the Department of Health Need Methodology at the available admissions in the need area per the WAC246-310-290(8) and extended the projections out to 2023 using the same assumptions. With this it took a market share of 3% of total admissions during the first year, 5% during the 2nd year, and 7% in the 3rd year of operations.
- Average LOS, Bristol Hospice has assumed the same ALOS that is used in the need study for WAC246-310-290(8) for projected startup.
- Patient Days is calculated by multiplying the ADC by total days in the year.
- ADC: Bristol Hospice has calculated the ADC based upon the Unduplicated Patient admissions achieving the projected ALOS of 60.13.

Bristol Hospice feels that using this method to project utilization is conservative and will not infringe upon any of the existing providers ability to maintain market share. Bristol Hospice plans to serve the unmet need and has forecasted accordingly.

7. Provide detailed information on the availability and accessibility of similar existing services to the defined population expected to be served. This section should concentrate on other facilities and services which "*compete*" with the applicant.
 - a. Identify all existing providers of services (licensed only and certified) similar to those proposed and provide utilization experience of those providers that demonstrates that existing services are not available to meet all or some portion of the forecasted utilization.

The following providers were identified in the Department of Health 2019-2020 Hospice Numeric Need Methodology:

- Franciscan Hospice
- Kaiser Permanente Home Health and Hospice (Group Health)
- MultiCare Home Health, Hospice and Palliative Care

Within the Department of Health 2019-2020 Hospice Numeric Need Methodology it shows with the current providers there will still be need for an additional 1.16 agencies.

- b. If existing services are available, demonstrate that such services are not accessible. Unusual time and distance factors, among other things, are to be analyzed in this section.

The Department of Health 2019-2020 Hospice Numeric Need Methodology demonstrates that services are not accessible creating unmet need. Further the Hispanic population has needs identified in section A 2.

- c. If existing services are available and accessible, justify why the proposed project does not constitute an unnecessary duplication of services.

The certificate of need program decisions demonstrates that when there is unmet need an addition of an agency to the service area would not create an unnecessary duplication of services. Further the Hispanic population has needs identified in section A 2.

8. Document the manner in which low-income persons, racial and ethnic minorities, women, people with disabilities, and other under-served groups will have access to the services proposed.

Bristol Hospice provides services directly or through arrangements with other qualified providers and does not refuse service to or employment to or in any other way discriminate against any person on the basis of color, age, religion, sex, pregnancy, sexual orientation, mental or physical handicap, childbirth and ancestry or national origin. Bristol Hospice will not discontinue or diminish care provided to a Medicare beneficiary because of the beneficiary's inability to pay for the care.

Bristol Hospice has put resources in place to serve all community members including those that are underserved. This includes but is not limited to language translation services, continued education to staff, dedicated Community Liaisons that provide outreach, and specialty programs such as Bright Moments for Alzheimer's and Dementia, Advanced Illness Management (AIM), We Honor Veterans, and Sweet Dreams.

Bristol Hospice would implement a Spanish speaking specialty program in Thurston County to serve the Spanish speaking community. Barriers for these groups include, language, religion, family culture, and resources. Bristol Hospice sister company Bristol Hospice – Miami-Dade LLC has implemented this program in their location and have had great success serving and educating the Spanish Speaking Community.

Examples of the support and education that would be provided:

- Bristol Hospice would recruit and retain Spanish Speaking staff. It would be intended that Spanish Speaking patients be paired with Spanish Speaking staff members.
- All consents would be available in Spanish. See **Exhibit 5** for Examples.
- All Marketing Materials would be available in Spanish. See **Exhibit 6** For Examples.
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- Education materials would be created in Spanish. See **Exhibit 8** for an example.
- Bristol Hospice would engage with local Spanish Community groups such as the Alzheimer's Association and YMCA Spanish speaking support groups, the Latino Community Fund, and local Spanish Speaking religious groups. See **Exhibit 9** for an Example of community events Bristol Hospice – Miami-Dade LLC has participated in.

9. Please provide copies (draft is acceptable) of the following documents:

- a. Admissions policy; and
- b. Charity care policy; and
- c. Patient referral policy, if not addressed in admissions policy.

Please see **Exhibit 10** for Bristol Hospice Admissions Policy and **Exhibit 4** for its Charity Care Policy.

10. As applicable, substantiate the following special needs and circumstances that the proposed project is to serve.

- a. The special needs and circumstances of entities such as medical and other health professions' schools, multi-disciplinary clinics, and specialty centers that provide a substantial portion of their services, resources, or both, to individuals not residing in the health services areas in which the entities are located or in adjacent health services areas.
- b. The special needs and circumstances of biomedical and behavioral research projects which are designed to meet a national need and for which local conditions offer special advantages.
- c. The special needs and circumstances of osteopathic hospitals and non-allopathic services with which the proposed facility/service would be affiliated.

This application is not designed to serve the special needs referenced above, therefore this question is not applicable.

B. Financial Feasibility (WAC 246-310-220)

WAC 246-310-990(2) defines "total capital expenditure" to mean the total project costs to be capitalized according to generally accepted accounting principles. These costs include, but are not limited to, the following: legal fees; feasibility studies; site development; soil survey and investigation; consulting fees; interest expenses during construction; temporary relocation; architect and engineering fees; construction, renovation, or alteration; total costs of leases of capital assets; labor; materials; fixed or movable equipment; sales taxes; equipment delivery; and equipment installation.

1. Provide the proposed capital expenditures for the project. These expenditures should be broken out in detail and account for at least the following:

- Land acquisition;
- Site survey, tests, inspections;
- Construction contract;
- Financial feasibility studies, architectural fees/engineering fees/consulting fees;
- Fixed equipment (not in construction contract);
- Movable equipment;
- Freight and delivery charges;
- Sales tax;
- Cost of tuning up and trial runs;
- Reconditioning costs (in case of used asset);
- Cost of title investigations, legal fees, brokerage commissions;
- Other activities essential to the acquisition, improvement, expansion, or replacement of plant and equipment due to the project; and
- Financing costs, including interim interest expense, reserve account, interest expense, and other financing costs.

This would include the furniture and IT equipment, which is listed as depreciation and amortization, the amount is \$30,000.

Schedule for Capital Expenses and Equipment

Item	Expense	
IT Equipment	\$	15,000.00
Furniture for Office	\$	10,000.00
Initial Inventory of		
Supplies	\$	5,000.00
	\$	30,000.00

2. Explain in detail the methods and sources used for estimated capital expenditures.

The information provided for estimated capital expenditures is based on historical data from past Startups and has been verified for current pricing under the associated categories.

3. Document the project impact on (a) capital costs; and (b) operating costs and charges for health services.

The project will have a total of 30,000 dollars of capital impact in the question above and will produce the jobs shown in the FTE calculation.

Hospice service has studies completed as a savings to the healthcare system for example the Journal of Palliative Medicine conducted by Brian W. Powers et al. Hospice provides stabilizing support to families and provides assistance to those who are alone without family support. The

overall healthcare operating costs within Thurston County will be reduced from these unmet admissions being admitted to Bristol Hospice.

The hospice benefit is a Medicare benefit paid by the Federal program directly. Many beneficiaries are dual eligible beneficiaries of both Medicaid and Medicare. Bristol Hospice services will reduce the costs for these Medicaid beneficiaries for the county by providing supportive services and reducing acute admissions.

4. Provide the total estimated operating revenue and expenses for the first three years of operation (*please show each year separately*) for the following, as applicable. **Include all formulas and calculations used to arrive at totals on a separate page.**

See **Exhibit 11** for forecasted revenue and expense statements for the first three years with assumptions included.

Revenue

Medicare
 Medicare Managed Care
 Medicaid
 Healthy Options [BHP]
 Private Pay
 Third Party Insurance
 Other [CHAMPUS, Veterans, etc.]
 Non-operating Revenue [United Way, etc.]

Deductions from Revenue:
 (Charity)
 (Provision for Bad Debt)
 (Contractual Allowances)

Expenses

Advertising
 Allocated Costs
 B & O Taxes
 Depreciation and Amortization
 Dues and Subscriptions
 Education and Training
 Employee Benefits
 Equipment Rental
 Information Technology/Computers
 Insurance
 Interest
 Legal and Professional
 Licenses and Fees
 Medical Supplies
 Payroll Taxes
 Postage
 Purchased Services (utilities, other)
 Rental/Lease
 Repairs and Maintenance
 Salaries and Wages (DNS, RN, OT, clerical, etc.)
 Supplies
 Telephone/Pagers
 Travel (patient care, other)

5. Identify the source(s) of financing (*loan, grant, gifts, etc.*) for the proposed project. Provide all financing costs, including reserve account, interest expense, and other financing costs. If acquisition of the asset is to be by lease, copies of any lease agreements, and/or maintenance repair contracts should be provided. The proposed lease should be capitalized with interest expense and principal separated. For debt amortization, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized.

Bristol has sufficient reserves available to fully fund the operational startup. No line of credit or loan or grant is needed for this project.

6. Provide documentation that the funding is, or will be, available and the level of commitment for this project.

Funding will be provided by available reserves from the owner Bristol Hospice Northwest, L.L.C. Please see **Exhibit 12** for a funding letter from Bristol Hospice CFO.

7. Provide a cost comparison analysis of the following alternative financing methods: purchase, lease, board-designated reserves, and interfund loan or bank loan. Provide the rationale for choosing the financing method selected.

Bristol Hospice has available cash to fund the project without financing. This is a very reliable way to ensure the project funding is secured as well as reduce any unnecessary interest or banking expenses.

8. Provide a pro forma (projected) balance sheet and expense and revenue statements for the first three years of operation.

Please see **Exhibit 13** for projected balance sheet and **Exhibit 11** for expense and revenue statements for the first three years of operation.

9. Provide a capital expenditure budget through the project completion and for three years following completion of the project.

Please see **Exhibit 11** depreciation and amortization line outlines the depreciation for the 30,000 dollars of capital expense for the project by year.

10. Identify the expected sources of revenue for the applicant's total operations (e.g., Medicare, Medicare Managed Care, Medicaid, Healthy Options, Blue Cross, Labor and Industries, etc.) for the first three years of operation, with anticipated percentage of revenue from each source. Estimate the percentage of change per year for each payer source.

Anticipated revenues not including room and board pass through revenue by source are as follows:

Medicare	98.2%
Medicaid	1%
Commercial/Self/Other	.8%
Total	100%

These assumptions are based of off proforma financials that are based off past experience.

11. If applicant is an existing provider of health care services, provide expense and revenue statements for the last three full years.

Please see **Exhibit 14** for revenue and expense statements for the last three full years.

12. If applicant is an existing provider of health care services, provide cash flow statements for the last three full years.

Please see **Exhibit 15** for cash flow statements for the last three full years.

13. If applicant is an existing provider of health care services, provide balance sheets detailing the assets, liabilities, and net worth of facility for the last three full *fiscal* years.

Please see **Exhibit 16** for balance sheets detailing the assets, liabilities, and net worth of facility for the last three full fiscal years.

14. For existing providers, provide actual costs and charges per visit broken down by discipline (i.e., RN/LPN, OT, PT, social worker, etc.) and by payer source for each county proposing to serve.

Costs and charges were not broken down on a per visit level as Bristol Hospice will neither bill nor pay employees on this basis. All revenues were booked on a per diem basis as this is how Bristol Hospice will be paid.

15. Provide anticipated costs and charges per visit broken down by discipline (i.e., RN/LPN, OT, PT, social worker, etc.) and by payer source for each county proposing to serve.

Costs and charges were not broken down on a per visit level as Bristol Hospice will neither bill nor pay employees on this basis. All revenues were booked on a daily basis as this is how Bristol Hospice will be paid.

16. Indicate the addition or reduction of FTEs with the salaries, wages, employee benefits for each FTE affected, for the first three years of operation. Please list each discipline separately.

Please see **Exhibit 17** for a table covering FTE's salaries, wages, and employee benefits for the first three years of operation.

17. Please describe how the project will cover the costs of operation until Medicare reimbursement is received. Provide documentation of sufficient reserves.

Bristol Hospice has sufficient cash on hand to cover all start up costs including covering operation costs until Medicare reimbursement is received. See Bristol Hospice of the Northwest balance sheet in **Exhibit 16**.

C. Structure and Process (Quality) of Care (WAC 246-310-230)

1. Please provide the current and projected number of employees for the proposed project, using the following:

Staff	Current FTE		Year 1		Year 2		Year 3	
	FTE	Contracted	FTE	Contracted	FTE	Contracted	FTE	Contracted
RN								
LPN								
Hospice Aide								
NURSING TOTAL								
Admin								
Medical Director								
DNS								
Business/Clerical								
ADMIN. TOTAL								
PT								
OT								
Speech Therapist								
Med Social Work								
Pastoral / Other Counselor								
Volunteers								
Other (specify):								
ALL OTHERS TOTAL								
TOTAL STAFFING								

Bristol Hospice does not have any current employees for this project. Please see **Exhibit 17** for a table covering FTE's salaries, wages, and employee benefits for the first three years of operation.

2. Please provide your staff to patient ratio.

Type of Staff	Staff / Patient Ratio
Skilled Nursing (RN & LPN)	1:10 – 1:12
Physical Therapist	1 Contracted/ Per Visit
Occupational Therapist	1 Contracted/ Per Visit
Medical Social Worker	1:15 – 1:30
Speech Therapist	1 Contracted/ Per Visit
Home Health / Hospice Aide	1:8 – 1:12
Chaplain	1:30 – 1:40
Volunteer Coordinator	1:100
Total	

3. Explain how this ratio compares with other national or state standards of care and existing providers for similar services in the proposed service area.

Bristol has staffing ratios based on National Hospice and Palliative Care Organization (NHPCO this is a nationally recognized organization that directs hospice services) grid guidelines.

4. Identify and document the availability of sufficient numbers of qualified health manpower and management personnel. If the staff availability is a problem, describe the manner in which the problem will be addressed.

Bristol Hospice has a strong clinical structure with engaged flexible team members that can support the healthcare needs in cases of emergency or shortage. Bristol is supported by a centralized national recruiting team that has a strong history of hiring healthcare employees within 15 to 20 days of posting a position which is far below the national average. Bristol recruits on over 150 websites as well as hospice specific niches and organizations. Applicants can apply via their phone or other personal device to easily join the Bristol Hospice team.

All staff are vetted through extensive background checks including local and national databases as well as the government LEIE exclusion list. New hires go through at least 2 rounds of interviews to ensure they have the temperament to provide this sacred level of service to the community.

Once hired all staff must complete a rigorous training program to ensure skills are ready for the Bristol Hospice level of quality. This training includes all state and federal required trainings as well as custom Bristol Hospice coursework and best practices. Technology and in person training are both utilized to ensure a well-rounded curriculum. Each new member will receive preceptor guidance for the first weeks or months if necessary, to build competency. Every staff member is measured on performance-based indicators that are based upon electronic quantitative quality data that is stored in our clinical tracking systems. The systems gather charting information and provide feedback to clinical managers to know where to coach and guide staff. For those that are not providing high quality per the quantitative measures they will be trained to provide higher quality and put on disciplinary action if they fail to meet requirements.

Bristol Hospice offers favorable benefits packages to hire and retain talent including Health, 401k vision, dental, and tuition assistance. It allows all employees to apply for new jobs that are posted including any of the sister companies of Bristol Hospice L.L.C. allowing incredible opportunities for advancement nationally. Bristol Hospice encourages staff to continue to receive additional licensure and or education on an ongoing basis. Bristol Hospice rewards and recognizes those that get advanced degrees or further education certificates.

Volunteers are managed by dedicated volunteer coordinator and are critical component to meeting community needs. Bristol Hospice provides training to all volunteers. This training ensure volunteers are ready to serve. This is done similarly to hired staff in a multi-pronged approach with in person and technology support. Bristol Hospice recruits' volunteers from all over the community including schools, universities, retirement organizations, current employee contacts or recommendations, local volunteer boards, and online boards. The volunteers go through a rigorous background check and Bristol Hospice loves to work alongside community constituents to serve its patients.

5. Please identify the number of providers and specialties represented on the interdisciplinary team.

Bristol generally has the following disciplines on the interdisciplinary team: Medical Director, Associate Medical Director, Nurse Practitioner, Director of Patient Care Services, Executive Director, Clinical Supervisors, nurses (RN & LVN), social workers, bereavement coordinators, chaplains, therapists as required, wound care specialists as required, homemakers, and certified nursing assistant's.

6. Please identify, and provide copies of (if applicable) the inservice training plan for staff. (Components of the training plan should include continuing education, home health aide training to meet Medicare criteria, etc.).

Bristol Hospice uses an e-learning nationally recognized platform named Relias for its trainings, but it also has frequent in person training sessions with the staff that are conducted by its managers or outside training venues, and staff work with an experienced preceptor. See **Exhibit 18** for a curriculum summary for all titles in Relias and training manuals.

7. Describe your methods for assessing customer satisfaction and quality improvement.

Bristol Hospice utilizes industry leading systems to track satisfaction and quality on a real time basis. Bristol's EMR systems send charting information into a tracking system that is reviewed every two weeks for trends. Examples of these comprehensive reports are found in **Exhibit 19**. These are reviewed by leadership to set plans for enhanced care regularly.

Bristol Hospice will have a QAPI committee that will involve at a minimum the medical director, executive director and clinical manager. This committee will routinely review the available quality data from both the government sources and internal tracking as described and available in **Exhibit 20**. The goals of this committee are to provide ongoing clinical processes in the following ways:

- Root cause analysis on any issues and recommended changes to improve outcomes.
- Identify and implement performance improvement plans or (PIP's) for clinical teams.
- Monitor customer satisfaction scores and turn feedback into relevant PIP's.
- Review all medical categories of care to ensure areas are met.
- Provide a compliance review of clinical guidelines and new regulations to ensure compliance.

8. Identify your intended hours of operation. In addition, please explain how patients will have access to services outside the intended hours of operation.

Bristol Hospice general office hours are from 0800 to 1700; our actual operations are 24/7/365. There are always staff that are required to work after hours, weekends and holidays to meet patient needs. Further it does not rely solely on third party answers services after office hours. All calls are routed to Bristol Hospice hired and trained on call RN's for resolution. This is done through advanced technology that can hunt for available staff. If all staff are on visits a call will NEVER go to voicemail. A live clinically trained person will answer 100% of the time to address any need. Our lights are always on. We dispatch trained staff at any hour of the day and night and our goal is to arrive within 30 minutes of any needed after hours visit.

9. Identify and document the relationship of ancillary and support services to proposed services, and the capability of ancillary and support services to meet the service demands of the proposed project.

Bristol uses the following support services partners and services for ancillary needs:

- Durable Medical Equipment
- Pharmacy
- Medical Supplies
- Physical Therapy
- Dietitian

- X-Ray
- Laboratory
- Ambulance or medical transport
- Biowaste disposal
- Inpatient care

10. Explain the specific means by which the proposed project will promote continuity in the provision of health care to the defined population and avoid unwarranted fragmentation of services. This section should include the identification of existing and proposed formal working relationships with hospitals, nursing homes, and other health service resources serving your primary service area. This description should include recent, current, and pending cooperative planning activities, shared services agreements, and transfer agreements. Copies of relevant agreements and other documents should be included.

Across all of Bristol Hospice sister companies' year to date we have served over 2,000 different referral sources. This includes referrals from Assisted Living Facilities, Hospitals, Skilled Nursing Facilities, and Physicians. Each of these referral sources exhibited confidence in Bristol to promote continuity and unwarranted fragmentation in services. It takes pride in providing care for each patient on an individual level based on their specific needs and disease process. Bristol Hospice will develop relationships with the entire continuum of care in Thurston County including:

- Local government agencies providing guidance to the community such as the Are Agency of Aging
- Local chapters of AARP
- Local chapter of National Hospice and Palliative Care Organization
- Local Home Health Agencies
- Local Nursing Homes
- Local chapter of the Alzheimer's Association
- Local Veterans Association. Bristol has participated in the Honors flight and some sister companies are We honor Veterans level 4.
- Local insurance providers such as Asuris Northwest Health, Molina Healthcare, Bridgespan, Coordinated Care, Lifewise Health Plan of Washington, Kaiser Permanente, and Regence BlueSheild.
- Local Senior Centers and Community Centers
- Local Senior Olympics
- Local Emergency Preparation & Disaster Recovery with Local Fire/EMS/Police Departments
- Local radio and television news stations
- Local support groups and grief discussions
- Local groups that support Diversity and Inclusion such as Associated Ministries of Thurston County, Commission on African Affairs, Community Youth Services, Hispanic Roundtable, Thurston Council on Cultural Diversity and Human Rights

11. Fully describe any history of the applicant entity and principles in Washington with respect to criminal convictions, denial or revocation of license to operate a health care facility, revocation of license to practice a health profession, or decertification as a provider of services in the Medicare or Medicaid program. If there is such history, provide clear, cogent, and convincing evidence that

the proposed project will be operated in a manner that ensures safe and adequate care to the public to be served and in conformance with applicable federal and state requirements.

Bristol Hospice has no history with respect to the question.

12. List the licenses and/or credentials held by the applicant(s) and principles in Washington, as well as other states, if applicable. Include any applicable license numbers.

Please see **Exhibit 21** for credentials held by the applicant.

13. Provide the background experience and qualifications of the applicant(s).

Bristol Hospice operates hospice services as one of the largest providers in the state of Oregon.

Bristol Hospice sister companies and affiliates operate hospice, palliative care, and supportive care programs in California, Georgia, Hawaii, Oklahoma, Oregon, Texas, Colorado, Florida and Utah, providing high-quality comprehensive Hospice and Palliative Care Services to our patients, families, and communities. All Bristol Hospice locations are licensed and certified in accordance to the state and federal hospice regulations. In addition, all programs voluntarily seek Community Health Accreditation Partner (CHAP) Accreditation. CHAP Accreditation publicly certifies that an organization has voluntarily met the highest standards of excellence for home and community-based health care.

There are 26 Bristol Hospice, L.L.C. programs located in 8 states. It employs a diverse skilled workforce to meet the needs of its patients with more than 1,600 employees. Bristol Hospice would get vast benefits by being able to lean on literally hundreds of Hospice professionals that have seen or experienced any imaginable hospice circumstance. The ability to back fill any issues with access to the broad Bristol platform is invaluable to ensure the community of Thurston county will get 24/7 consistent service every time every day every year. This depth and breadth of experience and service will be put to good use in Thurston county.

Each Bristol Hospice program operates out of a community office, which is typically staffed with an Executive Director ("ED") who is responsible for the overall operations of their location. The ED oversees all staff and is responsible for identifying and contracting with Medical Directors and Associate Medical Directors to serve its patients. The Director of Patient Care Services ("DPCS") is the leading force in all clinical matters. The DPCS reports to the ED but is responsible for overseeing all matters relating to patient care including supervision of RNs, LPNs, CNAs and other disciplines that provide direct care to patients. The number of employees in each facility is based on the census with a constant watch to ensure that there is sufficient staff to provide its expected level of quality care. Office functions such as billing, A/P, contract management, payroll and HR are standardized and provide consistent compliant services. These services have been time tested and have been proven to provide reliable quality care that currently is not in Washington.

The Bristol Hospice local offices are individualized hospice operations, supported by a national office. Each hospice program provides custom tailored hospice services to meet the physical, psychosocial, and spiritual needs of our patients and their families/caregivers. An interdisciplinary group of professionals and volunteers develops an individualized plan of care which includes, as appropriate, the following services: nursing, physicians, home health aides, counseling, spiritual support, therapy, dietary, durable medical equipment, supplies, volunteer services and bereavement services. All departments receive robust support from the national support services. Every chaplain has hundreds of chaplains standing behind them in the Bristol Hospice family.

This is true for every other discipline. That said the local leader is free to give the local touch necessary to ensure we are giving Washington residents Washington care.

Bristol Hospice patients are diverse in ethnic background and religious practices. The Bristol Hospice team develops programs and hires its clinical team based on the specific culture of its patients at the local level. It goes the extra mile to ensure that the culture is understood and respected by the staff working with patients in each location. Bristol Hospice understands each patient brings unique clinical, cultural and spiritual needs and that as a national hospice system, programs and staffing recognize the importance of this and strive to accommodate these personal and regional variations. It's key leadership consistently travels to its locations and frequently engages community leaders, clinicians, and our patient base to ensure we tailor our programs to meet the special needs of the patients. Bristol Hospice's boutique hospice model provides a community focused approach which also incorporates a sophisticated national infrastructure to ensure that its programs meet all relevant legal and accreditation standards while incorporating best practices in CHAPs accreditation standards and the Hospice Conditions of Participation. Members of the Bristol parent company's advisory board are also on the CHAP board and review compliance and survey performance nationally. These members are in **Exhibit 22** and show the depth and breadth of support that is backing the Bristol Hospice model of Care.

Bristol Hospice focuses on providing customized care which meets and/or exceeds national standards for quality care delivery yet is tailored for the specific needs of each patient. In addition to each individualized patient care plan, Bristol Hospice produces an individualized service plan for each location, to ensure that all services are tailored to the communities it serves. This care model is customized prior to its entry into new markets to ensure its success in becoming a valued part of the community. Bristol Hospice leadership personally visit the community to best understand the cultural and care needs so that tailor core programs can be tailored to meet the community's needs. Frequent additional visits once the hospice is open, ensure that Bristol Hospice is truly a community hospice.

14. For existing agencies, provide copies of the last three licensure surveys as appropriate evidence that services will be provided (a) in a manner that ensures safe and adequate care, and (b) in accordance with applicable federal and state laws, rules, and regulations.

See **Exhibit 23** for copies of the last three licensure surveys.

D. Cost Containment (WAC 246-310-240)

1. Identify the exploration of alternatives to the project you have chosen to pursue, including postponing action, shared service arrangements, joint ventures, subcontracting, merger, contract services, and different methods of service provision, including different spacial configurations you have evaluated and rejected. Each alternative should be analyzed by application of the following:
 - Decision making criteria (*cost limits, availability, quality of care, legal restriction, etc.*):
 - Advantages and disadvantages, and whether the sum of either the advantages or the disadvantages outweigh each other by application of the decision-making criteria;
 - Capital costs;
 - Staffing impact.

Bristol Hospice is submitting this application based upon the Department of Health 2019-2020 Hospice Numeric Need Methodology updated November 2019 which shows Thurston County will

have 246 unmet admits equaling ADC of 41 Hospice Patients totaling 14,815 unmet patient days starting in 2021.

2. Describe how the proposal will comply with the Medicare conditions of participation, without exceeding the costs caps.

Bristol Hospice utilizes robust policies and procedures that have been vetted by third party hospice experts. These policies and procedures have been designed to follow the federal hospice conditions of participation. Local staff is supported by national experts to ensure compliance with these policies. Bristol Hospice has voluntarily elected to receive deemed status by CHAP federally accredited organization. Further members of the parent leadership team serve on national boards for the National Hospice and Palliative Care Organization and have literally create legislation for the Hospice benefit.

Bristol Hospice has robust internal controls around patient eligibility and ongoing clinical oversight to ensure that all patients qualify for care and show clinical indicators of decline. This provides Bristol Hospice with acceptable average length of stay and quality of care so that it does not have any Medicare cap repayments. Across all 26 sister locations it has never had a failed survey either through state or CHAP accreditation. Never at any time has a Medicare or State license been suspended or revoked. Bristol has a dedicated compliance officer and anonymous hotline that rigorously investigates any reports.

3. Describe the specific ways in which the project will promote staff or system efficiency or productivity.

Bristol Hospice has state of the art quality assurance processes which utilize NHPCO (National Hospice and Palliative Care Organization) guidelines for staffing patient care services. It also has advanced electronic healthcare record systems (Casamba) that track and coordinate bedside care, documentation, reporting, and outcomes in real time. Staff use an iPad in the field and can chart at the bedside. An advanced information technology total triage program assists our patients in finding the closest caregiver for their needs in the shortest amount of time. These systems allow it to accurately measure productivity in real time and adjust staff schedules accordingly. Bristol is the lead consultant with Casamba systems and has conducted time studies for documentation by all disciplines and has resulted in reduced documentation time for staff over other systems Bristol Hospice has investigated. Further all staff receive advanced encrypted communication that is done on the company issued iPad's and phones that allow for quick efficient compliant communications.

Staff travel expense is captured electronically and can be done through GPS allowing for accurate expense management for travel as well as less staff time to track and monitor.

Bristol Hospice patients and caregivers will work with the hospice team to set up a plan of care that meets the needs of the patient. It's patients and their family members are the most important part of an interdisciplinary team that may also include:

- Doctors
- Nurses or nurse practitioners
- Counselors
- Social workers
- Physical and occupational therapists
- Speech-language pathologists
- Hospice aides

- Homemakers
- Volunteers

In addition, a hospice nurse and doctor are on-call 24 hours a day, 7 days a week to give the patient and family support and care when they needed. A hospice doctor (the Medical Director) is part of the medical team. The patient may also include his or her regular doctor or a nurse practitioner on the medical team, as the attending medical professional who supervises care. Bristol Hospice has access to the Medical staff of other sister companies to ensure practices are as efficient as possible. Best practice sessions are regularly scheduled by experts in the field of Hospice to ensure these practices can be followed by Bristol Hospice.

A robust quality team is available to Bristol Hospice from Bristol Hospice, L.L.C. This team conducts regular calls to provide support for any practice that may not be as efficient or providing the quality that it could. This access allows for Bristol Hospice personnel to quickly implement and become hospice leaders in Thurston county.

Bristol Hospice utilized direct to home shipping for all medical supplies reducing staff time to come to the office and ensures timely delivery of supplies to patients. Pharmacy is delivered to staff at home or at a medical facility where they may live. This ensures medications are timely and promptly available.

Bristol Hospice will serve any person who has a terminal illness and a prognosis of six months or less who has a referral and written plan for hospice care established by the individual's attending physician. Bristol Hospice involves the patient, caregiver or designee, key professionals, and other team members in developing an individualized plan for care, treatment and services. The Plan of Care is based upon identified problems, needs and goals, physician orders for medications, care, treatments and services, time frames, your environment and personal wishes whenever possible. The plan is reviewed and updated as needed or every fifteen days, based on changing needs. Bristol Hospice encourages patient and caregiver participation and will provide necessary medical information to assist in decision making.

An interdisciplinary group of professionals and volunteers will develop, with each patient and family/caregiver, a plan of care that will include, as appropriate, the following personnel and services:

- Physician
- Registered nurse
- Medical social worker
- Counseling
- Spiritual support
- Therapists (physical, occupational, and speech)
- Dietary counseling
- Hospice aide
- Homemaker services
- Hospice volunteers
- Consultant pharmacist
- Durable medical equipment related to the hospice patient's terminal diagnosis
- Medications and medical supplies related to the hospice patient's terminal diagnosis
- Inpatient care: short-term stay for symptom control and planned respite for family/caregiver
- Bereavement follow-up for up to one (1) year after death

4. If applicable, in the case of construction, renovation, or expansion, capital cost reductions achieved by architectural planning and engineering methods and methods of building design and construction. Include an inventory of net and gross square feet for each service and estimated capital cost for each proposed service. Reference appropriate recognized space planning guidelines you have employed in your space allocation activities.

This question is not applicable.

5. If applicable, in the case of construction, renovation or expansion, an analysis of the capital and operating costs of alternative methods of energy consumption, including the rationale for choosing any method other than the least costly. For energy-related projects, document any efforts to obtain a grant under the National Energy Conservation Act.

This question is not applicable.

Please do not hesitate to contact us should any aspect of this application require clarification.
Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read 'Hyrum Kirton', with a long horizontal flourish extending to the right.

Hyrum Kirton
Chief Executive Officer
Bristol Hospice, L.L.C.

Exhibit 1
Organization Chart

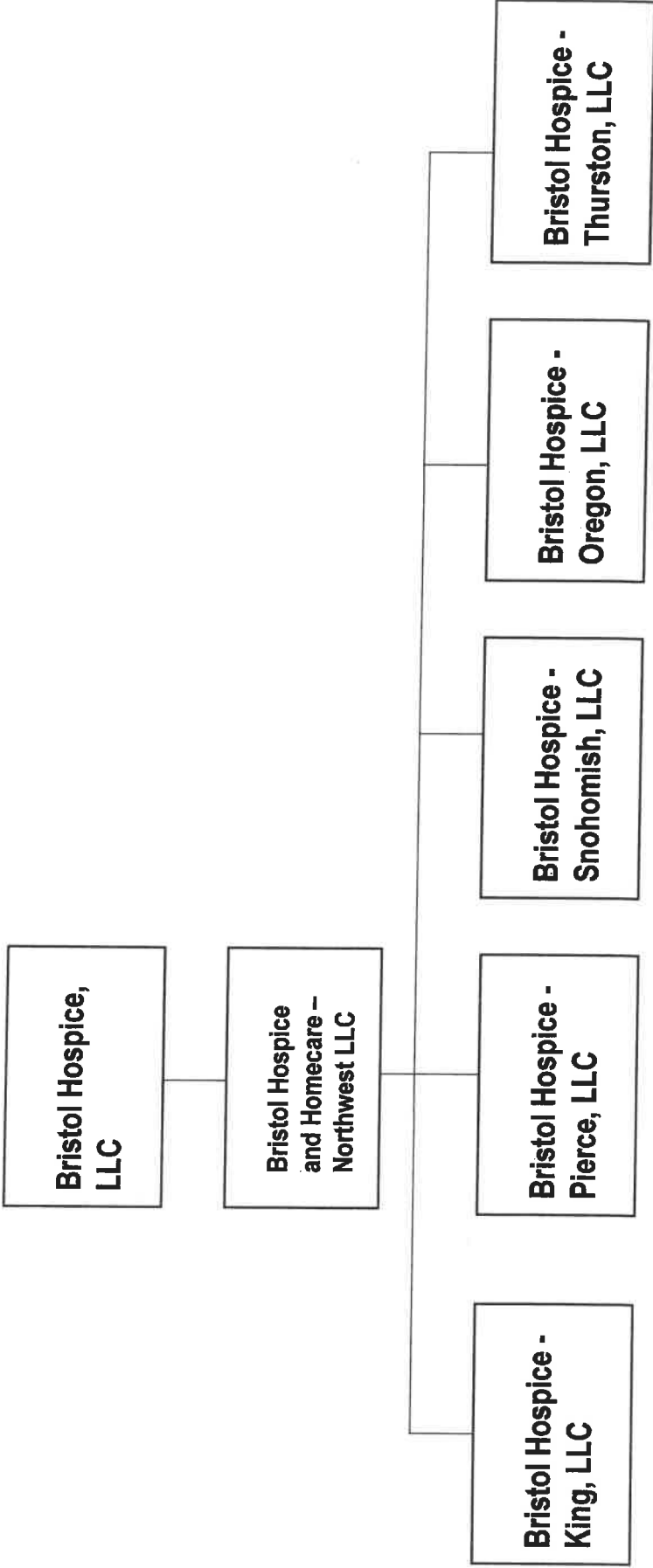


Exhibit 2
Medical Director Contract

MEDICAL DIRECTOR AND PHYSICIAN SERVICES AGREEMENT

THIS MEDICAL DIRECTOR AND PHYSICIAN SERVICES AGREEMENT ("Agreement") is entered into this 25 day of October, 2019 ("Effective Date"); by and between S. von Treuss-Friedmann MD ("Medical Director"); and Bristol Hospice - Thurston, L.L.C. ("Hospice") a duly-licensed healthcare provider.

RECITALS

WHEREAS, Hospice presently operates a Medicare-certified hospice at which the services of a qualified medical director are required; and

WHEREAS, Medical Director is qualified to act as a medical director for Hospice and provide physician services as described in this Agreement; and

WHEREAS, Hospice and Medical Director (each a "Party" and collectively "Parties") have determined that, by entering into this Agreement, Hospice can better meet the needs of current and prospective patients of Hospice.

[] This Document covers both Medical Director and Physician Services. If the box at the beginning of this paragraph IS marked, Medical Director will NOT BE PROVIDING PHYSICIAN SERVICES.

NOW, THEREFORE, in consideration of the mutual promises herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 DEFINITIONS

1.1 "Attending Physician" shall mean the doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State or the nurse practitioner who meets the training, education, and experience requirements outlined in 1.1.1 herein, if permissible in the State, who is designated by the Patient, or such Patient's legal representative, at the time the Patient elects to receive hospice care, as having the most significant role in the determination and delivery of the Patient's medical care.

1.1.1 Nurse Practitioner Qualifications. For Medicare Part B coverage of his or her services, a nurse practitioner must be a registered professional nurse who is authorized by the State to practice as a nurse practitioner in accordance with State law, and must meet one of the following: (1) obtained Medicare billing privileges as a nurse practitioner for the first time on or after January 1, 2003, and meets the following requirements: (i) be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners. (ii) possess a master's degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree; (2) obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2003, and be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; or (3) obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2001.

1.2 "CHAP" shall mean the Community Health Accreditation Program or such other accrediting organization with deemed status for Medicare program participation as is designated from time to time by the Governing Body.

1.3 "Consulting Physician Services" shall mean the one-time evaluation and counseling services furnished by Medical Director directly to a Medicare beneficiary who has been diagnosed as terminally ill, has not previously elected hospice care, and has not previously received the pre-election evaluation and counseling services.

1.4 “Interdisciplinary Group” shall mean those individuals designated by Hospice to provide or direct, coordinate and supervise the care and services offered by Hospice, as required by Conditions of Participation.

1.5 “Governing Body” shall mean the Governing Body of Hospice appointed in accordance with its Operating Agreement.

1.6 “Medical Director Services” shall mean the “Medical Director Professional Responsibilities” described in Exhibit A, which are furnished by the Medical Director to Hospice.

1.7 “Patient” shall mean an inpatient or outpatient of Hospice who is entitled and eligible to receive hospice services from Hospice.

1.8 “Physician services” shall mean physician services furnished directly to a Patient by Medical Director and billed by Hospice.

1.9 “Policies and Procedures” shall mean the written policies, procedures, regulations or other guidelines, however captioned, established by the Governing Body of Hospice or its designee from time to time for the operation and management of Hospice.

1.10 “State” shall mean the state in which Hospice is located and licensed.

ARTICLE 2 HOSPICE’S OBLIGATIONS

2.1 Responsibilities of Hospice.

2.1.1 Hospice shall be solely responsible for all activities necessary or required for the operation of a licensed and certified hospice in the State and under Medicare and Medicaid laws, rules and regulations and federal, state and local laws, rules and regulations. Hospice will provide hospice services to Patients admitted by Hospice according to Hospice’s policies on acceptance of Patients for service.

2.1.2 Hospice, through its Administrator/Executive Director will provide Medical Director with an orientation to the hospice program as provided at Hospice, inclusive of the hospice philosophy. Additional informational materials will be provided, as needed, throughout the term of the Agreement. The Administrator/Executive Director of Hospice will be accessible to the Medical Director for matters related to the day-to-day implementation of this Agreement and will facilitate coordination and continuity of services to Patients. Hospice will assess the skills and competence of Medical Director, and, as necessary, provide in-service training and education programs where required, in accordance with Hospice’s written policies and procedures describing its method(s) of assessment of competency, including education on infection control and drug management. Hospice will maintain a written description of the in-service training provided during the previous 12 months.

2.1.3 Hospice retains full authority for the patient admission process; patient assessment and reassessment; ensuring the proper review and revision of the plan of care; ensuring the coordination, supervision and evaluation of the patient care provided; the scheduling of visits or hours; and discharge planning. Hospice shall retain administrative and financial management and oversight of Medical Director and all services provided hereunder, to ensure the provision of quality care. Notwithstanding the foregoing, Medical Director shall not be relieved of his or her obligation to perform the specific responsibilities of Medical Director as set forth in this Agreement, including Exhibits A and B. Notwithstanding the above; Hospice shall not attempt to direct the medical care provided by Medical Director to Hospice patients; Hospice shall only admit a Patient on the recommendation of the Medical Director in consultation with, or with input from, the Patient's Attending Physician (if any); and prior to discharging a Patient for any reason listed in paragraph (a) of 42 CFR 418.26, Hospice must obtain a written physician's discharge order from the Medical Director (if such Patient has an Attending Physician

involved in his or her care, this physician should be consulted before discharge and his or her review and decision included in the discharge note.)

2.14 Hospice will ensure the utilization of services and appropriateness and quality of medical direction in accordance with its quality assessment and performance improvement program. The Administrator/Executive Director of Hospice is responsible for the monitoring and control of services provided.

2.15 Hospice shall retain professional management responsibility to ensure that all services are (i) authorized by Hospice; (ii) furnished in a safe and effective manner by qualified personnel; and (iii) delivered in accordance with the patient's plan of care in all settings. Hospice shall retain responsibility for coordinating, evaluating and administering the hospice program, as well as coordinating the provision of services.

2.16 Hospice will provide Medical Director with any amendments to the Policies and Procedures, upon which the amended Policies and Procedures will become a binding part of this Agreement.

2.17 Hospice shall pay Medical Director as specified in Sections 3.3 and 3.4 of this Agreement.

ARTICLE 3 MEDICAL DIRECTOR'S OBLIGATIONS

3.1 Status and Membership. Medical Director represents, warrants and covenants that he or she will remain in full compliance with all of the following conditions continuously during the entire term of this Agreement. Failure of Medical Director to satisfy any or all of the following conditions will constitute grounds for immediate termination of this Agreement by Hospice.

3.1.1 Medical Director is and shall remain licensed as a doctor of medicine or osteopathy in the State without restriction or subject to any disciplinary or corrective action. Medical Director must be legally authorized in accordance with applicable Federal, State and local laws, and must act only within the scope of his or her State license during the term of this Agreement. In the event Medical Director is subject to proceedings that could lead to disciplinary action, in the sole discretion of Hospice, Hospice may suspend Medical Director from providing services under this Agreement, without compensation, during the pendency of such proceedings. In addition, to the extent reasonably requested by Hospice, Medical Director will maintain continuing medical education hours as required by applicable industry standards for Hospices; and have been appropriately tested for tuberculosis and other appropriate illnesses that, under current industry standards, are consistent with service as a Medical Director of a facility such as Hospice. Medical Director shall provide copies to Hospice of any current licenses, registrations, and/or renewals, upon execution of this Agreement and thereafter at any time upon Hospice's request.

3.1.2 Intentionally Blank.

3.1.3 Medical Director will abide by Hospice's Policies and Procedures; the applicable hospice laws, rules and regulations of the State and other applicable state, federal, local, CHAP and other applicable accrediting body laws, rules, regulations, and standards, including those related to the health and safety of patients; ethics and professional standards of the medical profession; the rules and regulations that are applicable to Hospice, including accreditation and certification (and recertification) requirements. Medical Director represents that he or she has appropriate expertise in the medical care of the terminally ill.

3.1.4 Medical Director has and shall maintain registration with the Drug Enforcement Administration ("DEA") and any applicable state agency without any limitation on Medical Director's authority to prescribe drugs under such registration and shall provide current proof of such registration upon Hospice's request.

3.1.5 Medical Director is and shall remain a participating Medicare and Medicaid provider without any restriction or limitation. Medical Director represents and warrants that he or she has never been excluded from participation in any federally funded health care program including, without limitation, Medicare, Medicaid or TRICARE nor has been convicted or found to have violated any federal or state fraud and abuse law or illegal

remuneration law. Medical Director is and shall remain a participating provider for those third party payors designated by Hospice from time to time.

3.1.6 Medical Director has not and will not be listed by a federal agency as debarred, suspended or excluded from, or otherwise ineligible for, participation in federal procurement and non-procurement programs or federally funded health care programs. This is a continuing representation and Medical Director shall notify Hospice if Medical Director is no longer able to make such representation.

3.1.7 Medical Director shall remain eligible to work and access patients in accordance with all local, State and federal laws, rules, regulations and standards.

3.1.8 Medical Director shall comply with all local, State and federal laws, rules and regulations regarding health screenings and shall maintain compliance with same.

3.2 Duties and Responsibilities of Medical Director.

3.2.1 Medical Director will fulfill those specific responsibilities set forth on Exhibit A to this Agreement, the "Medical Director Professional Responsibilities," and Exhibit B to this Agreement, the "Consulting Physician or Physician Services." Hospice may amend Exhibits A and B from time-to-time when required to maintain Hospice's compliance with applicable laws, rules and regulations and the requirements of CHAP and other applicable accrediting bodies by providing a copy of an amended Exhibit A and Exhibit B to Medical Director, upon which the amended Exhibit A and/or Exhibit B will become a binding part of this Agreement.

3.2.2 Medical Director will devote such time and attention as is necessary to fulfill his or her duties and responsibilities, and obligations hereunder. Medical Director will be available for on-call consultation, assistance and decisions regarding patient care. Medical Director will be responsible for arranging coverage when he/she is unavailable, subject to Hospice's prior approval. Medical Director will be solely responsible for compensating any substitute Medical Director he/she obtains in accordance with this Section 3.2.2.

3.2.3 If requested by Hospice, in Hospice's sole discretion, Medical Director will cooperate with Hospice in identifying a qualified Associate Medical Director, who shall be acceptable to Hospice in Hospice's sole discretion. If Hospice elects to utilize an Associate Medical Director, Hospice will enter into a separate agreement with the Associate Medical Director.

3.2.4 Medical Director will work coordinate and work administratively with Hospice's Administrator/Executive Director, as the representative of Hospice, in the fulfillment of his/her day-to-day responsibilities under this Agreement.

3.2.5 Medical Director may serve as Attending Physician to Patients whom Medical Director refers to Hospice. Medical Director shall submit to Hospice written clinical notes describing the medical visits as Attending Physician within seven (7) days from the date of the medical visit to assist Hospice in meeting its legal obligations regarding record maintenance.

3.3 Medical Director Fees. Medical Director shall receive a fee of \$300 per hour, payable on a prospective basis on or before the first day of each month, for the provision of Medical Director Professional Responsibilities specified in this Agreement, assuming all timesheets and required documentation have been completed and submitted. Travel and other expenses are included under this rate, unless separately approved by Hospice.

3.5 Documentation. Medical Director shall accurately document Medical Director Services actually provided each month by Medical Director and follow all Hospice billing policies and procedures regarding same.

3.6 Governing Body Responsibility. Medical Director shall at all times be under the general administrative control and supervision of the Governing Body as to the end results (but not the manner and means) by which Medical Director Services are furnished at Hospice and for purposes of ensuring compliance with this Agreement. The Governing Body (or designated persons so functioning) assumes full legal authority and responsibility for the management of Hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement. Nothing in this Section 3.6 shall empower or require the Governing Body to direct or control the exercise of medical judgment by the Medical Director. Services shall be furnished in a safe and effective manner, and, when applicable, delivered in accordance with the patient's plan of care.

3.7 Confidential Information and Ownership. Medical Director recognizes and acknowledges that he will have access to certain confidential information of Hospice and that such information constitutes valuable, special and unique property of Hospice. Such information includes, but is not limited to, Hospice's Policies and Procedures, business and managed care arrangements and strategies, patient care procedures and policies and any specific forms or systems developed and used by or for Hospice. Medical Director will not, during or after the term of this Agreement, without the consent of Hospice disclose any such confidential information to any other person, firm, corporation, association, or other entity for any reason or purpose whatsoever except as may be ordered by a court or governmental agency or as may otherwise be required by law (provided that Hospice receives prior written notice of such disclosure and the Medical Director takes all reasonable and lawful actions to obtain confidential treatment for such disclosure and if possible, to minimize the extent of such disclosure). In the event of a breach or a threatened breach by Medical Director of the provisions of this paragraph, Hospice will be entitled to an injunction restraining Medical Director from disclosing in whole or in part any confidential information without the necessity of posting a bond or other security. Nothing herein will be construed as prohibiting Hospice from pursuing any other remedies available to it for such breach or threatened breach, including the recovery of damages from Medical Director. In addition, any Confidential Information of Hospice developed in whole or in part by Medical Director, and any derivations thereof, will be the sole and exclusive property of Hospice. This provision shall survive the termination or expiration of this Agreement.

Upon the termination of this Agreement or at any time upon the request of Hospice, Medical Director shall promptly deliver to Hospice all confidential information and all correspondence, manuals, letters, notes, notebooks, reports or any other documents embodying or concerning confidential information in Medical Director's possession and destroy or erase all other embodiments of confidential information under Medical Director's control, as directed by Hospice. This provision shall survive the termination or expiration of this Agreement.

3.8 Financial Obligation. Medical Director will incur no financial obligation on behalf of Hospice or for which Hospice will be responsible without prior approval of the Administrator/Executive Director.

3.9 Insurance. Throughout the term of this Agreement Hospice will maintain professional liability insurance in an amount no less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate, so long as Medical Director remains qualified and eligible for same. This insurance will cover all of the Medical Director's professional activities as Medical Director, Consulting Physician and Physician Services under this Agreement but WILL NOT extend to any private medical practice, consulting or physician services of Medical Director unrelated to the responsibilities of Medical Director under this Agreement.

3.10 Records. All records of Medical Director Services, Consulting Physician or Physician Services shall be the property of Hospice. Originals of all records shall be maintained at Hospice. Copies of those records shall be made available to Medical Director, upon Medical Director's reasonable request, subject to applicable laws, rules and regulations. Medical Director shall maintain the confidentiality of all records, including patient records, and other documents generated or provided under this Agreement in accordance

with all relevant state and federal laws, rules and regulations. This provision shall survive the termination or expiration of this Agreement.

3.11 Medical Director acknowledges that in the provision of his/her services as Medical Director, Consulting Physician or Physician Services, he/she may be acting as a "business associate" of Hospice for purposes of Hospice's compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 as amended and related regulations ("HIPAA") and that, when Medical Director is acting as a business associate, the provisions of the Exhibit D, "Business Associate Agreement" will apply and Medical Director agrees to abide by all policies and procedures implemented by Hospice to ensure compliance with HIPAA and other patient privacy and confidentiality requirements of Hospice. This provision shall survive the termination or expiration of this Agreement.

3.12 Notifications. In addition to all other notification requirements in this Agreement, Medical Director shall immediately notify Hospice if any of the following events occur: (a) the occurrence of any of the circumstances described in this Agreement that entitle Hospice to terminate this Agreement; (b) Medical Director is the subject of any complaint or a disciplinary or other proceeding or action before any agency or board; (c) any threatened or proposed exclusion of Medical Director from any government program or any private insurance program, including, but not limited to, Medicare or Medicaid; and (d) all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, or physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of Hospice, to the extent that Medical Director has knowledge of such events.

ARTICLE 4 TERM AND TERMINATION

4.1 Term. The term of this Agreement shall be for one (1) year, commencing on the Effective Date and ending on one year following Effective Date ("Initial Term"). Thereafter, this Agreement shall renew automatically for additional one (1) year terms (each, a "Renewal Term"), unless either Party gives the other Party thirty (30) days prior written notice of its intent not to renew before the end of the Initial Term or a Renewal Term, as appropriate.

4.2 Terminations.

4.2.1 Immediate Termination for Cause. Notwithstanding Section 4.1, this Agreement may be terminated immediately by Hospice, upon notice to Medical Director, upon the occurrence of any of the following:

4.2.1.1 the dissolution, bankruptcy or liquidation of either Party;

4.2.1.2 the conviction of Medical Director of a felony or of any crime involving moral turpitude, or the institution of civil, criminal or administrative proceedings that could result in the exclusion of Medical Director from participation in the Medicare or Medicaid programs;

4.2.1.3 Hospice makes a good faith determination Medical Director's personal misconduct is of such a serious nature that his/her continued provision of Medical Director Services pursuant to this Agreement would create a substantial likelihood of injury or damage to the health or safety of any Patient;

4.2.1.4 If, in the determination of Hospice, Medical Director fails to maintain a good reputation or character, or fails to work harmoniously with others such that Medical Director is not able to provide the Medical Director Services in an efficient and orderly manner;

4.2.1.5 As expressly provided for in Section 3.1 or otherwise in this Agreement;

4.2.1.6 The cancellation, termination or non-renewal of any of Medical Director's insurances as required hereunder or by law, rule or regulation;

4.2.1.7 The death or disability of Medical Director. For purposes of this Agreement, the term “disability” shall mean Medical Director’s inability to perform his or her duties under this Agreement with reasonable accommodation for three (3) consecutive months during the term of this Agreement due to illness, accident or other incapacity (but not including pregnancy) as determined in good faith by Hospice;

4.2.1.8 The revocation, suspension, limitation or restriction of Medical Director's participation in the Medicare or Medicaid programs;

4.2.1.9 Medical Director's failure to provide the notifications required by this Agreement;
or

4.2.1.10 any other action or omission of Medical Director that Hospice deems to have a material adverse effect on the interests of Hospice.

4.2.2 Upon Material Breach. In addition, and notwithstanding Section 4.1, the non-breaching Party may terminate this Agreement upon a material default or breach by the other Party upon thirty (30) days’ prior written notice, which notice shall set forth the grounds for termination in reasonable detail. This Agreement may terminate at the election of the non-defaulting party: (a) if curable, in the event such breach is not cured within thirty (30) days after service of the default notice; or (b) if non-curable, upon service of the default notice.

4.2.3 Without Cause. After the Initial Term, either Party may terminate this Agreement without cause by providing the other Party sixty (60) days advance written notice of the date of termination; provided, however, that if this Agreement is terminated by either Party pursuant to this Section 4.2.3, the Parties will not re-contract for the same services within one (1) year of such termination.

4.3 Termination Due to Change in Law. In the event there are substantial changes or clarifications to any applicable laws, rules or regulations that materially affect, in the opinion of either party's legal counsel, any party's right to reimbursement from third party payors or any other legal right of any party to this Agreement, the affected party may, by written notice to the other party, propose such modifications to this Agreement as may be necessary to comply with such change or clarification. Upon receipt of such notice, the parties shall engage in good faith negotiations regarding any appropriate modifications to this Agreement. If such notice is given and the parties are unable within 15 days thereafter to agree to appropriate modifications to this Agreement, either party may terminate this Agreement by providing notice to the other party. This provision shall not apply to those amendments made unilaterally by Hospice as authorized pursuant to Section 5.7 hereof.

4.4 Continuing Obligations. Notwithstanding the termination of this Agreement, the Parties shall be required to carry out any provision which contemplates performance by them subsequent to termination. Termination shall not affect any liability or obligation which shall have accrued prior to such termination, including but not limited to, accrued but unpaid compensation. Following any termination of this Agreement, or notice thereof, the Parties shall fully cooperate with each other in all matters relating to the winding up of their pending work. Specifically, the Medical Director shall assist in the transition of care and shall complete all timesheets, patient records and other documentation required hereunder, by Hospice and by law, rule and regulation. This provision shall survive the termination or expiration of this Agreement.

ARTICLE 5 GENERAL PROVISIONS

5.1 Billing and Collection. All revenue and income resulting from services rendered by Medical Director pursuant to this Agreement, including the professional, technical and administrative charges associated with the provision of the Medical Director Services, Consulting Physician and Physician Services shall belong to and accrue to the benefit of Hospice. It is agreed that only Hospice will bill and receive any fees or charges for the Medical Director Services furnished to Patients by Medical Director. Medical Director shall not bill Medicare, Medicaid, or any other third party payor for any Medical Director Services, Consulting Physician and Physician Services provided to Patients pursuant to this Agreement. If deemed necessary by Hospice, Medical Director will execute a reassignment agreement under Medicare

permitting Hospice to bill and receive payment from Medicare for services provided pursuant to this Agreement. Notwithstanding the foregoing, Hospice shall not bill or receive any fees or charges arising from physician services provided by Medical Director as Attending Physician to patients whom Medical Director refers to Hospice. This provision shall survive the termination or expiration of this Agreement.

5.2 Notices. All notices and other communication required or permitted to be given hereunder shall be in writing and shall be considered given and delivered when personally delivered to the Party, facsimile transmitted to the Party or delivered by courier or deposited in the United States mail, postage prepaid, return receipt requested, properly addressed to a Party at the address set forth below, or at such other address as such Party shall have specified by notice given in accordance herewith:

Hospice

Medical Director

10573-14th Ave NW

Seattle, WA 98177

5.3 Independent Contractor. In the performance of all Medical Director Services, Consulting Physician or Physician Services pursuant to this Agreement, Medical Director is at all times acting as an independent contractor engaged in the profession and practice of medicine. Medical Director will employ his or her own manner, means and methods and exercise his or her own professional judgment in the performance of all Medical Director Services, Consulting Physician and Physician Services. Hospice will have no right of control or direction with respect to such manner, means, methods or judgments, or with respect to the details of Medical Director Services, Consulting Physician Services or Physician Services. The only concern of Hospice under this Agreement or otherwise is that, irrespective of the manner and means selected, such Medical Director Services, Consulting Physician Services or Physician Services will be provided in a competent, efficient and satisfactory manner in accordance with the terms and conditions of this Agreement. It is expressly agreed that Medical Director will not for any purpose be deemed to be an employee, agent, partner, joint venture, ostensible or apparent agent, servant, or borrowed servant of Hospice. In recognition of his/her status as an independent contractor, Medical Director will not have any claim against Hospice for vacation pay, sick leave, retirement benefits, social security, workers' compensation, disability or unemployment insurance benefits, or employee benefits of any kind and Hospice will not withhold for taxes from Medical Director's fees paid pursuant to Sections 3.3 and 3.4. Medical Director agrees to make all state and federal estimated or final tax payments due on account of said fees in a timely manner.

5.4 Indemnification. Medical Director shall, at his/her own cost and expense, pay, protect, indemnify, defend, and hold Hospice (and Hospice's trustees, officers, directors, contractors, employees, agents, subcontractors, invitees and/or affiliates) harmless, from and against all claims, causes of action, suits, demands, liabilities, damages, penalties, injury, judgments, and costs and expenses, including reasonable attorneys' fees and court costs, which may be imposed upon, incurred by, or asserted against Hospice (and/or Hospice's trustees, officers, directors, contractors, employees, agents, subcontractors, invitees and/or affiliates) arising out of acts or omissions caused or contributed to by the negligence or willful misconduct of Medical Director or his/her representatives. This provision shall survive the termination or expiration of this Agreement.

5.5 Governing Law. This Agreement shall be construed, and the rights and liabilities of the Parties hereto determined, in accordance with the laws of the State. This provision shall survive the termination or expiration of this Agreement.

5.6 Arbitration of Disputes. Any controversy, dispute or disagreement arising out of, or relating to this Agreement or the breach thereof, shall be settled by arbitration in the State where the services are performed and, in accordance with the rules then existing of the American Health Lawyers Association, Alternative Dispute Resolution Rules, and judgment upon the award rendered may be entered in any court having jurisdiction thereof. Such arbitration shall be binding and the expense and costs thereof shall be borne by each party as incurred; and following arbitration, the prevailing party shall be entitled to all costs incurred, including reasonable attorneys' fees. The foregoing shall not prevent either Party from seeking interim or equitable relief in a court to the extent provided for or otherwise appropriate under this Agreement.

5.7 Amendments. This Agreement may be amended only by a writing signed by both Parties setting forth the specific terms of such amendment, except as expressly provided otherwise herein. Amendments required by legislative, regulatory or other legal authority, as reasonably determined by Hospice, shall not require the consent of the Medical Director and shall be effective immediately upon Medical Director's receipt of notice of amendment from Hospice.

5.8 Waiver. A Party's failure, at any time or times hereafter, to require performance by the other Party of any provision of this Agreement shall not constitute a waiver or affect or diminish any right of the Party thereafter to demand such performance.

5.9 Intentionally Blank.

5.10 Headings. The paragraph headings contained in this Agreement are for reference purposes only and should not affect in any way the meaning or interpretation of this Agreement.

5.11 Records. Upon written request, for a period of up to six (6) years following the furnishing of services under this Agreement, either Party shall make available to the Secretary of the Department of Health and Human Services ("Secretary") or, upon request, to the Comptroller General of the United States, or any of their duly authorized representatives, the contract, books, documents and records of either Party that are necessary to certify the nature and extent of the services and costs hereunder. In addition, Hospice shall have the same rights of access during the term of this Agreement and for the six year period following termination. This provision shall survive the termination or expiration of this Agreement.

5.12 Private Practice of Medical Director. Nothing in this Agreement shall limit the ability of Medical Director to engage in the private practice of medicine, outside the scope of this Agreement; provided that Medical Director hereby acknowledges that, in the provision of such private practice of medicine, Medical Director shall not and shall not represent that he or she is providing such services on behalf of or at the direction of Hospice. Medical Director shall not make use of Hospice's resources for any professional activities outside the scope of this Agreement.

5.13 Entire Agreement. This Agreement constitutes the complete agreement of the Parties hereto with respect to the subject matter hereof and shall supersede and render null and void all prior and contemporaneous agreements between the Parties hereto regarding the subject matter hereof. All exhibits attached and referred to herein are fully incorporated by this reference into this Agreement.

5.14 Assignment. Medical Director shall not assign Medical Director's rights or delegate his or her duties or obligations of this Agreement, or any portion hereof, without the prior written consent of Hospice and, to the extent required, any applicable payor.

5.15 Third-Party Beneficiaries. There shall be no third-party beneficiaries to this Agreement.

5.16 Fair Market Value. The amounts to be paid by Hospice to Medical Director pursuant to this Agreement have been determined through good faith bargaining, in an arms length process, to be the fair market value of the Medical Director Services specified herein. No amount to be paid hereunder is intended to be a direct or indirect, covert or overt offer, inducement or payment for referrals of patients or services.

5.17 Severability. In the event that any provision of the Agreement is held to be unenforceable for any reason, the unenforceability of that provision will not affect the remainder of this Agreement, which will remain in full force and effect in accordance with its terms.

5.18 Legal Compliance. Nothing contained in this Agreement or in any other written or oral agreement between the Parties, or any consideration offered or paid in connection with this Agreement, contemplates or requires Medical Director or any physician to admit or refer any patients to Hospice as a precondition to receiving the benefits set forth. In the event that either Party reasonably determines that compliance with the terms

of this Agreement by either party would pose a clear and present risk of causing a Party to violate an applicable law, rule or regulation of any kind, including but not limited to laws, rules and regulations relating to relationships between referral sources or relating to availability of reimbursement to Hospice from governmental payers, the Party will provide notice of the potential violation and proposed modifications to the Agreement to remediate the potential violation and for the fifteen (15) day period after the other party received the foregoing notice the Parties will negotiate in good faith for an appropriate amendment to this Agreement. If the parties are not able to agree within that time, either Party may terminate this Agreement immediately on written notice to the other party. Such notice shall not be deemed an admission by either Party that a violation of a law, rule, or regulation has occurred.

5.19 Access to Books and Records of Subcontractor. Upon the written request of the Secretary of Health and Human Services or the Comptroller General or any of their duly authorized representatives, the Medical Director will make available those contracts, books, documents, and records necessary to verify the nature and extent of the costs of providing services under this Agreement. Such inspection will be available up to four (4) years after the rendering of such services. If the Medical Director carries out any of the duties of this Agreement through a subcontract with a value of \$10,000 or more over a 12-month period with a related individual or Hospice, the Medical Director agrees to include this requirement in any such subcontract. This section is included pursuant to and is governed by the requirements of Public Law 96+99, Sec. 952 (Sec. 1861(v) (1) of the Social Security Act) and the regulations promulgated there under. No attorney-client, accountant-client or other legal privilege will be deemed to have been waived by Hospice or the Medical Director by virtue of this Agreement. Notwithstanding the foregoing, Medical Director shall not subcontract any of his or her rights or obligations hereunder without the prior written consent of Hospice. This provision shall survive the termination or expiration of this Agreement.

5.20 Criminal Background Check.

5.20.1 Hospice agrees that it will obtain or cause to be obtained, criminal background checks in accordance with state and federal requirements on all employees or contract personnel who have direct patient contact or access to patient information and may obtain other forms of verification, such as fingerprinting, in accordance with local, State and federal laws, rules and regulations. Hospice shall obtain a criminal background check on Medical Director in accordance with State and federal requirements and Medical Director shall cooperate in the completion of all criminal background check documentation requested by Hospice, shall be eligible to work with patients and shall not be found to have engaged in any improper or illegal conduct with the elderly or vulnerable individuals.

5.20.2 Medical Director agrees that he/she will obtain or cause to be obtained, criminal background checks in accordance with state and federal requirements on all Medical Director employees or contract personnel who have direct hospice patient contact or access to hospice patient records.

5.20.3 The parties agree that in the absence of state requirements, criminal background checks are to be obtained within three months of the date of employment for all states that the individual has lived or worked in for the past three years.

5.21 Binding Effect. This Agreement shall be binding upon and inure to the benefit of the Parties hereto and their respective successors and permitted assigns.

5.22 Counterparts. This Agreement may be executed in any number of counterparts, all of which together shall constitute one and the same instrument.

5.23 Nondiscrimination. In the performance of this Agreement, the Parties will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, sex, age, religion, national origin or other protected class in any manner prohibited by federal, state or local laws, rules or regulations.

5.24 State Standards. The state specific requirements attached hereto as Exhibit C and incorporated herein by reference shall apply to the extent applicable to the State.

IN WITNESS WHEREOF, the Parties have duly executed this Agreement on the dates set forth below effective as of the date specified at the beginning of this Agreement

Bristol Hospice - Thurston, L.L.C.

By: 

Its: CEO - Hyrum Kirton

Date: 1/27/2020

MEDICAL DIRECTOR

By: 

Its: MD

Date: 10/25/19

EXHIBIT A
MEDICAL DIRECTOR PROFESSIONAL RESPONSIBILITIES

1. Medical Director has overall responsibility for the medical direction of Hospice and has responsibility for the medical component of Hospice's patient care program.
2. Medical director, physician employees, and contracted physician(s) of Hospice, in conjunction with the Patient's Attending Physician, are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness.
3. Medical Director shall supervise all physician and nurse practitioner employees and those under contract, of Hospice. All physician and nurse practitioner employees and those under contract with Hospice shall meet this requirement by either providing the services directly or through coordinating patient care with the Attending Physician. If the Attending Physician is unavailable, Medical Director, contracted physician, and/or Hospice physician employees are responsible for meeting the medical needs of the Patient.
4. Medical Director directs Hospice's quality assurance program and participates in all appropriate quality assurance activities and regularly apprises Hospice regarding same.
5. Medical Director participates in Hospice's Interdisciplinary Group, attends all Interdisciplinary Group meetings and participates in the annual evaluation.
6. Medical Director, along with Hospice's Interdisciplinary Group, in consultation with the Patient's Attending Physician, prepares a written plan of care for each Patient, which specifies the hospice care and services necessary to meet the Patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions. The plan of care must be periodically reviewed by the Attending Physician, Medical Director, and the Interdisciplinary Group of Hospice. The Interdisciplinary Group (in collaboration with the individual's Attending Physician, if any) will review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days. Medical Director and the Interdisciplinary Group will keep Hospice apprised of the patient's needs and condition.
7. Medical Director provides in-service education to Hospice associates as requested.
8. Medical Director participates in the development and implementation of Hospice policies and medical protocols, including but not limited to those regarding emergency preparedness.
9. Medical Director will consult and coordinate Patient care with Attending Physicians, including the establishment and maintenance of a plan of care for each Patient and in the review and updating of that plan at appropriate intervals.
10. Medical Director will, along with the Interdisciplinary Group generally, ensure that in addition to palliation and management of terminal illness and related conditions, the physical, medical, psychosocial, emotional, and spiritual needs of the Hospice Patients and families facing terminal illness and bereavement are also met.
11. Medical Director is responsible for the submission to Hospice of documentation of services provided as appropriate.
12. Medical Director will advise and/or assist in the resolution of concerns/conflicts involving physicians utilizing the services of Hospice.
13. Medical Director will review and sign, as appropriate, initial hospice certifications of terminal illness, and re-certifications as indicated. Medical Director or the physician designee approved by Hospice reviews

the clinical information for each Hospice Patient and provides written certification that it is anticipated that the Patient's life expectancy is 6 months or less if the illness runs its normal course. The physician must consider the following when making this determination: (1) The primary terminal condition; (2) Related diagnosis(es), if any; (3) Current subjective and objective medical findings; (4) Current medication and treatment orders; and (5) Information about the medical management of any of the Patient's conditions unrelated to the terminal illness. Before the recertification period for each Patient, Medical Director or the physician designee approved by Hospice must review the Patient's clinical information. The foregoing shall be subject to all applicable local, state and federal rules, laws and regulations and the Conditions of Participation.

14. Medical Director will keep abreast of local, State and Federal rules, regulations, policies and procedures which affect the provision of patient care services by Hospice and take reasonable steps to ensure compliance with such rules, regulations, policies and procedures. Medical Director will maintain current knowledge of the latest research and trends in hospice care and pain/symptom management. Medical Director will cooperate with Hospice to ensure ongoing Hospice compliance with all applicable State licensure laws, and Federal and State certification and accreditation requirements and perform such other services as are required for maintenance of necessary Hospice licenses, certifications and accreditations.
15. Medical Director will perform such other responsibilities as are, in the judgment of the Governing Body or its designee, reasonable and required of or appropriate for a Hospice medical director under applicable laws, rules and regulations, payer contracts or conditions of participation, and/or CHAP and other applicable accreditation body standards or requirements.

EXHIBIT B
CONSULTING PHYSICIAN OR PHYSICIAN SERVICES RESPONSIBILITIES

1. At the written request or referral of the Attending Physician or other appropriate source, Medical Director will provide Consulting Physician and Physician Services which may include, as appropriate:
 - (a) Evaluating the individual's need for pain and symptom management;
 - (b) Counseling the individual regarding hospice and other care options;
 - (c) Advising the individual regarding advanced care planning; and
2. Medical Director will document the written request or referral for the Consulting Physician and/or Physician Services by the Attending Physician or other appropriate source in the Patients' medical record.
3. If the services are initiated by the beneficiary, Hospice will maintain a record of the services and documentation that communication between the Medical Director or physician and the beneficiary's physician occurs, with the beneficiary's permission, to the extent necessary to ensure continuity of care.
4. If other than the Attending Physician institutes the request for service, Medical Director should communicate with the Attending Physician, with the beneficiary's permission, to the extent necessary to ensure continuity of care.
5. If Medical Director is the Attending Physician to a Patient, then the Attending Physician may not provide nor may the Hospice bill for this service because that physician already possesses the expertise necessary to furnish end-of-life evaluation and management, and counseling services.
6. Medical Director is responsible for the submission to Hospice of documentation of services provided under this Exhibit B as appropriate.

EXHIBIT D
BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum (the "Addendum") is made part of the Agreement to which this document is attached by the parties to that Agreement. Hospice is referred to herein as Covered Entity and Medical Director is referred to herein as Business Associate.

1. DEFINITIONS

(a) Terms capitalized but not otherwise defined in this Addendum shall have the same meaning as set forth in HIPAA and HITECH (each as defined herein). A change to HIPAA or HITECH which modifies any defined HIPAA or HITECH term, or which alters the regulatory citation for the definition shall be deemed incorporated into this Addendum.

(b) "Business Associate" shall mean the above-stated "Business Associate." It shall also have the meaning given to such term under the Privacy Rule, including but not limited to 45 CFR Section 160.103.

(c) "Covered Entity" shall mean the above stated "Covered Entity". It shall also have the meaning given to the term under the Privacy Rule, including but not limited to 45 CFR Section 160.103.

(d) "Data Aggregation" shall have the meaning given to the term under the Privacy Rule, including but not limited to 45 CFR Section 164.501.

(e) "Designated Record Set" shall have the meaning given to the term under the Privacy Rule, including but not limited to 45 CFR Section 164.501.

(f) "Electronic Protected Health Information" or "EPHI" shall have the same meaning as the term "electronic protected health information" in 45 C.F.R. § 160.103.

(g) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-91, as amended, and related HIPAA regulations (45 C.F.R. Parts 160-164).

(h) "HITECH" means the Health Information Technology for Economic and Clinical Health Act, found in Title XIII of the American Recovery and Reinvestment Act of 2009, Public Law 111-005 and any regulations promulgated thereunder.

(i) "Individual" shall have the same meaning as the term "individual" in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

(j) "Privacy Rule" shall 45 C.F.R. part 160 and part 164, subparts A and E.

(k) "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103. All references to PHI shall also include EPHI, unless otherwise stated in the Agreement.

(l) "Required By Law" shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103.

(m) "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

(n) "Security Incident" shall have the same meaning as the term "security incident" in 45 C.F.R. § 164.304.

(o) "Security Rule" shall mean 45 C.F.R. part 160 and part 164, subparts A and C.

(p) "Unsecured PHI" shall have the same meaning as the term "unsecured protected health information" in 45 C.F.R. § 164.402.

2. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

Business Associate agrees to:

(a) Not use or disclose PHI other than as permitted or required by the Agreement, or as required by law.

(b) Use appropriate safeguards, and comply, where applicable, with Subpart C of 45 C.F.R. Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI other than as provided for by the Agreement.

(c) Report to Covered Entity any use or disclosure of PHI or EPHI not provided for by the Agreement of which it becomes aware or should have known, and any Security Incident of which it becomes aware, including breaches of Unsecured PHI. Business Associate will make the report to the Covered Entity's designated privacy official and security officer or to a designated authorized person in the Covered Entity's legal department immediately. This report will include at least the following information: (i) the nature of the non-permitted or violating use or disclosure or Security Incident; (ii) the PHI and EPHI used or disclosed; (iii) information required to be provided by the Covered Entity in notifications to affected individuals should Covered Entity need to make such a notification.

(d) Develop, implement, maintain, and use reasonable and appropriate safeguards to prevent any use or disclosure of the PHI or EPHI other than as provided by the Agreement, and to implement administrative, physical, and technical safeguards as required by HIPAA and HITECH to protect the security, confidentiality, integrity, and availability of EPHI and PHI.

(e) Comply with any additional requirements of Title XIII of HITECH that relate to privacy and security and that are made applicable with respect to covered entities.

(f) Adopt the technology and methodology standards required in any guidance issued by the Secretary pursuant to HITECH.

(g) Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of the Agreement or applicable federal or state laws. Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of any Security Incident involving EPHI.

(h) In the case of a breach of Unsecured PHI, following the discovery of a breach of such information, immediately notify Covered Entity of such breach. The notice shall include the identification of each individual whose Unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during the breach.

(i) Enter into an agreement with each of its subcontractors that is appropriate and sufficient to require each such subcontractor to protect PHI and otherwise comply with the requirements set forth in this Addendum to the same extent required by Business Associate hereunder.

(j) Along with its agents and subcontractors, if any, only request, use and disclose the minimum amount of PHI necessary to accomplish the purpose of the request, use or disclosure. Business Associate agrees to comply with the Secretary's guidance on what constitutes "minimum necessary".

(k) Ensure that any agent, including a subcontractor, to whom it provides PHI or EPHI agrees in writing to the same restrictions and conditions that apply to Business Associate in the Agreement related to such information.

(l) Provide, at the request of Covered Entity, within the reasonable time period specified by Covered Entity, access to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. 164.524 if Business Associate maintains PHI in a designated record set as defined by the Privacy Rule.

(m) Make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. 164.526 at the request of an Individual, within the reasonable time period specified by Covered Entity, if Business Associate maintains PHI in a designated record set as defined by the Privacy Rule.

(n) Make its internal practices, books, and records, including policies and procedures, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity available to the Covered Entity, or to the Secretary or person designated by the Secretary, within 10 days of receipt of a request from the Covered Entity for such disclosure, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule and Security Rule.

(o) Document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. 164.528.

(p) Provide to Covered Entity or an Individual as directed by Covered Entity, within the reasonable time period specified by Covered Entity for an accounting of disclosures, information collected in accordance with subsection (2)(o) of this Addendum, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. 164.528. With the exception of the limited circumstances whereby Business Associate shall make an accounting directly to an individual in accordance with HITECH § 13405(c), Business Associate shall promptly, but no later than within ten (10) business days of a request, notify Covered Entity about such request. Covered Entity shall either request that Business Associate provide such information directly to the Individual, or it shall request that the information be immediately forwarded to Covered Entity for compilation and distribution to such Individual. Business Associate shall not disclose any PHI unless such disclosure is required by Law or is in accordance with the Agreement. Business Associate shall document such disclosures. Notwithstanding anything in the Agreement to the contrary, Business Associate and any agents or subcontractors shall continue to maintain the information required for purposes of complying with subsection 2(o) and this subsection 2(p) for a period of six (6) years after termination of the Agreement.

(q) To the extent Business Associate is to carry out Covered Entity's obligation under the Privacy Rule, comply with the requirements of the Privacy Rule that apply to Covered Entity in the performance of such obligation.

3. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

(a) Except as otherwise limited in the Agreement, Business Associate may use or disclose PHI on behalf of, or to provide services to, Covered Entity as long as such use or disclosure of PHI would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

(b) Except as otherwise limited in this Agreement, Business Associate may disclose PHI for the proper management and administration of Business Associate provided that the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Except as otherwise limited in the Agreement, Business Associate may use PHI to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. 164.504(e)(2)(i)(B).

(d) Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with Sec. 164.502(j)(1).

4. OBLIGATIONS OF COVERED ENTITY TO INFORM BUSINESS ASSOCIATE OF PRIVACY PRACTICES AND RESTRICTIONS

(a) Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 C.F.R. 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

(b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.

(c) Covered Entity shall notify Business Associate of any restriction on the use or disclosure of PHI that Covered Entity has agreed to or must comply with in accordance with 45 C.F.R. 164.522 and/or HITECH § 13405(a), to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(d) Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule or Security Rule if done by Covered Entity.

5. TERMS AND TERMINATION

(a) Term. The Term of this Addendum shall be effective as of the date of the Agreement, and shall terminate after the termination or expiration of the Agreement, but only when all of the PHI and EPHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, as directed by Covered Entity.

(b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, in its sole discretion, either:

(1) Provide notice and an opportunity for Business Associate to cure the breach or end the violation and then terminate the Agreement if Business Associate does not cure the breach or end the violation within the time period specified by Covered Entity; or

(2) Immediately terminate the Agreement.

(c) Effect of Termination.

(1) Except as provided in paragraph (2) of this Section 5(c), upon termination of the Agreement, for any reason, Business Associate shall, at Covered Entity's direction, return or destroy all PHI and EPHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. Business Associate shall retain no copies of the PHI or EPHI. This provision shall apply to PHI and EPHI that is in the possession of subcontractors or agents of Business Associate.

(2) In the event that Business Associate determines that returning or destroying the PHI or EPHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. If Covered Entity agrees in writing that returning or destroying the PHI or EPHI is infeasible, Business Associate shall extend the protections of this Addendum to such PHI or EPHI. For the avoidance of doubt, in the event Business Associate retains such PHI or EPHI pursuant to this provision after termination or expiration of the Agreement, the provisions of this Addendum shall continue in full force and effect;

provided, however, that Business Associate may use and disclose PHI and EPHI retained by Business Association after termination or expiration of the Agreement only for those purposes that make return or destruction of such PHI or EPHI infeasible and are authorized by Covered Entity in writing, for so long as Business Associate maintains such PHI or EPHI.

6. STATE STANDARDS

In addition to the privacy and security obligations set forth in this Addendum, to the extent Business Associate will receive, store, maintain, process or otherwise have access to any personal information as defined under any breach notification or information security rule of any state applicable to a resident of such state through its provision of services to Covered Entity, Business Associate shall implement and maintain security measures to protect such personal information in accordance with any statute applicable to personal information received, stored, maintained, processed or otherwise accessible to Business Associate through its provision of services to Covered Entity. Business Associate shall also comply with any provision applicable to personal information of a resident of any state, as applicable, when disposing of any records, whether in paper, digital, electronic or other form, that contain such personal information, patient information, or any other personally identifiable information. Business Associate agrees to ensure that any subcontractors that create, receive, maintain or transmit personal information on behalf of Business Associate agree to comply with the same or similar restrictions and conditions that apply to Business Associate with respect to such information.

7. INDEMNIFICATION

In addition to the indemnification obligations of Business Associate outlined in the Agreement, the following indemnification obligation shall apply to this Addendum. Business Associate shall defend and indemnify Covered Entity against, and hold Covered Entity (including officers, directors, and employees) harmless from any and all loss, damage, penalty, liability, cost and expense, including without limitation, reasonable attorneys fees and disbursements, that may be incurred, imposed upon, or asserted against Covered Entity by reason of any claim, regulatory proceeding, or litigation arising directly or indirectly from any act or omission of Business Associate and its officers, directors, employees, subcontractors, agents, representatives and other persons acting on its behalf, with respect to using or disclosing patient information, or maintaining the security, confidentiality, integrity and availability of EPHI, in accordance with this Addendum or applicable federal or state law.

8. MISCELLANEOUS

(a) **Regulatory References.** A reference in this Agreement to a section in the HIPAA Privacy Rule or Security Rule or HITECH means the section as in effect or as amended.

(b) **Agreement.** Any provision of applicable statutes and regulation that invalidates any term of the Agreement, that is inconsistent with any term of the Agreement, or that would cause performance thereunder by one or both of the parties to be in violation of law shall be deemed to have superseded the terms of the Agreement; provided, however, that the parties shall use their best efforts to accommodate the terms and intent of the Agreement to the greatest extent possible consistent with the requirements of applicable statutes and regulation and negotiate in good faith toward amendment of the Agreement. Covered Entity may terminate the Agreement upon thirty (30) days written notice in the event that Business Associate does not promptly enter into an amendment that Covered Entity, in its sole discretion, deems sufficient to ensure that Covered Entity will be able to comply with applicable statutes and regulations.

(c) **Conflict.** The Agreement, inclusive of this Addendum, is the only agreement between the parties related to the subject matter in the Agreement. To the extent there is any inconsistency between the terms and conditions of the Agreement and this Addendum, the terms and conditions of this Addendum shall govern. Any ambiguity in this Addendum shall be resolved in favor of a meaning that permits Covered Entity to comply with applicable law protecting the privacy, security and confidentiality of PHI and EPHI, including, without limitation, HIPAA and HITECH.

(d) Binding Effect. This Addendum is binding upon the successors and assigns of the parties herein. This Addendum is intended to confer rights and responsibilities only on the Covered Entity and Business Associate and does not create or vest rights or remedies in any third party.

(e) Enforceability. If any provision hereof shall be declared to be invalid or unenforceable, such declaration of invalidity or unenforceability shall not affect any remaining provisions hereof which can be given effect.

(f) Relationship of the Parties. Nothing in this Addendum shall create any relationship between Covered Entity and Business Associate other than as independent contractors. No employee or agent of either party may be deemed an employee or agent of the other party by reason of this Addendum.

(g) Survival. Business Associate's obligation to protect the confidentiality of the PHI and EPHI shall survive the termination of this Addendum and shall continue for as long as Business Associate maintains PHI or EPHI.

(h) Construction. This Addendum shall be construed, and the rights and liabilities of the Parties hereto determined, in accordance with the laws of the State. This provision shall survive the termination or expiration of this Addendum.

Exhibit 3
Lease Agreement

LEASE

This LEASE is made and entered into this 5 day of November, 2019 by and between Avalon Federal Way Care Center referred to as "LESSOR", and Bristol Hospice - King, L.L.C., hereinafter referred to as "LESSEE."

1. LEASED PREMISES. The PREMISES leased hereunder is approximately 500 square feet of office space located as described on Exhibit A attached hereto and by reference made a part hereof. The LESSEE shall also have shared access to restrooms.

2. TERM. This LEASE shall commence on the 1st day of January, 2020 and shall be for a term of 36 months. The term shall extended month to month after the initial term. Either party may terminate this agreement without cause and without penalty with thirty (30) days written notice.

3. RENTAL. LESSEE agrees to pay a rental in the amount of \$800 per month.

A. Penalty. If LESSEE does not pay the basic rental by the FIFTEENTH (15th) day after the rental payment is due, a THREE PERCENT (3%) penalty of the monthly rental amount shall be added to the rental charge and the total of the rent and penalty shall be due and payable on the SIXTEENTH (16th) day of the month.

4. FAIR MARKET VALUE; NO REFERRALS REQUIRED. The amounts paid and to be paid hereunder have been determined by the parties through good faith and arms-length bargaining to be the fair market value and are otherwise commercially reasonable. Nothing in this LEASE shall be construed as an offer or payment by one party to the other party or any affiliate of the other party of any cash or other remuneration, whether directly or indirectly, overtly or covertly, specifically for patient referrals or for recommending or arranging the purchase, lease, or order of any item or service. No amount paid or to be paid hereunder is intended to be, nor shall it be construed to be, an inducement or payment for the referral of patients and no patient referrals are required. In addition, no amount paid or advanced hereunder includes any discount, rebate, kickback or other reduction in charge.

5. USE OF PREMISES.

A. Hospice Document Station. LESSEE agrees to use the PREMISES for the purpose of operating document station for a duly licensed hospice/home care business and for no other purpose, unless it obtains LESSOR'S prior written consent as to such other purpose. Should LESSEE use the PREMISES for any other purpose without LESSOR'S prior written consent, LESSOR may immediately terminate this LEASE.

B. Compliance With Laws, Rules and Regulations. LESSEE shall not use or permit any use of the PREMISES or any part thereof, for any purpose in violation of the laws, rules or regulations of the United States, State of Washington, or any and all other regulatory authorities and governmental agencies or quasi-governmental agencies.

LESSEE shall, at all times, fully comply with any and all health and police regulations in its use of the PREMISES.

6. ALTERATIONS, ADDITIONS AND CHANGES.

A. Lessor's Prior Consent. LESSEE shall not without LESSOR'S prior written consent, which consent shall not be unreasonably refused, make any alterations, additions or changes of and to the PREMISES or any part thereof, by other provisions of this LEASE.

7. EQUIPMENT.

A. Equipment Purchase Obligation. LESSEE will be responsible for purchasing and installing any new furnishings, trade fixtures and equipment required for furnishing the PREMISES. LESSEE will be responsible for setting up any new equipment purchased.

B. Title to Equipment. Title to said furnishings, trade fixtures and equipment shall remain in LESSEE and LESSEE shall remove the same upon termination of this Lease.

8. TAXES. All taxes shall be paid by LESSOR.

9. UTILITIES. Electricity, water, sewer and other similar utility charges shall be paid by LESSOR. Any required internet and telephone access will be furnished by LESSEE.

10. REPAIRS.

A. As Is. LESSEE has inspected PREMISES and accepts it "as is" without recourse to LESSOR.

B. Maintenance. Unless caused by gross negligence or criminal misconduct of LESSEE all maintenance of the PREMISES shall be performed by LESSOR. Janitorial services shall be at LESSEE'S expense.

11. INSURANCE LIABILITY.

A. Carried by Lessee. LESSEE shall obtain, pay for and keep in force during the term of this LEASE a Commercial General Liability policy against claims for bodily injury, personal injury, property damage and malpractice based upon, involving or arising out of the ownership, use occupancy or maintenance of the PREMISES and all area appurtenant thereto. Such insurance shall be on a claims made basis providing single limit coverage in an amount not less than ONE MILLION DOLLARS (\$1,000,000.00) Per Occurrence and \$3,000,000 aggregate.

B. Carried by Lessor. LESSOR shall carry commercial general casualty and liability insurance in amounts and with companies deemed prudent by LESSOR. Such insurance shall contain a waiver of subrogation against tenants of the building.

12. HOLD HARMLESS. LESSEE shall not be liable for any damage or liability of any kind or for any damage or injury to persons or property during the term of this LEASE from any cause whatsoever by reason of LESSOR'S use, occupation and enjoyment of the property in which the PREMISES are located or on said property with or without LESSOR'S knowledge or consent or any persons holding under said LESSOR. LESSOR agrees to indemnify and hold LESSEE harmless from any and all liability whatsoever on account of any and all damage or injury and from all actions, liens, claims and demands arising out of the use of the property on which the PREMISES are located, and its facilities, or any repairs or alterations which LESSOR may make or cause to be made upon said property or PREMISES.

13. HOLD HARMLESS. LESSOR shall not be liable for any damage or liability of any kind or for any damage or injury to persons or property during the term of this LEASE from any cause whatsoever by reason of LESSEE'S use, occupation and enjoyment of the PREMISES or on said PREMISES with or without LESSEE'S knowledge or consent or any persons holding under said LESSEE. LESSEE agrees to indemnify and hold LESSOR harmless from any and all liability whatsoever on account of any and all damage or injury and from all actions, liens, claims and demands arising out of the use of PREMISES, and its facilities, or any repairs or alterations which LESSEE may make or cause to be made upon said PREMISES.

14. ASSIGNMENT AND SUBLETTING. So long as LESSEE is not in default under and has fully complied with all terms and conditions of this LEASE, LESSEE may, upon LESSOR'S prior written consent, which consent shall not be unreasonably withheld, assign its interest in this LEASE or sublet the PREMISES. Any attempted transfer, assignment or subletting without prior written consent shall be void and confer no rights upon any alleged assignee, sublessee or any third person.

15. LOANS AND LENDERS.

A. Subordination. LESSEE agrees that LESSOR may at LESSOR'S option, cause this LEASE to be subject and subordinate to any mortgage or Deed or Trust now or hereafter placed by LESSOR upon the PREMISES or any portion thereof, LESSEE agrees to execute, upon LESSOR'S written request, and without payment of any additional consideration therefore, any and all appropriate instruments of subordination.

16. DEFAULTS.

A. Incidents of Default. The following incidents shall constitute default under the terms of this LEASE.

1. Rental. LESSEE'S failure or refusal to pay any and all rents, penalties and other charges when due.

2. Breach. LESSEE'S breach of any other covenant, condition, warranty or agreement which breach continues for a period of THIRTY (30) days after LESSOR'S notice to LESSEE thereof.

3. Default. Any default as defined by any other terms or condition of this LEASE.

4. Cure of Default. Notwithstanding the foregoing provisions of this Paragraph, if the default complained of, other than for the payment of rental or any other payment of monies, is of such a nature that it cannot be cured within the THIRTY (30) day period specified above, then such default shall be deemed to be cured if LESSEE within such a period commences the curing thereof and diligently continues thereafter to cause such default to be cured.

B. Remedies. Upon the occurrence of any of the incidents of default as set forth above, or any other breach of the terms and conditions of this LEASE, LESSOR at its option, shall have the following rights and remedies:

1. Terminate and Repossess. LESSOR may declare this LEASE ended, reenter the PREMISES, take possession thereof and remove all persons there from and LESSEE shall have no further claim under this LEASE.

2. Statutory Remedies. Nothing contained herein shall affect the rights of the Parties hereto under statutory provisions relating to actions for unlawful detainer, forcible entry, and forcible detainer. The bringing of any such action shall not affect LESSOR'S right to bring a separate action for relief on termination, for liquidated damages, or in equity. In the event of LESSOR'S entry or taking possession of the PREMISES, LESSOR shall have the right, but not the obligation, to remove there from all or any part of the personal property located thereon and place the same in storage at a public warehouse at the expense and risk of the owner or owners thereof.

3. Cumulative Remedies. The rights of LESSOR hereunder shall be cumulative to all other rights and remedies now or hereafter given to LESSOR by law or by other terms of this LEASE.

17. BANKRUPTCY. If, at any time during the term hereof, bankruptcy proceedings are instituted by or against LESSEE, or if LESSEE, LESSEE'S creditors, or any other persons file any petitions relating to LESSEE under the Bankruptcy Act of the United States of America, now in force or as may hereafter be amended, or if a receiver of the business or assets of LESSEE be appointed or if LESSEE makes an assignment for the benefit of creditors, or if any sheriff, marshal or constable takes possession of LESSEE'S business or assets by virtue of execution or attachment proceedings or offers the same for public sale, LESSOR may, at its option, in the event of any and all such events, without notice to LESSEE or any other person or persons, immediately take possession of the PREMISES and terminate this LEASE. Upon such termination, all installments of rent earned to date and unpaid shall be at once due and payable and in addition, LESSOR shall have all rights, provided by the bankruptcy laws, as to the proof of claims on an anticipatory breach of an executory contract.

No receiver, trustee, assignee or keeper shall in any case acquire the rights of LESSEE hereunder.

18. LESSOR'S ENTRY. LESSOR and its authorized representatives shall have the right to enter the PREMISES at all reasonable times during normal business hours and in emergencies at all times, in a manner which will not unreasonably interfere with LESSEE'S use of the PREMISES for the following purposes:

A. Inspection. Inspecting the PREMISES and LESSEE'S operations.

B. Repairs. Making repairs, additions or alterations to the PREMISES, the building which constitutes part of the PREMISES or any property owned or controlled by LESSOR, in the event LESSEE refuses to do so in accordance with the terms of this LEASE.

C. Showing the Premises. Showing the PREMISES to prospective purchasers, lenders or tenants.

19. NOTICES. All notices, demands, requests and other instruments under this LEASE shall be in writing, and shall be considered properly given if sent by United States Mail, registered or certified, postage prepaid, addressed as follows:

If to LESSEE: Bristol Hospice – King, L.L.C.
206 North 2100 West, Suite 202
Salt Lake City, Utah 84116
Attn: Legal Department

If to LESSOR: Avalon Federal Way Care Center
135 S 336th St
Federal Way, WA 98003

or such other address as LESSOR or LESSEE may from time to time designate by written notice as set forth herein.

20. BINDING. The covenants and conditions herein contained shall, subject to the provisions as to assignment, apply to and bind the heirs, successors, executors, administrators and assigns of the Parties hereto.

21. ENTIRE AGREEMENT. This LEASE constitutes LESSOR'S and LESSEE'S entire agreement pertaining to the subject matter contained herein and supersedes all prior leases, agreements, representations and understandings.

A. Modification. No supplement, modification or amendment of this LEASE shall be binding unless expressed as such and executed in writing by both Parties.

B. Waiver. No waiver of any of the provisions of this LEASE shall constitute a waiver of any other provision, whether or not similar, nor shall any such waiver

B. Waiver. No waiver of any of the provisions of this LEASE shall constitute a waiver of any other provision, whether or not similar, nor shall any such waiver constitute a continuing waiver. No waiver shall be binding unless expressed as such in a document executed by the Party making the waiver.

22. MISCELLANEOUS.

A. Captions. The captions of the paragraphs and subparagraphs of this LEASE are solely for the convenience of the Parties and are not a part of this LEASE.

B. Waiver of Breach. LESSOR'S waiver of any breach of this LEASE shall not be considered a waiver of any other subsequent breach.

C. Time of Essence. Time is of the essence of this LEASE.

D. Holding Over. Any holding over after the expiration of the term with LESSOR'S consent shall be construed as a month to month tenancy on the same terms and conditions as herein specified.

IN WITNESS WHEREOF, the Parties hereto have caused this LEASE to be executed as of the day and year first above written.

LESSOR:

Signature: _____

Name: _____

Title: _____

Date: _____

Alan Hast

Alan Hast

CEO

11/5/19

LESSEE:

Signature: _____

Name: _____

Title: _____

Date: _____

Hyun Eun

Hyun Eun

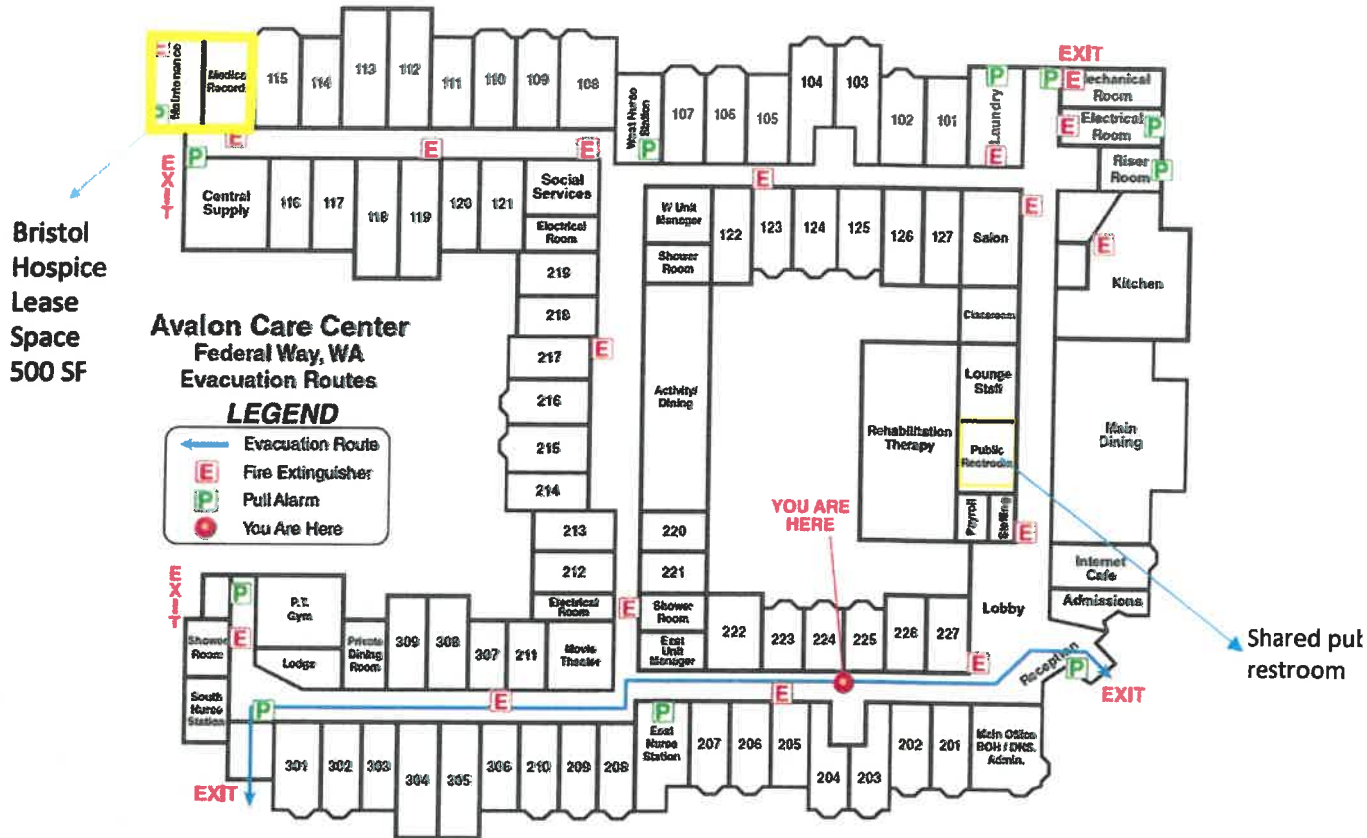
CEO

11-6-19

EXHIBIT "A"

DESCRIPTION OF THE PREMISES - - MAP IF AVAILABLE

Avalon Federal Way Care Center
 135 S 336th St
 Federal Way, WA 98003



ADDENDUM NO. 1

This is an addendum to the Commercial Lease Agreement (the "Lease") with a date of November 5, 2019, including all prior addenda and counteroffers, between **Bristol Hospice – King County, L.L.C.**, as Tenant, and **Avalon Federal Way Care Center** as Landlord regarding the property located at **135 S 336th St, Federal Way, WA 98003.** The following terms are hereby incorporated as part of the Lease:

The Parties have agreed as follows:

1. This Addendum number 1 shall commence upon signing of the amendment.
2. The agreement shall include Bristol Hospice – Thurston County, L.L.C. as a lessee.

All other terms of the Lease remain unchanged.

 1/4/20

Landlord Date

 1-16/20

Tenant Date

Exhibit 4
Charity Care Policy

PURPOSE

To identify the criteria to be applied when accepting patients for charity care. Bristol Hospice will not deny hospice care to any individual based upon individual's ability to pay, national origin, age, physical disabilities, race, color, sex, or religion.

POLICY

Patients without third-party payer coverage and who are unable to pay for medically necessary care will be accepted for charity care admission, per below criteria.

- Full Charity care will be provided to patients with Gross family income below 200% of the Federal Poverty Guidelines as adjusted for family size.
- A sliding scale or partial charity care may be provided for patients with gross family income above 200% of the Federal Poverty Guidelines as adjusted for family size when circumstances determined by Executive Director indicate that significant harm to the family or patient will result.

Bristol Hospice will establish objective criteria and financial screening procedures for determining eligibility for charity care.

Bristol Hospice will consistently apply the charity care policy.

Criteria used for determination of qualification for charity care is as follows:

PROCEDURE

1. When it is identified that the patient has no source for payment of services and requires medically necessary care/service, the patient must provide personal financial information including the following that will be used to determine if charity care will be provided
 - a. Gross income – current and prospective
 - b. Net Worth- Emphasis on liquidity
 - c. Employment status
 - d. Family size and ages of dependents
 - e. Other financial obligations
 - f. Amounts of other health care bills
 - g. All other available support sources

EXHIBIT 2

Bristol Hospice

CORE III Human, Financial, and Physical Resources

2. A social worker, as available, but no longer than 5 working days from referral will meet with the patient to determine potential eligibility for financial assistance from other community resources that are provided and will explain to the patient and family/representative the standards for qualification and needed documentation. Social worker will work with the patient and family to complete required application forms and proof of family income or equity.
3. All documentation utilized in the determination for acceptance for charity care will be maintained in the patients billing record and kept confidential at all times.
4. When financial declarations reveal the patient is able to make partial payment for services, the Executive Director/Administrator, will determine the sliding-fee schedule to be implemented on a fair and reasonable basis. In this case the revised sliding-fee schedule will be presented to the patient for agreement and signature as part of the notification of determination.
5. The Executive Director/Administrator will review all application documents and applicable patient information, including financial declarations, physician (or other authorized licensed independent practitioner) orders, initial assessment information, and social work notes to determine acceptance for charity care. This determination will be made within 7 working days of receipt of Application and required clinical documentation to make Hospice eligibility determination.
6. Appeals for denials will be accepted within 30 days of determination of eligibility for charity care. The appeal will allow the family to resubmit income verification or family size or provide cause based upon other patient specific circumstances that change the ability to pay for care. Upon receipt of updated information Bristol Hospice administrator will make final determination.
7. Written notification of eligibility of charity care will be sent within 14 days of application submit date. If any funds have been paid to Bristol for a patient that has been accepted they will be refunded. Denials will be written and include instructions for appeal or reconsideration.
8. After acceptance for charity care, the patient's ability to pay will be reassessed every 60–90 days to determine if financial condition of the patient or family has changed.

EXHIBIT 2

Bristol Hospice

**CORE III
Human, Financial, and Physical Resources****Policy No. C:3-035.2**

9. When Bristol Hospice, LLC is unable to admit the patient or to continue charity care, every effort will be made to refer the patient for appropriate care/service with an alternate provider.
10. The referral source will be advised of acceptance, non-acceptance, continuation, or discharge from charity care.

Exhibit 5
Spanish Consent Form

Elección del beneficio de hospicio /Consentimiento informado

Página 1 de 3



NOMBRE COMPLETO DEL PACIENTE

FECHA DE NACIMIENTO

R.M.

Consentimiento para tratar

Yo doy mi consentimiento y elijo recibir atención de hospicio, tratamiento y los servicios del personal de Bristol Hospice. Entiendo y acepto que los servicios de hospicio tienen naturaleza paliativa y no curativa. El enfoque de mi plan de atención de Bristol Hospice será proporcionarme con tratamiento y servicios para el manejo de síntomas y para facilitar comodidad y apoyo para mi enfermedad terminal. El equipo de hospicio trabajará de cerca conmigo y con mi médico primario para diseñar e implementar el plan de atención de hospicio. Entiendo que Bristol Hospice será económicamente responsable solo por aquellos servicios que están incluidos en su plan de atención. Entiendo que seré responsable por las facturas o cargos en los que incurro por tratamientos o servicios con un médico o instalaciones que no están bajo contrato con Bristol Hospice y/o no hayan sido previamente aprobados por Bristol Hospice.

Entiendo que tengo el derecho de elegir a mi médico primario. Elijo a:

NOMBRE COMPLETO DEL MÉDICO

Elección de Medicare

Yo, _____ he sido informado que Bristol Hospice ofrece atención de hospicio bajo el programa de beneficio de hospicio de Medicare a pacientes con una enfermedad terminal.

Entiendo que lo siguiente es una explicación del beneficio de hospicio de Medicare:

1. *Bristol Hospice recibirá pago por mi atención, relacionada con mi enfermedad terminal.*
 - a. Entiendo cual es el propósito de la atención de hospicio y que el tratamiento tiene naturaleza paliativa en vez de curativa.
 - b. Medicare continuará realizando pagos a mi médico primario independiente por los servicios si mi médico no es un empleado del hospicio o no está recibiendo pagos de parte de Bristol Hospice.
 - c. Renuncio a mis derechos a los beneficios de Medicare relacionados con mi enfermedad terminal mientras que estoy inscrito en el programa de hospicio de Medicare.
 - d. Yo soy responsable por el costo de la atención por mi enfermedad terminal si busco atención más allá de lo que el equipo interdisciplinario del hospicio considere médicamente necesario y de lo que está documentado en mi plan de atención.
2. Puedo cambiar el hospicio por otro hospicio, si así lo deseo. Para cambiar programas, confirmaré que puedo ser admitido a otro hospicio y luego informaré a Bristol Hospice de mis deseos, para que se puedan realizar los arreglos para el traslado. Especificaré la fecha para discontinuar la atención que recibo de Bristol Hospice, el nombre del hospicio que me estará proporcionando atención y la fecha en la que iniciará dicha atención. Al cambiar a otro programa de hospicio no perderé días de beneficio. Puedo cambiar de hospicio solo una vez durante cada periodo de beneficio.
3. El programa de hospicio de Medicare consiste de dos periodos de 90 días y periodos de 60 días ilimitados, de no haber revocaciones o altas. Usaré los periodos de beneficio en el orden arriba mencionado.
4. Podré discontinuar la atención de hospicio en cualquier momento al completar la declaración de revocación. Si revoco durante un periodo de beneficio, perderé los días restantes en dicho periodo de beneficio. (Ejemplo: Revoco la atención de hospicio el décimo día del primer periodo de 90 días, renuncio a los 80 días restantes de cobertura.) Sin embargo, puedo reelegir la atención en cualquier momento cuando sea elegible.
5. La atención de hospicio podrá involucrar atención de enfermería especializada, voluntarios, atención emocional y espiritual, terapia física y otras, trabajadores sociales, atención para pacientes internados y atención de relevo.
6. Toda la atención es dirigida por un médico mediante mi médico primario independiente y el Director Médico o Bristol Hospice.

Al aceptar y entender lo anterior, yo autorizo los servicios de hospicio de Medicare de parte de Bristol Hospice.

Fecha de elección para el inicio de la atención de hospicio: _____

Nombre

No. de
R.M.

Iniciales del paciente
o representante

Elección del beneficio de hospicio /Consentimiento informado

Página 2 de 3



Proveedor de atención principal

- He identificado a _____ como mi proveedor de atención principal. La persona indicada será responsable y disponible para ser contactada y proporcionar asistencia con mis cuidados cuando yo ya no pueda asumir esta responsabilidad de forma segura. Entiendo que Bristol Hospice no puede asumir el rol del proveedor de atención principal.
- No elijo a un proveedor de atención principal en este momento. Entiendo que los servicios de hospicio no tienen la intención de reemplazar al proveedor de atención principal. Cuando sea necesario, acepto trabajar con Bristol Hospice para desarrollar un plan seguro para cumplir con mis necesidades de atención. Si no puedo desarrollar un plan y Bristol Hospice determina que mi situación no es segura, acepto que podré recibir el alta de los servicios de hospicio.

Consentimiento para fotografías

Doy permiso a Bristol Hospice para tomar fotografías para el propósito de la atención médica y tratamiento, de ser necesario. Entiendo que las fotografías tomadas serán parte de mi registro médico, liberación de las cuales se realizará de acuerdo a la Notificación de Prácticas de Privacidad aplicable y los reglamentos y leyes que regulan los registros médicos.

Autorización

Autorizo la liberación de toda la información médica solicitada por Bristol Hospice.

Dicha información podrá incluir, sin limitación, a los siguientes:

- Historial y exámenes físicos
- Notas de avance
- Resumen de alta
- Registro de tratamiento
- Consultas
- Registros del departamento de emergencias
- Cualquier registro diagnóstico, incluyendo, pero sin limitarse a:
 - Reportes de laboratorio
 - Reportes de radiología
 - Reportes de patología
 - Reportes operativos

Toda la información es obtenida para facilitar la atención y servicios por parte de Bristol Hospice mientras que el paciente está bajo cuidados de Bristol Hospice. Mi autorización permanece vigente para el tiempo durante el cual estoy recibiendo los servicios de Bristol Hospice.

Seguro médico/Asignación de beneficios/Responsabilidad de pago

Como paciente de Seguro Comercial, elijo recibir atención bajo los beneficios estipulados en mi plan de seguro.

MARQUE LA FUENTE DE PAGO ADECUADA:

- MEDICARE Medicaid BCBS UNITED HEALTHCARE VA Otra: _____
- Managed Care: _____

Certifico que toda la información proporcionada a la organización por mi persona es correcta para solicitar y aplicar el pago bajo el Título XVIII (Medicare), Título XIX (Medicaid), de la Ley de Seguro Social/o cualquier otra tercera parte. Entiendo y acepto pagar deducibles, copagos, responsabilidades económicas en cualquier cantidad pagaderas después del pago de Beneficios en mi nombre por cualquier pagador tercero..

Seré responsable por el _____ % de cargos de los servicios de hospicio.

Mediante la presente autorizo a cualquier aseguradora u otra organización de la cual tengo derecho a recibir pago por los servicios de hospicio a realizar el pago de dichos servicios directamente a Bristol Hospice. Acepto liberar la información médica a mi compañía de seguro médico.

NOMBRE DE PACIENTE COMO APARECE
EN LAS TARJETAS DE SEGURO:

SEGURO PRINCIPAL/NO.

SEGURO SECUNDARIO/NO.

Nombre

No. de
R.M.

Iniciales del paciente o repre-
sentante

Elección del beneficio de hospicio /Consentimiento informado

Página 3 de 3



Mi firma en este formulario certifica que he recibido una explicación completa de los servicios ofrecidos por Bristol Hospice. He recibido, revisado y obtenido respuestas a mis preguntas con satisfacción sobre los siguientes (favor de colocar iniciales):

- | | |
|---|--|
| <input type="checkbox"/> Recibo del Manual de paciente | <input type="checkbox"/> Educación de seguridad básica |
| <input type="checkbox"/> Beneficio de hospicio de Medicare | <input type="checkbox"/> Notificación de las prácticas de privacidad / HIPAA |
| <input type="checkbox"/> Educación de control de infecciones | <input type="checkbox"/> Proceso de resolución de quejas o inquietudes |
| <input type="checkbox"/> Política de desecho de medicamentos | <input type="checkbox"/> Plan de urgencia en caso de desastres Reglamentos |
| <input type="checkbox"/> Notificación de derechos y responsabilidades | <input type="checkbox"/> Instrucciones anticipadas sobre la atención médica |
| <input type="checkbox"/> Lista de instalaciones contratadas para servicios especiales | |

He ejecutado un Poder durable para la atención médica. Sí No

De no tener un Poder durable para la atención médica, ¿le gustaría recibir información al respecto? Sí No

Estos documentos están guardados en (describe el sitio) _____, copias de los cuales podrán estar incluidas en mis registros de hospicio.

Mi Poder durable para la atención médica es: _____ Teléfono: _____

Al aceptar y entender lo anterior, elijo iniciar mi beneficio de hospicio de Medicare, Medicaid u otro el día de _____ (Fecha efectiva).

_____ PACIENTE (ESCRIBIR)	_____ FECHA
_____ FIRMA DEL PACIENTE/REPRESENTANTE DEL PACIENTE	_____ FECHA
_____ RELACIÓN SI EL PACIENTE NO PUEDE FIRMAR	_____ RAZÓN POR QUÉ EL PACIENTE NO PUEDE FIRMAR
_____ REPRESENTANTE DE BRISTOL HOSPICE	_____ FECHA

Nombre

No. de R.M.

Iniciales del paciente o representante

Exhibit 6
Spanish Marketing Materials



*"Todos ustedes han
mostrado tal amor y
siempre serán parte
de nuestros mejores
recuerdos en este
tiempo de transición".*
— Miembro de la familia

Declaración de Objetivos:

Bristol Hospice - Miami-Dade, LLC está gentilmente comprometido con nuestra misión de que todos los pacientes y familias confiados a nuestro cuidado serán atendidos con el más alto nivel de compasión, respeto y calidad de atención.

Visión:

Bristol Hospice - Miami-Dade, LLC, está gentilmente comprometido a convertirse en el proveedor preferido para cuidados paliativos y de hospicio.

Servicios de Hospicio Bristol

Los empleados de Bristol Hospice - Miami-Dade, LLC adoptan una reverencia por la vida. Como prueba de su cuidado y compasión.

Proporcionamos:

- Tratamiento de Síntomas y Dolor
- Asesoramiento y Servicios de Apoyo
- Asesoramiento Espiritual
- Servicios de Terapia
- Cuidado Personal / Servicios de Asistencia de Salud en el Hogar
- Servicios de Voluntarios
- Suministros, Medicamentos y Equipo Duradero
- Equipo Relacionado con la Enfermedad Limitadora de Vida
- Cuidado Continuo
- Servicios de Paciente Interno
- Servicios de Relevo del Cuidado



Bristol Hospice
EMBRACING A REVERENCE FOR LIFE®

¿Cómo puedo contactar al Hospicio Bristol?

Bristol Hospice - Miami-Dade, LLC
5201 Blue Lagoon Dr., Ste. 570
Miami, FL 33126

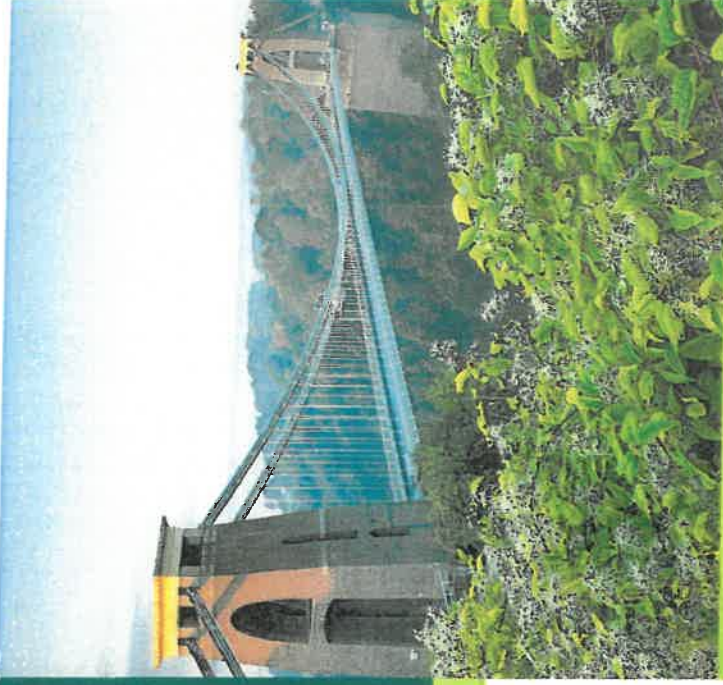
TEL: (786) 382-0433

FAX: (786) 254-2556



WE HONOR VETERANS

*Bristol Hospice - Miami-Dade, LLC proporciona servicios directamente o a través de arreglos con otros proveedores calificados y no rechaza el servicio o empleo para, o de ninguna otra manera discrimina contra cualquier persona sobre la base de raza o color, edad, religión, sexo, orientación sexual, discapacidad mental o física, parto y ascendencia u origen nacional. Bristol Hospice - Miami-Dade, LLC no discontinuará o disminuirá la atención prestada al beneficiario de Medicare debido a la incapacidad del beneficiario para pagar por el cuidado.



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MIAMI-DADE, LLC

Filosofía del Hospicio

Dame Cicely Saunders (fundadora del primer hospicio moderno en Londres en 1968) resumió mejor la filosofía del hospicio cuando dijo a sus pacientes:

"Usted importa hasta el último momento de su vida, y haremos todo lo que podamos, no sólo para ayudarlo a morir apaciblemente, sino a vivir hasta que muera".



¿Cuándo es el momento para el hospicio?

Cuando el objetivo del tratamiento comienza a cambiar de curación de la enfermedad a proporcionar comodidad, puede ser hora de considerar el hospicio. Este momento puede ocurrir cuando un médico indique que la expectativa de vida del paciente es de seis meses o menos. Al ponerse en contacto con Bristol Hospice - Miami Dade, LLC al inicio del diagnóstico, el paciente y la familia reservan tiempo para entender sus opciones y elegir el camino que tendrá el impacto más positivo en la calidad de vida.

¿Dónde se proporciona el cuidado de hospicio?

El cuidado de hospicio se lleva a cabo en el hogar. Para algunos, "casa" puede significar una casa o un apartamento. Para otros, puede ser algún tipo de instalación de atención prolongada, como un hogar de ancianos o una comunidad de vida asistida. Independientemente de su circunstancia, el equipo de Bristol Hospice - Miami Dade, LLC vendrá a donde vive.

El hospicio es... Acerca de la Vida

El Hospicio se Centra en la Persona, no la Enfermedad. El Hospicio Proporciona:

- Comodidad
- Tratamiento Síntomas y del Dolor
- Cuidado Físico, Emocional y Espiritual
- Apoyo a los Cuidadores Familiares
- Vivir la Vida al Máximo con Dignidad



"El hospicio fue... una bendición para mí. Sin su ayuda, yo no habría sido capaz de cuidar de mi esposo en casa."
— Una esposa sobreviviente

¿Qué hace que Bristol Hospice sea único?

Los cuidados paliativos se centran alrededor del paciente y la familia. El objetivo de los profesionales en Bristol Hospice - Miami

Dade, LLC es habilitarle para que usted pueda tomar sus propias decisiones en cuanto al cuidado y asistencia. El equipo sirve como su abogado, ayudándole a tener acceso a la información y a los recursos que usted necesita durante este tiempo tan desafiante.



Además de proporcionar el cuidado directamente, los miembros del equipo del hospicio sirven como

maestros, permitiendo que la familia cuide de su ser querido en el entorno de su elección. El hospicio

reconoce que la familia y los cuidadores necesitan una medida adicional de apoyo durante y después de su experiencia de cuidar a un paciente con limitaciones de vida.

¿Quién paga por el Hospicio?

Los servicios de hospicio pueden ser reembolsados por el siguiente, si se cumplen los criterios del hospicio:

- Medicare Parte A (según las pautas de Medicare)
- Medicaid (según lo especificado por el Estado)
- Seguro de Terceros (según lo especificado por la póliza de seguro individual)

EL DON DE NAMASTÉ:

"Lo Divino dentro de mí saluda a lo divino dentro de ti"

- Intervenciones multi sensoriales
- Creación de un entorno tipo spa
- Apoyos para estimular la memoria sensorial (Sobres de Lavanda, Pirullis, Old Spice, Fuentes)
- Enfoque relajado y centrado en el cuidado
- Tacto Suave
- Iluminación Suave
- Música Pacífica
- Palabras Suaves
- Aroma Terapia
- Aceites Esenciales
- Meditación
- Adoración
- Compañerismo



BENEFICIOS DEL CUIDADO NAMASTÉ:

Los efectos del Cuidado Namasté han sido notorios y positivos.

El personal y las familias han observado una notable mejoría en las siguientes áreas:

- Disminución del dolor y la incomodidad
- Disminución de la agitación y comportamientos agresivos de los pacientes con Demencia
- Mayor entusiasmo para participar en las actividades y la interacción social
- Reducción de los Medicamentos
- Sueño más reparador



"El tacto es la parte del cuidado de la ciencia de Enfermería"

-Amanda Johnson, RN PhD

FILOSOFÍA DE NAMASTÉ

*A través de nuestra
presencia compasiva nos
saludamos en nuestro viaje
de la vida y honramos al
espíritu dentro*

**Para obtener más información, póngase en
contacto con:**

Bristol Hospice - Miami-Dade, LLC.

5201 Blue Lagoon Drive • Suite 570
Miami, FL 33126

TEL: (786) 382-0433 • FAX:(786) 254-2556
www.bristolhospice.com

BRISTOL HOSPICE PRESENTA

"El Don de Namasté"

HONRAR AL ESPÍRITU DENTRO



NAMASTÉ ES UNA PALABRA HINDÚ
QUE SIGNIFICA

"honrar al espíritu dentro"

Joyce Simard, MSW desarrolló una iniciativa llamada Cuidado "Namasté" que se ocupa de las necesidades emocionales y físicas de las personas, sus cuidadores y las familias. Ella declaró, "Namasté acopla a los pacientes con un toque amoroso. La conexión humana es de lo más importante en la interacción y el cuidado de las personas, independientemente de su diagnóstico. A menudo es lo más importante que tenemos para dar".

¡EL PROGRAMA DE NAMASTÉ PONE COMPLETO ENFOQUE EN QUE CADA PACIENTE VIVA ESTE DÍA AL MÁXIMO!

Todo el cuidado Namasté se adapta a la persona a la que se sirve y está diseñado para mejorar la calidad de vida de las personas que sufren de las etapas avanzadas de la enfermedad.



El Cuidado Namasté se centra en los cinco sentidos del cuerpo. A través de nuestra presencia compasiva, toque suave, música suave y edificante,

aceites esenciales terapéuticos, compañerismo, y la nutrición, nos conectamos con el sexto sentido - **el espíritu**.

DE MANO EN MANO

DE CORAZÓN A CORAZÓN

DE ESPÍRITU A ESPÍRITU



*"La luz en mí ve la luz en ti
y reconoce,*

*que La fuente de esta luz es
la misma,*

Todos estamos Conectados"

-Autor Desconocido

El cuidado Namasté se adapta al individuo



"Todos ustedes han mostrado tal amor y siempre serán parte de nuestros mejores recuerdos en este tiempo de transición."
 ~ Miembro de la familia

Honramos a los Veteranos, un programa de NHPCO y VA, está diseñado para capacitar a los profesionales de hospicio para satisfacer las necesidades únicas de los Veteranos moribundos. El programa enseña la investigación respetuosa, oídos compasivos y reconocimiento agradecido - para consolar a los pacientes con un historial de servicio militar y posiblemente trauma físico o psicológico.

Servicios de Hospicio Bristol

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Bristol Hospice
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**HONRAMOS A LOS VETERANOS:
 UNA MISIÓN PARA SERVIR**



¿Sabía usted que?

- Casi el 40% de los Veteranos inscritos viven en áreas que se consideran rurales, donde los hospicios comunitarios y los programas de cuidados paliativos de VA no están disponibles
- En cualquier noche, más de 107,000 Veteranos están sin refugio y carecen de atención médica básica
- Los veteranos de 18 a 25 años tienen más probabilidades que los veteranos mayores de tener tasas más altas de trastorno por abuso de sustancias
- La Replicación de la Encuesta Nacional de Comorbilidad de los Estados Unidos (NCSR), realizada entre Febrero de 2001 y Abril de 2003, encontró que la prevalencia estimada de TEPT entre los Veteranos de Vietnam era del 30.9% para los hombres y el 26.9% para las mujeres
- Aproximadamente 1 de cada 5 mujeres y 1 de cada 100 hombres atendidos en los establecimientos de VA responden "sí" cuando son examinados por trauma sexual militar.



Independientemente de la situación, es una prioridad del **programa Honramos a los Veteranos** asegurar que todos los Veteranos reciban atención de calidad y compasiva al final de su vida.

Necesidades por guerra o trauma

Los veteranos a menudo se enfrentan a un período de tiempo cuando hicieron algo significativo para hacer una diferencia en el mundo. Sin embargo, no todos los Veteranos ven su servicio como positivo o no ven que su sacrificio haya hecho ninguna diferencia, y esto tiene complicaciones resultantes. Entender cómo los Veteranos ven su servicio, ya sea positivo o negativo, tiene implicaciones sobre cómo ven su enfermedad, especialmente si está relacionada con su servicio.



Los Veteranos y Sus Necesidades

Los profesionales de hospicio en todo el país se centran en un solo propósito: proporcionar comodidad y apoyo al final de la vida. Es por eso que los profesionales de hospicio de Estados Unidos están en una misión para aprender a servir a los veteranos a través de los desafíos que pueden enfrentar, de enfermedad, aislamiento o experiencia traumática en la vida.

Los Veteranos de América han hecho todo lo que se les pidió en su misión de servir a nuestro país. Ahora es el momento de dar el paso, adquirir las habilidades necesarias y cumplir nuestra misión de servir a estos hombres y mujeres con la dignidad que merecen.



Nuestro Libro Conmemorativo

Hace varios años, un par de veteranos tuvieron la idea de crear un volumen conmemorativo escrito específicamente para las familias de los veteranos. Este libro sería presentado como regalo y recuerdo de Bristol Hospice - Miami Dade, LLC para la familia cuando su veterano fallece. El libro fue escrito para celebrar el servicio militar, reconocer a la familia, definir el proceso de duelo y proporcionar recursos para la asistencia. Explicaría a los receptores no tanto lo que todos hicimos como miembros de las Fuerzas Armadas, sino más importante, por qué lo hicimos. Ese volumen es ahora una realidad. Se titula **Uno Que Sirvió, Un Homenaje Conmemorativo A Su Veterano**.

Contenidos

- Parte 1 Para Pagar el Tributo: Recordando A Quien Sirvió**
Un registro personal y un monumento conmemorativo de su ser querido
- Parte 2 Para Recordar: Honrando A Todos Los Que Sirvieron**
Un reconocimiento de nuestro patrimonio nacional de servicio militar
- Parte 3 Para Lamentarse: Duelo Por El Que Sirvió**
Una reflexión sobre la realidad humana de la pena que acompaña a la pérdida de un ser querido
- Parte 4 Para Seguir Adelante: Continuar Viviendo**
Una meditación estacional sobre el proceso de recuperación
- Sección Especial Tender Una Mano Ser de Ayuda**
Una recopilación de recursos útiles para las familias

Ofrecer una innovación efectiva en el cuidado de aquellos afectados por la demencia y el Alzheimer.

Bright Moments es un programa de cuidado específicamente diseñado para pacientes con demencia en etapa terminal (ESD).

Se basa en la creencia de que se puede hacer más para pacientes con demencia y Alzheimer para generar resultados positivos.

Sabiendo que los miembros de la familia y los cuidadores con frecuencia tienen dificultades con los desafíos de la demencia en etapa terminal, Bristol creó Bright Moments, un enfoque innovador diseñado para dar apoyo a pacientes, familiares, empleados y médicos.

Bright Moments proporciona un aumento en el cuidado de calidad con intervenciones especializadas que tocan, influyen y alivian.

Bright Moments; Puntos de Luz:

- **Dispositivo de música y auriculares** - cargado con piezas musicales favoritas del paciente
- **Manita compensada** - Los estudios clínicos han mostrado que esto produce una sensación agradable al manejar un comportamiento agitado o inestable. Estimula la sensación de un abrazo.
- **Emprender una nueva vida** - capturar momentos especiales y preservar recuerdos del paciente
- **Luz para dormir con kit de cuidado sensorial**
- **Aromaterapias para mejorar la memoria**
- **Osito de compañía terapéutico**
- **Utensilios especializados**
- **Productos de cuidado especializados**



Ofrecer un programa intensivo de cuidado para pacientes con demencia en su etapa final...

...en el hogar

...en vida asistida

...en el centro de

cuidados a largo plazo

5000 E. Spring St., Suite 525 Long Beach, CA 90815 (562) 494-7687

OPTIMAL
H O S P I C E C A R E
A BRISTOL HOSPICE COMPANY

LONG BEACH



Ofrecer innovación efectiva en el cuidado de la demencia y el Alzheimer

Sabiendo que estos pacientes, familias y cuidadores que trabajan con el Alzheimer y la demencia con frecuencia tienen dificultades con los desafíos de la demencia en su etapa final, Bright Moments de Bristol Hospice tiene un enfoque especializado e innovador diseñado para dar apoyo a pacientes, familiares, empleados y médicos.

Bright Moments proporciona un aumento en el cuidado de calidad con intervenciones especializadas que tocan, influyen y alivian.



El paciente necesita

- Contacto humano regular
- Cuidado más especializado
- Ayuda para comer
- Cuidado proactivo de la piel
- Un ambiente tranquilo
- Evaluación del dolor y la comodidad
- Apoyo espiritual y emocional



Los cuidadores y profesionales necesitan

- Afiliación con expertos que se especializan en demencia en su etapa final
- Sensibilidad a sus necesidades emocionales
- Apoyo del personal

El equipo Bright Moments de Bristol Hospice participa con otros cuidadores para planificar y ejecutar una experiencia agradable y tranquila para pacientes, familias y cuidadores.

Estamos comprometidos a proporcionar a todos los pacientes un cuidado innovador y clínicamente probado para tratar la demencia en su etapa final.

La familia y los seres queridos necesitan

- Una comprensión del proceso de la enfermedad
- Entrenamiento sobre qué hacer y cómo hacerlo
- Material de referencia fácil de usar
- Apoyo

Exhibit 7
Spanish Bereavement

"Construye puentes en
lugar de muros y tendrás
un amigo."
~ RH Delaney



Declaración de misión:

Bristol Hospice-Miami-Dade, LLC, está generosamente comprometido con nuestra misión de que todos los pacientes y familias a nuestro cuidado serán tratados con el nivel más elevado de compasión, respeto y calidad de cuidado.

Visión:

Bristol Hospice-Miami-Dade, LLC, está generosamente comprometido en convertirse en el proveedor de elección para hospicios y cuidados paliativos.

Proporcionamos:

- Servicios de enfermería
- Gestión de síntomas y dolores
- Servicios de apoyo y orientación
- Orientación espiritual
- Servicios de terapia
- Servicios de asistencia médica en el hogar/cuidado personal
- Servicios de voluntarios
- Suministros, medicación, equipos médicos
- Cuidado continuo
- Servicios para pacientes hospitalizados
- Servicios de cuidado de relevo
- Apoyo en el duelo

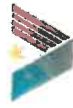


Bristol Hospice
embracing a reverence for life
MIAMI-DADE

¿Cómo me comunico con Bristol Hospice?

Bristol Hospice - Miami-Dade, LLC
5201 Blue Lagoon Dr., Ste. 570
Miami-Dade, FL 33126

TEL: (786) 382-0433
FAX: (786) 254-2556



WE HONOR VETERANS

*Bristol Hospice - Miami-Dade, LLC proporciona servicios directamente o a través de acuerdos con otros proveedores calificados y no niega servicio ni empleo o, de ninguna otra forma, discrimina contra ninguna persona sobre la base de raza o color, edad, religión, sexo, embarazo, orientación sexual, discapacidad mental o física, nacimiento o ancestros u origen nacional.

Bristol Hospice - Miami-Dade, LLC garantizará que el cuidado en un hospicio se proporcione sin importar la capacidad que el paciente o la unidad familiar tengan para pagar y sin importar raza, credo, color, religión, sexo, origen nacional o discapacidad.



Bristol Hospice
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MIAMI-DADE



Duelo

Cuando experimentamos la muerte de un ser querido, esta experiencia es muy dolorosa. Algunas veces, nos parece como si estos sentimientos nunca nos abandonarían. Las emociones pueden ir desde la tristeza hasta la depresión, llanto, sentimientos de vacío e incluso rabia. Aunque estos sentimientos son normales cuando atravesamos por una pérdida, nunca son agradables. Hay muchas formas de trabajar con estas emociones, algunas son útiles y otras dañinas.

Causas

Situaciones que pueden hacer que experimentemos un duelo:

- La muerte de un ser querido o una mascota
- La pérdida de una relación a través de un divorcio o una separación
- Deterioro de la salud o el diagnóstico de una enfermedad terminal
- Cambio de empleo
- Envejecer y cambios en la estructura familiar
- Problemas financieros

Respuestas al duelo

- Rabia
- Tristeza/llanto
- Dormir más o incapacidad para dormir
- Agitación y ansiedad
- Cambios en la alimentación: comer demasiado o no comer lo suficiente
- Automedicación: aumento en el consumo de alcohol o fármacos
- Apartarse de actividades normales
- Dificultades para concentrarse: aumento del olvido, la confusión y las alucinaciones

Esperanza

Cuando una persona está abrumada por el duelo, tiene mucho más dificultad para hacerle frente. El inicio de la curación empieza por identificar que el duelo es real.

Necesita apoyo para atravesar este período de dolor emocional. Uno de los primeros pasos para sanar es descubrir que hay esperanza. La esperanza es lo que una persona experimenta cuando llega a creer en un resultado positivo para sus circunstancias.

Curación

La curación es una palabra que se usa con frecuencia para describir la reparación física del cuerpo cuando ha sido lastimado. El objetivo de ese tipo de curación es devolver el cuerpo a su estado antes de la lesión. Al considerar la curación de las emociones, es importante entender que estamos lastimados y necesitamos curarnos. Al igual que el cuerpo, la mente tiene capacidad de resistencia y poder, se curará. Proporcionar el cuidado y el apoyo correctos puede ser de ayuda para una curación mejor y más rápida. Requiere trabajo, al igual que para curar el cuerpo, pero con amor, ayuda y apoyo el proceso puede llevarnos hacia un lugar saludable.

Inicio del viaje

El pensamiento de un nuevo viaje puede ser abrumador. Recuerde que muchos han recorrido este camino antes que usted. Aunque el camino puede ser desconocido,

las pendientes inclinadas, usted no estará solo. Hacer este viaje con un amigo, grupo y un líder de apoyo hará que el viaje sea más fácil. Los grupos de apoyo y los grupos de duelo de Bristol están diseñados para dirigir y ayudar a atravesar la experiencia del duelo, y encontrar paz y tranquilidad para seguir adelante en una forma saludable. Encontrar las herramientas y el apoyo correctos para este viaje es crucial. Venga y

participe en su viaje y permítanos ser su guía en el descubrimiento de su salud y curación espiritual y emocional.



El "Grupo de Apoyo Desarrollar un Puente de Esperanza" ofrece una oportunidad para que las personas compartan sus sentimientos y reciban apoyo de otros que están experimentando un duelo similar.

Exhibit 8
Spanish Educational Materials



Bristol Hospice
embracing a reverence for life

MIAMI-DADE

**ORIENTACIÓN PARA
EL PACIENTE Y LA FAMILIA
PARA
CUIDADO DE HOSPICIO**

DECLARACIÓN DE CONFIDENCIALIDAD

Este folleto puede contener información médica protegida. Las personas que no sean usted y sus proveedores de atención médica deben obtener su permiso para ver este folleto.

Bristol Hospice - Miami-Dade, L.L.C.

5201 Blue Lagoon Drive, Ste. 570

Miami, FL 33126

786-382-0433



BIENVENIDO AL HOSPICIO BRISTOL

Esperamos poder brindarle atención en la comodidad de su hogar. Si tiene necesidades especiales, como discapacidades o traducción de idiomas, informe al empleado de Bristol Hospice y le ayudaremos a satisfacer esas necesidades especiales. Podemos proporcionarle otros recursos comunitarios disponibles.

Este folleto fue diseñado para usted y proporciona información útil sobre nuestros servicios y otros temas relacionados con el cuidado de la salud. Por favor, siéntase libre de hablar acerca de estos temas y cualquier otro problema que tenga con su equipo de hospicio.

Si tiene un problema o preocupación durante o después de las horas de atención regular puede llamar al (786) 382 0433 y hablar con la enfermera. Bristol Hospice protegerá su privacidad. No se divulgará ninguna información sin su consentimiento.

Esperamos poder servirle a usted y a su familia. Le rogamos nos brinde cualquier sugerencia sobre cómo podemos mejorar nuestros servicios.

Sinceramente,

La Administración y el Personal de Bristol Hospice - Miami-Dade, L.L.C.

Esta agencia cumple con el Título VI de la Ley de Derechos Civiles de 1964, con la Sección 504 de la Ley de Rehabilitación de 1973 y con la Ley de Discriminación por Edad de 1975. No discriminamos por motivos de raza, color, religión, sexo, nacionalidad, edad o discapacidad en relación a la admisión, acceso a tratamiento o empleo. Haremos todo lo posible para cumplir con estos y otros estatutos similares.

Bristol Hospice ~ Miami-Dade, L.L.C.

Misión

Bristol Hospice ~ Miami-Dade, L.L.C. está gentilmente comprometido con nuestra misión que todos los pacientes y las familias confiados a nuestra atención serán tratados con el más alto nivel de compasión, respeto y calidad de atención.

Visión

Bristol Hospice ~ Miami-Dade, L.L.C. está gentilmente comprometido a convertirse en el proveedor de preferencia de hospicio y cuidados paliativos.

Servicios de Hospicio

Los servicios de hospicio brindan atención al enfermo terminal, centrándose en las necesidades físicas, espirituales, psicológicas y sociales del paciente y la familia.

Filosofía del Hospicio

- El hospicio se centra en
 - El confort, no en la cura
 - Control del dolor y de los síntomas físicos, emocionales y espirituales
 - Vivir la vida al máximo con dignidad y comodidad
- El hospicio se centra en la familia.
- El cuidado de hospicio le está ayudando a vivir la vida al máximo con dignidad y comodidad.
 - El cuidado de hospicio es un programa de servicios de un equipo interdisciplinario dirigido por médicos que se centra en el paciente y la familia.

Declaración de Propiedad

Bristol Hospice – Miami-Dade, L.L.C. es un compañía de responsabilidad limitada de Utah, registrado como una entidad extranjera en Florida, y propiedad de Bristol Hospice, L.L.C. una compañía de responsabilidad limitada de Utah.

Declaración de No Discriminación

Bristol Hospice ~ Miami-Dade, L.L.C., presta servicios en forma directa o a través de acuerdos con otros proveedores calificados y no se niega a prestar servicio o brindar empleo en modo alguno a ninguna persona por motivos de raza o color, edad, religión, sexo, embarazo, orientación sexual, discapacidad mental o física, parto y ascendencia u origen nacional. Bristol Hospice - Miami-Dade se asegurará de que el cuidado de hospicio se proporcionará independientemente del paciente o la capacidad de la unidad familiar de pagar y sin tener en cuenta la raza, credo, color, religión, sexo, origen nacional o discapacidad.

Declaración Financiera

Bristol Hospice ~ Miami-Dade, L.L.C. no interrumpirá o disminuirá la atención prestada debido a la imposibilidad de pagar por la atención.

Servicios Disponibles

El programa de hospicio es suministrado principalmente por un equipo de personal de hospicio y voluntarios. Los servicios se proporcionan a través de un plan individualizado de cuidados paliativos. Los siguientes servicios están disponibles en nuestra instalación de hospicio:

Enfermería	Terapia Física
Trabajo Social	Terapia del Lenguaje
Consejería Espiritual	Terapia Ocupacional
Ayudante de Hospicio	Consulta Dietética
Voluntarios	Servicios de Duelo

Las drogas, los productos biológicos, los suministros médicos y el equipo médico hogareño relacionados con enfermedades terminales están disponibles las veinticuatro (24) horas del día.

Horas de Operación

El horario de atención es de lunes a viernes de 8:00 a.m. a 5:00 p.m. excepto durante los días festivos de la compañía. Disponible 24 horas al día, 7 días a la semana.

Asistencia en la Comunicación

Reconocemos que nuestros pacientes pueden tener problemas de comunicación debido a la discapacidad auditiva o la discapacidad de hablar. También reconocemos algunos individuos comunican en otro idioma en vez de Inglés.

En algunos casos, Hospicio personal puede ser capaz de comunicar con la paciente en otro idioma en vez de Inglés. Cuando no es el caso, el Hospicio hará arreglos para proporcionar servicios de un intérprete sin costo a la familia o paciente.

Criterios de Admisión

La admisión en esta agencia para servicios de hospicio sólo puede realizarse bajo la dirección de un médico, en base a un pronóstico médico de una esperanza de vida de seis meses o menos si la enfermedad sigue su curso normal. El médico remitente y el director médico del hospicio deben certificar que el paciente padece una enfermedad terminal.

Cómo funciona el hospicio

Si califica para cuidados de hospicio usted y su familia trabajarán con el equipo de hospicio para establecer un plan de atención que se adapte a sus necesidades. Para obtener información más específica sobre un plan de cuidados paliativos llame a su organización nacional o estatal de cuidados de hospicio.

Usted y los miembros de su familia son la parte más importante de un equipo que también puede incluir:

- Doctores
- Enfermeras o profesionales de enfermería
- Consejeros
- Trabajadores sociales
- Terapeutas físicos y ocupacionales
- Patólogos del habla y del lenguaje
- Ayudantes de hospicio
- Personal de trabajo doméstico
- Voluntarios

Además una enfermera de hospicio y un médico están de guardia las 24 horas del día, los 7 días de la semana para brindarle a usted y a su familia apoyo y cuidado cuando lo necesite. Un médico de hospicio es parte de su equipo médico. También puede optar por incluir a su médico regular o un profesional de enfermería en su equipo médico como el profesional médico que supervisa su atención. El beneficio de hospicio le permite a usted y a su familia permanecer juntos en la comodidad de su hogar a menos que necesite atención en un centro de hospitalización. Si el equipo de hospicio determina que necesita cuidados paliativos para pacientes internados el equipo de hospicio tomará las medidas necesarias para su estadía.

Importante:

Una vez que escoja el cuidado de hospicio su beneficio de hospicio debería cubrir todo lo que necesita. El Medicare original continuará pagando los beneficios cubiertos por cualquier problema de salud que no sea parte de su enfermedad terminal y condiciones relacionadas, pero es poco frecuente.

Plan de Cuidado, Tratamientos y Servicios

Le involucramos a usted, a su médico o persona designada, a profesionales clave y a otros miembros del equipo en el desarrollo de su plan individualizado de atención, tratamiento y servicios. Siempre que resulte posible su plan se basará en problemas, necesidades y objetivos identificados, órdenes médicas de medicamentos, cuidado, tratamientos y servicios, períodos de tiempo, su entorno y sus deseos personales.

El plan es revisado y actualizado según sea necesario o cada quince días en base a sus necesidades cambiantes. Animamos su participación y le proporcionaremos información médica necesaria para ayudarle.

Usted tiene el derecho de rechazar cualquier medicamento o procedimiento de tratamiento. Sin embargo le animamos a hablar en cuanto al asunto con su médico para recibir consejo y orientación. El plan de atención se centra en cuidados para el confort en lugar de hacerlo en los cuidados curativos.

No participamos en ninguna investigación experimental relacionada con el cuidado del paciente, excepto bajo la dirección de su médico y con su consentimiento por escrito. Debe haber un cuidador dispuesto, capaz y disponible que será responsable de su cuidado entre las visitas de la agencia. Esta persona puede ser usted, un miembro de la familia, un amigo o un cuidador contratado.

Hay Cuatro Niveles de Cuidado bajo el beneficio de hospicio de Medicare:

- Rutina ~ El nivel de atención de rutina es el nivel más común de cuidado de hospicio. Usted puede recibir Cuidados de Hospicio de Rutina en su hogar. Esto puede incluir un cuidado a largo plazo o una instalación de vida asistida.
- Paciente Hospitalizado General ~ El nivel de Hospitalizado General está disponible a través del beneficio de hospicio para cuidado a corto plazo para controlar el dolor y los síntomas que no se pueden tratar en el hogar. Este nivel de atención se proporciona en una variedad de entornos, que incluyen hospitales y centros de enfermería especializados. Es extremadamente importante que se comunique con el Hospicio en caso de que haya un cambio en su condición, incluso si llama al 911 o asiste a una sala de emergencias de hospital. El simple hecho de ir a una sala de emergencia de hospital y/o ser internado en un hospital no requiere automáticamente un alta del hospicio. El equipo interdisciplinario del Hospicio trabajará con usted, su familia y el médico para atender sus necesidades, cuidados y servicios específicos de acuerdo con su plan de atención individualizado.
- Cuidado de Relevo ~ Si su cuidador habitual (como un miembro de la familia) necesita un descanso, puede recibir cuidado de relevo en un centro aprobado por Medicare (como un centro de hospitalización, hospital o asilo de ancianos). Su proveedor de cuidados paliativos realizará los arreglos por usted. Puede permanecer hasta cinco (5) días cada vez que reciba cuidados de relevo. Puede recibir cuidado de relevo más de una vez, pero sólo puede proporcionarse de forma ocasional.
- Cuidado continuo ~ El cuidado continuo en el hogar puede ser proporcionado únicamente durante un período de crisis según resulte necesario para mantener a un individuo en su hogar. Un período de crisis es un período en el que un paciente requiere cuidado continuo (mayormente cuidados de enfermería) para lograr paliar o controlar síntomas médicos agudos.

Pautas de Medicare Utilizadas para Establecer la Cobertura

Los siguientes elementos son necesarios para que Medicare pague por sus servicios de atención:

- Usted debe tener derecho a la Parte A de Medicare.
- Estar certificado como enfermo terminal, con un pronóstico médico de una esperanza de vida de seis meses o inferior si la enfermedad sigue su curso normal.
- Obtener la certificación de enfermedad terminal para beneficios de cuidados paliativos según el juicio del médico del hospicio.
- Usted (o su representante autorizado) debe escoger el cuidado de hospicio para recibirlo.

Medicare Parte A: Cubre el 100% de los servicios de hospicio que cumplen con los criterios de Medicare con los siguientes copagos: Si los servicios prestados no están cubiertos por Medicare, el Hospicio proporcionará un Aviso de Beneficiario Avanzado de Salud en el Hogar. Este aviso le informará de los costos no cubiertos y su explicación.

Lo que Medicare no cubrirá

Cuando usted escoge el cuidado de hospicio ha decidido que ya no desea que el cuidado cure su enfermedad terminal y sus afecciones relacionadas, y/o su médico ha determinado que los esfuerzos por curar su enfermedad no están teniendo efecto. Medicare no cubrirá ninguno de estos servicios una vez que escoja el cuidado de hospicio:

- Tratamientos destinados a curar su enfermedad terminal y/o afecciones relacionadas. Hable con su médico si está pensando en recibir tratamiento para curar su enfermedad. Siempre tendrá el derecho de suspender el cuidado de hospicio en cualquier momento.
- Medicamentos recetados (excepto para control de síntomas o alivio del dolor).
- Cuidado de todo proveedor que no haya sido establecido por el equipo médico de hospicio. Debe recibir cuidados de hospicio del proveedor de hospicio que usted eligió. Todo cuidado que usted reciba por su enfermedad terminal y las afecciones relacionadas debe ser brindado u organizado por el equipo de hospicio. No puede obtener el mismo tipo de atención de hospicio de otro proveedor a menos que cambie su proveedor de hospicio. Sin embargo puede ver a su médico de cabecera si le ha seleccionado para ser el profesional médico que ayuda a supervisar sus cuidados paliativos.
- Alojamiento y comida. Medicare no cubre el alojamiento y la comida. Sin embargo si el equipo de cuidados paliativos determina que necesita servicios de atención a corto plazo para pacientes hospitalizados o cuidados de relevo que ellos organizan, Medicare cubrirá su estancia en la institución. Es posible que tenga que abonar un pequeño copago por la estancia de relevo.
- Atención en una sala de emergencias, atención en un centro de hospitalización o transporte en ambulancia, a menos que sea organizado por su equipo de hospicio o no esté relacionado con su enfermedad terminal y las afecciones relacionadas.

Nota: Póngase en contacto con su equipo de cuidados paliativos antes de recibir cualquiera de estos servicios, o podría tener que abonar el costo total.

Cuánto tiempo puede obtener cuidados de hospicio

El cuidado de hospicio está pensado para personas con una esperanza de vida de 6 meses o menos (si la enfermedad sigue su curso normal). Si usted vive más de 6 meses puede continuar recibiendo cuidados de hospicio, siempre y cuando el director médico del hospicio u otro médico de hospicio recertifique que usted es un enfermo terminal (con una esperanza de vida de 6 meses o menos).

Cómo detener los cuidados de hospicio

Si su salud mejora o su enfermedad entra en remisión es posible que ya no necesite cuidados de hospicio. Siempre tiene el derecho de suspender el cuidado de hospicio en cualquier momento y por cualquier razón. Si detiene su cuidado de hospicio obtendrá el tipo de cobertura de Medicare que tenía antes de escoger un programa de hospicio, como Medicare Original, un Plan Medicare Advantage (como un HMO (organización para el cuidado de la salud, por sus siglas en inglés) o un PPO (organización de proveedores preferidos, por sus siglas en inglés)) u otro tipo de plan de salud de Medicare. Si resulta elegible puede volver a recibir cuidados de hospicio en cualquier momento.

Sus derechos de Medicare

Las personas con Medicare tienen ciertos derechos garantizados. Si su programa de hospicio o su médico considera que usted ya no es elegible para el cuidado de hospicio porque su condición ha mejorado y usted no está de acuerdo, tiene el derecho de solicitar una revisión de su caso.

Su hospicio debe entregarle una notificación que explique su derecho a una revisión acelerada (rápida) por parte un revisor independiente contratado por Medicare, denominado Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO, Organización para el Mejoramiento de la Calidad de Atención Centrada en el Beneficiario y la Familia). Si no recibe esa notificación, solicítela. Esa notificación enumera la información de contacto de su BFCC-QIO y explica sus derechos.

También puede visitar [Medicare.gov/contacts](https://www.medicare.gov/contacts) o llamar al 1-800-MEDICARE (1-800-633-4227) para obtener el número de teléfono de su BFCC-QIO. Los usuarios de TTY deben llamar al 1-877-486-2048.

Información financiera

Bristol Hospice ofrece servicios que pueden ser reembolsados por múltiples pagadores. La siguiente información describe las políticas de cuenta de esta sede. Realizaremos intentos razonables a fin de obtener la cobertura de los servicios prestados en el seguro actual. Proporcione al personal constancias del seguro actual y las tarjetas de Medicare. En última instancia es su responsabilidad informarnos de otras fuentes de pago disponibles.

Cuidado de hospicio

Hospicio es un programa de atención y apoyo para personas que son enfermas terminales. Estos son algunos datos importantes sobre el hospicio:

- El Hospicio ayuda a que personas con enfermedades terminales vivan con comodidad.

- El hospicio no es sólo para personas con cáncer.
- La atención se centra en la comodidad, no en curar una enfermedad.
- Un equipo de profesionales y cuidadores especialmente capacitados cuidan de la "persona completa", incluyendo necesidades físicas, emocionales, sociales y espirituales.
- Los servicios suelen incluir cuidado físico, asesoría, medicamentos, equipo y suministros para la enfermedad terminal y las afecciones relacionadas.
- Generalmente se proporciona atención en el hogar.
- Los familiares cuidadores pueden obtener apoyo.

Cuidado de una afección que no sea su enfermedad terminal

Su beneficio de hospicio cubre su atención y no debería recurrir a atención externa al hospicio para recibir atención (excepto en situaciones muy poco habituales).

Todos los servicios cubiertos por Medicare que recibe mientras está en cuidado de hospicio están cubiertos por Original Medicare, incluso si previamente usted tenía un Plan Medicare Advantage (como un HMO o PPO) u otro plan de salud de Medicare.

Debe pagar los montos y deducibles y el coseguro de todos los servicios cubiertos por Medicare para tratar problemas de salud que no sean parte de su enfermedad terminal y las afecciones relacionadas. Si resulta necesario también debe continuar pagando las primas de Medicare.

Medicare Parte A: Cubre el 100% de los servicios de hospicio que cumplen con los criterios de Medicare con los siguientes copagos:

- Si los servicios prestados no están cubiertos por Medicare, el Hospicio proporcionará un Aviso de Beneficiario Avanzado de Salud en el Hogar. Este aviso le informará de los costos no cubiertos y su explicación.

HMO/Medicaid: Los planes de HMO y Medicaid a menudo requieren autorización previa. Obtendremos esas autorizaciones. Es muy importante que nos informe de su participación en estos programas, ya que pueden requerir que sus proveedores brinden su servicio.

Por favor notifique inmediatamente a la agencia si decide inscribirse en un plan Medicare Advantage o en una HMO privada. El Plan Original Medicare podría no cubrir los servicios que estamos proporcionando si usted se encuentra inscrito en un plan Medicare Advantage o HMO.

Seguro privado:

- El pago depende de la póliza individual.
- Usted paga el importe no cubierto por el plan de seguro. Se le brindará una estimación al comienzo del servicio. Este importe puede variar a medida que los servicios cambian durante el curso del tratamiento. Le informaremos de los cambios en forma verbal y por escrito dentro de los treinta días.

Disponibilidad/Cobertura Después de las Horas Regulares

Cobertura fuera del horario laboral. El hospicio esta disponible las 24 horas, los 7 dias de la semana. Una enfermera de jps[oco] esta disponible las 24 (veinticuatro) horas, los 7 (siete) dias de la semana para ayudar con sus necesidades. Por favor llame 786 382 0433.

En caso de emergencia como un desastre natural, o si el hospicio no contesta el telefono, por favor llame a este numero de respaldo: 1-888-260-8460. Si recibiste un mensaje de voz, TIENES que dejar un mensaje. Todas las supervisoras de enfermeria sera notificado y regresaremos la llamada tan pronto como sea posible. Una vez mas, si recibiste un mensaje de voz cuando llamaste este numero, POR FAVOR, deja un mensaje con tu situacion y sera atendida.

Satisfacción del paciente

Ustedes, nuestros clientes, son muy importantes para nosotros. Haga preguntas si algo no está claro con respecto a nuestros servicios o la atención que recibe o no recibe. Nuestra agencia envía una Encuesta de Satisfacción del Paciente. Sus respuestas nos ayudan a mejorar nuestros servicios y asegurarnos de que respondemos a sus necesidades y expectativas. Cuando reciba la encuesta sírvase completarla y enviarla inmediatamente.

Registros Médicos

Su historial médico es mantenido por nuestro personal para documentar órdenes médicas, evaluaciones, notas de progreso y tratamientos. Sus registros son mantenidos estrictamente confidenciales por nuestro personal y están protegidos contra pérdida, destrucción, manipulación indebida o uso no autorizado.

Confidencialidad

Bristol Hospice ~ Miami-Dade, L.L.C. garantiza que sólo personal autorizado hará anotaciones o revisará sus registros médicos. El hospicio no divulgará ninguna información sin consentimiento escrito previamente firmado, excepto de conformidad a una orden judicial.

Procedimiento para Quejas/Inquietudes

Cualquier paciente que tenga una queja o inquietud con respecto al tratamiento o cuidado que se le proporciona o no, o respecto de la falta de respeto a la privacidad o a la propiedad por parte de cualquier persona que se encuentre prestando servicios en el hospicio, puede expresar su queja o inquietud sin temor a discriminación o represalias por hacerlo y el hospicio debe investigar, documentar y resolver dicha queja. Si tiene alguna queja puede comunicarse con el Director Ejecutivo del Hospicio sin temor a la pérdida de servicios o beneficios. Por favor consulte la lista de contactos específicos para quejas e inquietudes del hospicio en la página 20.

Respuesta a Abuso/Negligencia/Explotación

Todos los asociados del hospicio están obligados a reportar cualquier sospecha de abuso de adultos o niños dependientes, y cumplirán con las pautas estatales y federales de presentación de denuncias.

Procedimiento

- Todos los asociados reportarán sospechas o hechos a sus supervisores.
- Un trabajador social y/o un/a enfermero/a certificado/a realizarán una visita después de notificar al médico y obtener las órdenes necesarias.
- El Trabajador Social y/o el/la enfermero/a certificado/a contactarán a los Servicios de Protección para Adultos y completarán los formularios necesarios requeridos para reportar sospechas de abuso y negligencia.
- Se informará al personal y a la administración del hospicio sobre casos sospechados.
- Los reportes son verificados y las violaciones graves serán enviadas a los organismos estatales/locales dentro de los cinco (5) días posteriores al incidente.

EVALUACIÓN DE POSIBLE ABUSO/NEGLIGENCIA Política Nro. H:2-054.1

PROPÓSITO

Proporcionar pautas para la identificación de supuestas víctimas de abuso para su atención y remisión a recursos de la comunidad.

POLÍTICA

La organización reportará a las organizaciones de protección apropiadas todos los casos sospechosos de abuso, negligencia o explotación de conformidad con los estatutos estatales apropiados.

Definiciones

1. **Abuso/Violencia Doméstica:** Cualquier acto que constituya una violación de los estatutos de prostitución, delito o conducta sexual; la inflicción intencional y no terapéutica de dolor, lesiones o cualquier conducta persistente con la intención de provocar angustia mental o emocional.
2. **Abandono:** Evidencia de que el paciente ha sido "abandonado" por alguien, o la unidad familiar no tiene la intención de regresar por el paciente. Otras situaciones de alto riesgo: adicción a drogas o alcohol en la familia, aislamiento del paciente, antecedentes de problemas psiquiátricos no tratados, evidencia de estrés familiar inusual, dependencia excesiva por parte del paciente hacia el cuidador.
3. **Negligencia:** Incumplimiento de un cuidador en proveer al paciente los alimentos, ropa, refugio, atención médica o supervisión necesarios; o la ausencia o probabilidad de ausencia del alimento, ropa, vivienda, cuidado de salud o supervisión necesarios de un paciente.
4. **Explotación:** Pérdida inexplicable de cheques de seguridad social o pensión, toda evidencia que se están tomando bienes materiales a cambio del cuidado, toda evidencia que las pertenencias personales del paciente (casa, joyas, automóvil) se están utilizando sin el consentimiento o la aprobación del paciente.
5. **Cuidador:** Un individuo o una instalación responsable de todo o parte del cuidado voluntariamente o mediante un acuerdo, como un familiar, amigo o personal de la organización.
6. **Reporte:** Todo reporte recibido por la organización de bienestar local, el departamento de policía, el sheriff del condado u organización de otorgamiento de licencias; una declaración verbal y/o escrita de abuso y/o negligencia que declare lo siguiente:

Política Nro. H:2-054.2

- A. Qué ha ocurrido
 - B. A quien le ocurrió
 - C. Cuando ocurrió
 - D. Dónde sucedió
 - E. Quién fue responsable del abuso o la negligencia
7. ***Individuo que Debe Realizar el Reporte:*** Un profesional o un delegado del profesional que se dedica al cuidado de los pacientes, o relacionado a la educación, servicios sociales, la aplicación de la ley o cualquiera de las ocupaciones relacionadas que tuviera conocimiento del abuso o negligencia de un paciente, o que tiene causa razonable para creer que un paciente está siendo o ha sido abusado o descuidado, o que tiene conocimiento de que un paciente ha sufrido una lesión física que no se puede explicarse razonablemente por el historial de lesiones proporcionado por el/los cuidador/es del paciente. (Tenga en cuenta que los requisitos específicos de notificación varían de un estado a otro.)

Nota: Cualquier persona obligada legalmente a reportar sospechas de abuso y/o negligencia y que intencionalmente no informe dicha sospecha de abuso/negligencia puede ser considerada culpable de un delito menor y responsable de los daños causados por no reportarlo.

Una persona que voluntariamente realice un informe falso de abuso y/o negligencia podría ser imputable civilmente por cualquier daño sufrido por los individuos que fueron reportados como sospechosos en dicho abuso y/o negligencia.

PROCEDIMIENTO

1. Cualquier médico que en el transcurso de la prestación de la atención sospeche abuso o negligencia hacia los pacientes informará inmediatamente tales ocurrencias a su supervisor inmediato.
2. El clínico presentará un informe verbal de la sospecha de abuso/negligencia a las autoridades apropiadas de acuerdo con la ley estatal y completará un informe de sospecha de abuso y/o negligencia dentro de las 24 horas posteriores al incidente, añadiendo la siguiente información:
 - A. Nombre del presunto autor
 - B. Relación con el paciente, si la hubiera

Política Nro. H:2-054.3

C. Información relativa a la sospecha de abuso / negligencia:

1. Fecha en que ocurrió
 2. Testigo del evento, si lo hubiera
 3. Naturaleza de lo sucedido (como se indica anteriormente)
 4. Descripción del abuso/negligencia
3. Si el paciente se encuentra en peligro inmediato, el médico se contactará inmediatamente con las autoridades pertinentes, según lo requiera la ley estatal o local.
4. El informe de investigación de supuesto abuso/negligencia con información específica relacionada con lo ocurrido es enviado al Supervisor Clínico, que:
- A. Notifica al médico y a la fuente de referencia (según corresponda) o indica al médico que lo haga
 - B. Revisa la documentación para comprobar su integridad y objetividad
 - C. Remite la información al Director Ejecutivo/Administrador
5. El Director Ejecutivo/Administrador:
- A. Revisará todos los informes (informe de incidentes y la-investigación subsiguiente)
 - B. Llevará a cabo cualquier revisión adicional si resulta necesario
 - C. Documentará información adicional
 - D. Presentará informes a las autoridades competentes
6. Los informes, revisiones e investigaciones de sospecha de abuso/negligencia se llevarán a cabo bajo la más estricta confidencia.

HOSPICIO II

Bristol Hospice, L.L.C. Calidad de Servicios y Productos

Política Nro. H:2-054.4

7. La organización mantendrá una lista de agencias privadas y públicas de la comunidad que proporcionan o coordinan la evaluación de víctimas presuntas o sospechadas de abuso/negligencia.
8. El clínico hará una consultará a una organización comunitaria cuando sea necesario.

HOSPICIO II

Bristol Hospice, L.L.C. Calidad de Servicios y Productos

APÉNDICE: H:2-054A

**LISTA DE AGENCIAS COMUNITARIAS PRIVADAS Y PÚBLICAS QUE PROPORCIONAN
O COORDINAN LA EVALUACIÓN DE SOSPECHA O SUPUESTO ABUSO/NEGLIGENCIA**

INFORME SOBRE SOSPECHA O SUPUESTO ABUSO/NEGLIGENCIA POR ESTADO/CONDADO

CALIFORNIA

Departamento de Servicios Sociales de California
Servicios de Protección para Adultos (APS, por sus siglas en inglés)
Cada condado de California tiene su propia oficina de APS
Números de contacto listados por Condado en:
<http://www.cdss.ca.gov/agedblinddisabled/PG2300.htm>

GEORGIA

Departamento de Servicios Humanos de Georgia
División de Servicios para la Vejez
Servicios de Protección para Adultos (APS, por sus siglas en inglés)
Los informes son recibidos por teléfono de lunes a viernes de 8 a.m. a 5 p.m. al:
1-866-552-4464 – presione 3
Realice un informe a través de la web en: <http://aging.dhs.georgia.gov/adult-protective-services>
Informe por fax: 1-770-408-3001 (formulario disponible en el sitio web anterior, en versión MS Word y PDF)

HAWAII

Estado de Hawaii – Departamento de Servicios Humanos
División de Asuntos de la Vejez de Honolulu
Servicios de Protección para Adultos (APS, por sus siglas en inglés)
Línea Directa de Oahu para Informes: 808-832-5115
Sitio web para información adicional, incluyendo formularios e instrucciones:
<http://humanservices.hawaii.gov/ssd/home/adult-services/>

FLORIDA

Departamento de Niños y Familias de la Florida
Servicios de Protección para Adultos (APS, por sus siglas en inglés)
Línea de Abuso de la Florida: 800-962-2873
Enviar un informe por fax al 800-914-0004
Informe en líneae – <https://reportabuse.dcf.state.fl.us>

**INFORME SOBRE SOSPECHA O SUPUESTO ABUSO/NEGLIGENCIA
POR ESTADO/CONDADO**

OREGON

Departamento de Servicios Humanos de Oregon

Línea Directa 24/7: 1-855-503-7233

Abuso/Negligencia hacia adultos reportado a través de las oficinas individuales del condado

Números de contacto listados por Condado en:

<http://www.oregon.gov/dhs/spwpd/pages/offices.aspx>

TEXAS

Departamento de Servicios Familiares y de Protección de Texas

Línea Directa 24/7 de Abuso de Texas: 1-800-252-5400

Informes en línea en: [https://www.dfps.state.tx.us/Contact us/report abuse.asp](https://www.dfps.state.tx.us/Contact_us/report_abuse.asp)

Departamento de Servicios para la Vejez y Discapacidad de Texas (DADS, por sus siglas en inglés)

Regulación de hogares de ancianos, vida asistida, ICF/MR privado y guardería de adultos

Denunciar sospecha/presunto abuso/negligencia en una instalación regulada: 1-800-458-9858

UTAH

Departamento de Servicios Humanos de Utah

Servicios de Protección para Adultos (APS, por sus siglas en inglés)

Línea Directa para Denuncias 24 horas/7 días a la semana 1-800-371-7897

O informes electrónicos en: <http://www.hsdaas.utah.gov/>

Lista de Contactos para Quejas/Inquietudes

Director Ejecutivo:	Director Ejecutivo
Número de Teléfono:	786 382 0433
Dirección:	5201 Blue Lagoon Dr. Suite 570 Miami, FL 33126

El horario de atención es de lunes a Viernes de 08:00 a.m. a 05:00 p.m., EST, excepto los días festivos. Un administrador está disponible veinticuatro (24) horas al día, siete (7) días a la semana. Si necesita más ayuda, puede ponerse en contacto con las siguientes personas:

Vicepresidente de Operaciones:

Número de Teléfono:	801-325 0175
Dirección:	206 North 2100 West Suite 202 Salt Lake City, UT 84116

El horario de atención en la oficina corporativa es de 08:00 a.m. a 05:00 p.m., MT, de Lunes a Viernes.

Bristol Hospice ~ Miami-Dade, L.L.C. es una Organización Acreditada CHAP Deemed Status. Accreditation de CHAP (Community Health Accreditation Program) es para organizaciones que buscan ser estelar. Los estándares externos, validación de sitio, la consulta de expertos de la industria proporciona un valor excepcional a una organización. Las Normas de Excelencia reconocidas a nivel nacional ampliamente estructuradas de CHAP proporcionan información sobre las mejores prácticas para la calidad y el rendimiento. CHAP tiene autorización reglamentaria para encuestar a las agencias que brindan servicios de salud domiciliaria y de cuidados paliativos, para determinar si cumplen con las Condiciones de Participación de Medicare (COP). Si tiene alguna queja, pregunta o inquietud del consumidor con respecto a Bristol Hospice Miami-Dade, L.L.C., puede comunicarse con la línea directa de CHAP las 24 horas del día, los siete días de la semana, al 1-800-656-9656

Agencia para la Administración de la Salud de la Florida

**Centro de Llamadas para Quejas del Consumidor,
Publicaciones e Información (888) 419-3456/
(800) 955-8771 Servicio de retransmisión de Florida
(TDD (Dispositivo de telecomunicación para sordos))**

Para registrar sus quejas o solicitar información utilice las siguientes opciones:

Presione
la Opción 1

1

Disponible de lunes a viernes, de 8:00 am a 5:00 pm (Hora Estándar del Este). Para presentar una queja acerca de un centro de atención médica, como un hospital, asilo de ancianos, establecimiento de vida asistida, agencia de atención domiciliaria u otro tipo de establecimiento de atención médica. Su queja por atención al paciente también se puede presentar en cualquier momento completando el Formulario de Reclamación de Institución de Atención Médica. Busque en nuestro sitio FloridaHealthFinder.gov para verificar si la instalación por la cual tiene una inquietud está regulada por nuestra agencia.

Presione
la Opción 2

2

Para obtener información general acerca de Medicaid o para informar de Fraude de Medicaid. Si llama en relación a los servicios proporcionados en su plan de seguro de salud de Medicaid como transporte, servicios dentales o cobertura de medicamentos recetados, o si desea cambiar su plan, también puede comunicarse con nuestro Centro de Contacto Medicaid al 1-877-254- 1055. Para saber si califica para los servicios de Medicaid, si necesita reemplazar una tarjeta Gold, si necesita agregar un miembro de su familia o desea información sobre el Programa Medically Needy llame al Departamento de Niños y Familias al 1-866-762-2237

Presione
la Opción 3

3

Disponible de lunes a viernes, de 8:00 am a 5:00 pm (Hora Estándar del Este). Para presentar una queja contra una organización de mantenimiento de la salud (HMO, por sus siglas en inglés); Si tiene problemas con el procesamiento interno de quejas de la HMO; Si ha completado el proceso de queja interna y desea apelar; Si necesita números de referencia de servicios para miembros o coordinadores de quejas.

Presione
la Opción 4

4

Si tiene preguntas sobre los resultados de la Evaluación de Antecedentes o sobre el Centro de Intercambio de Información Preliminar.

Presione
la Opción 5

5

Si necesita ayuda con otras áreas de la Agencia que no figuran en la lista.

Si desea tener un directorio de todas las instalaciones de una clase en particular, como hogares de ancianos o hospitales, puede descargar esa información desde nuestro sitio web en <http://www.floridahealthfinder.gov/>.

Aprenda más acerca de lo que sucede cuando se presenta una queja.

Enlaces útiles del centro de llamadas.

RESUMEN DE LA LEY DE DERECHOS Y RESPONSABILIDADES DE LOS PACIENTES DE LA FLORIDA

La ley de Florida requiere que su proveedor de atención médica o centro de atención médica reconozca sus derechos mientras esté recibiendo atención médica y que respete el derecho del proveedor del cuidado de la salud o del centro de atención médica a esperar cierto comportamiento por parte de los pacientes. Puede solicitar una copia del texto completo de esta ley a su proveedor de atención médica o centro de salud. Un resumen de sus derechos y responsabilidades:

- Un paciente tiene derecho a ser tratado con cortesía y respeto, con reconocimiento de su dignidad individual y con protección de su necesidad de privacidad.
- Un paciente tiene derecho a una respuesta rápida y razonable a preguntas y solicitudes.
- Un paciente tiene el derecho de saber quién está proporcionando servicios médicos y quién es responsable de su cuidado.
- Un paciente tiene el derecho de saber qué servicios de apoyo al paciente se encuentran disponibles, incluyendo si está disponible un intérprete si la persona no habla el idioma inglés.
- El paciente tiene el derecho de saber qué reglas y reglamentos se aplican a su conducta.
- Un paciente tiene derecho a recibir información del proveedor de atención médica acerca del diagnóstico, el curso planificado del tratamiento, las alternativas, los riesgos y el pronóstico médico.
- Un paciente tiene el derecho de rechazar cualquier tratamiento, salvo que la ley disponga lo contrario.
- Un paciente tiene derecho a recibir, mediante una solicitud previa, información completa y asesoramiento necesario sobre la disponibilidad de recursos financieros conocidos para su cuidado.
- Un paciente elegible para Medicare tiene el derecho de saber, previa solicitud y con antelación al tratamiento, si el proveedor de atención médica o el centro de atención médica acepta la tarifa de asignación de Medicare.
- Un paciente tiene derecho a recibir, previa solicitud, antes del tratamiento, una estimación razonable de los costos de la atención médica.
- Un paciente tiene el derecho de recibir una copia de una factura razonablemente clara y comprensible, detallada y, bajo petición que se le expliquen los cargos.

- Un paciente tiene derecho a un acceso imparcial a tratamientos médicos o alojamiento, independientemente de su raza, origen nacional, religión, discapacidad o forma de pago.
- Un paciente tiene derecho a recibir tratamiento por cualquier condición médica de emergencia que empeorará en caso de falta de tratamiento.
- Un paciente tiene derecho a saber si el tratamiento médico es para fines de investigación experimental y a dar su consentimiento o rechazar su participación en dicha investigación experimental.
- Un paciente tiene el derecho a expresar quejas en relación con cualquier violación de sus derechos, según lo establecido por la ley de la Florida a través del procedimiento de quejas del proveedor de atención médica o centro de salud que le brindó la atención y la agencia estatal apropiada.
- Un paciente es responsable de proporcionar al proveedor de atención médica, hasta donde alcanza su conocimiento, información exacta y completa sobre quejas actuales, enfermedades previas, hospitalizaciones, medicamentos y otros asuntos relacionados con su salud.
- Un paciente es responsable de reportar cambios inesperados en su condición al proveedor de atención médica.
- Un paciente es responsable de informar al proveedor de atención médica si comprende un plan de acción contemplado y qué se espera de él.
- Un paciente es responsable de seguir el plan de tratamiento recomendado por el proveedor de atención médica.
- Un paciente es responsable de asistir a las citas, y cuando no pueda hacerlo por el motivo que fuera, notificar al proveedor de atención médica o al centro de atención médica.
- Un paciente es responsable de sus acciones si rechaza el tratamiento o no sigue las instrucciones del médico.
- Un paciente es responsable de asegurar que las obligaciones financieras de su cuidado de salud se cumplan lo más rápidamente posible.
- Un paciente es responsable de seguir las normas y reglamentos de la institución de atención médica que afectan la atención y la conducta del paciente.

Derechos del Paciente del Hospicio

“Un paciente de hospicio tiene derecho a ser informado de sus derechos y el hospicio debe proteger y alentar el uso de estos derechos.”

Hospice Medicare Conditions of Participation (Condiciones de Participación de Hospicio de Medicare) (CFR 418.52, Subparte C, 418.52)

¿Qué son los Derechos del Paciente de Hospicio?

Una lista de derechos garantizados a todos los pacientes de hospicio, incluyendo lo que un hospicio debe proporcionar a una persona que está recibiendo cuidado de hospicio.

¿Dónde puedo encontrar los Derechos del Paciente de Hospicio?

Las Condiciones de Participación de Medicare se emiten como regulaciones establecidas por la agencia del gobierno federal, los Centros de Servicios de Medicare y Medicaid. Las agencias de hospicio deben seguir estas regulaciones, que incluyen una sección acerca de los derechos del paciente.

¿Qué incluyen los derechos del paciente de hospicio?

Durante la visita de evaluación inicial antes de suministrar la atención, el paciente/familia es informado/a tanto verbalmente como por escrito de los derechos y responsabilidades del paciente en relación con la atención del hospicio.

1. El paciente tiene derecho a ejercer sus derechos como paciente de hospicio (418.52 (b) (1) (i) que incluye el derecho a:
 - Que su propiedad y su persona sean tratadas con respeto.
 - Expresar sus quejas sobre el tratamiento o cuidado que se le proporciona (o no) y la falta de respeto a su propiedad por parte de quien presta servicios en nombre del hospicio, y no ser objeto de discriminación o represalias por el ejercicio de sus derechos.
 - Recibir tratamiento eficaz del dolor y control de los síntomas por parte del hospicio por condiciones relacionadas con la enfermedad terminal.
 - Estar involucrado en el desarrollo de su plan de cuidados paliativos.
 - Rechazar la atención o el tratamiento
 - Escoger su médico de cabecera.
 - Tener un historial clínico confidencial. El acceso o la divulgación de la información del paciente y los registros clínicos se permite de acuerdo con CFR 45, partes 160 y 164.
 - No ser objeto de maltrato, negligencia o abuso verbal, mental, sexual y físico, incluyendo lesiones de origen desconocido y apropiación indebida de la propiedad del paciente.
 - Recibir información sobre los servicios cubiertos por los beneficios del hospicio.
 - Recibir información sobre los servicios que proporcionará el hospicio y cualquier limitación de dichos servicios.
 - Tenga en cuenta que la Organización de Hospicios cumple con la Subparte 1 del CFR 42 489 y recibe una copia escrita de las políticas y procedimientos de la organización con respecto a las directivas anticipadas, incluyendo una descripción del derecho de un individuo bajo la ley estatal aplicable y cómo estos derechos son implementados por la organización.

- Recibir información por escrito describiendo el procedimiento de quejas de la organización, incluyendo información de contacto, número de teléfono de contacto, horas de operación y mecanismo/s para comunicar problemas.
 - Recibir una investigación por parte de la organización de las quejas presentadas por el paciente o la familia del paciente o su encargado acerca del tratamiento o cuidado y que la organización documentará la existencia de la queja y la resolución de la misma.
 - Recibir información sobre cualquier relación beneficiosa entre las organizaciones y entidades remitentes.
2. El paciente tiene derecho a esperar que el hospicio:
- Protegerá y fomentará el derecho del paciente a ejercer los derechos.
 - Se asegurará que las presuntas violaciones que involucren maltrato, negligencia o abuso verbal, mental, sexual y físico, incluyendo lesiones de origen desconocido y apropiación indebida de la propiedad del paciente por parte de cualquier persona que preste servicios en nombre del hospicio, sean informadas inmediatamente por los empleados de hospicio y el personal contratado al administrador del hospicio.
 - Investigará inmediatamente todas las presuntas violaciones que involucren a alguien que brinda servicios en nombre del hospicio e inmediatamente tomará medidas para prevenir posibles violaciones mientras se esté verificando la presunta violación.
 - Tomará las acciones correctivas apropiada de acuerdo con la ley estatal si la violación alegada es verificada por la administración de hospicio o una institución externa que posea jurisdicción, tal como la Agencia Estatal de Inspección o la agencia policial local.
 - Se asegurará que las violaciones verificadas sean reportadas a los organismos estatales y locales que posean jurisdicción (incluyendo a la agencia estatal de inspección y certificación) dentro de los 5 días hábiles posteriores a tener conocimiento de la violación.
3. Los derechos del paciente son ejercidos por el paciente o designado de la siguiente manera;
- Si el paciente ha sido declarado incompetente bajo la ley estatal por un tribunal de jurisdicción apropiada, los derechos del paciente son ejercidos por la persona designada para actuar en nombre del paciente de acuerdo con la ley estatal
 - Si un tribunal estatal no ha declarado a un paciente incompetente, cualquier representante legal designado por el paciente de acuerdo con la ley estatal puede ejercer los derechos del paciente en la medida permitida por la ley estatal.
4. El hospicio garantiza la firma del paciente o del representante del paciente confirmando que ha recibido una copia de la notificación de derechos y responsabilidades.

¿Qué Representan los Derechos de los Pacientes de Hospicio para los proveedores del hospicio?

- El hospicio debe informar a cada paciente de sus derechos durante la admisión, verbalmente y por escrito.
- El hospicio debe explicar verbalmente y proporcionar información escrita acerca de las políticas de la organización en cuanto a las directivas avanzadas, incluyendo una descripción de la ley estatal.
- El hospicio debe probar que se han repasado los derechos del paciente del hospicio solicitando la firma del paciente o del cuidador.

Responsabilidades del paciente/familia:

1. Permanecer bajo el cuidado de un médico mientras recibe servicios de hospicio
2. Informar al programa de cualquier directiva anticipada o cualquier cambio en las directivas anticipadas y proporcionar una copia al programa
3. Cooperar con el médico de cabecera, el personal del programa y otros cuidadores
4. Informar al programa de cualquier problema o insatisfacción con el cuidado del paciente
5. Notificar el programa de cambios de dirección o número de teléfono o cuando no pueda asistir a las citas
6. Proporcionar un ambiente seguro en el hogar en el que se pueda brindar atención. En caso de que se produzca una conducta tal que el bienestar o la seguridad del paciente o del personal se vean amenazados podría interrumpirse el servicio
7. Obtener los medicamentos, suministros y equipo solicitados por el médico del paciente si no pueden ser obtenidos o suministrados por el programa
8. Tratar al personal con respeto y consideración
9. Firmar los consentimientos y liberaciones requeridos para la facturación del seguro y proporcionar registros de seguros y financieros según sea solicitado
10. Aceptar las consecuencias de cualquier negativa de tratamiento o elección de incumplimiento

Represalias o Discriminación

Ningún programa o empleado de un programa deberá discriminar o tomar represalias en modo alguno contra cualquier paciente, familiar o cualquier empleado en base o por motivo de que el paciente, familiar o empleado haya presentado una reclamación o queja, o haya iniciado o haya cooperado en cualquier Investigación o procedimiento de cualquier entidad gubernamental relacionada con la atención, los servicios o las condiciones del programa.

PROGRAMAS DE HOSPICIO BRISTOL RESUMEN DE NORMAS DE PRIVACIDAD DE BRISTOL

Hemos resumido nuestras responsabilidades y sus derechos en esta primera página. Para obtener una descripción completa de nuestras prácticas de privacidad examine esta notificación en forma completa.

NUESTRA RESPONSABILIDAD Se requiere que nuestro programa:

- Proporcione una notificación de nuestras prácticas de privacidad
- Mantenga la privacidad de su información médica

SUS DERECHOS

Como paciente de nuestro programa, usted tiene varios derechos con respecto a su información médica, incluyendo los siguientes:

- El derecho de solicitar que no usemos o divulguemos información acerca de su salud de cierta manera.
- El derecho de tener acceso y obtener una copia de su información médica.
- El derecho a solicitar una enmienda en su información médica.
- El derecho a una explicación de los descubrimientos relacionados con su información médica.

Nos reservamos el derecho de cambiar nuestras prácticas de privacidad y hacer que las nuevas disposiciones sean efectivas para toda la información médica que conservamos. Si nuestras prácticas de privacidad se modifican publicaremos los cambios en el tablero de anuncios de nuestras instalaciones, así como en nuestro sitio web. Una copia de la notificación revisada estará disponible después de la fecha de vigencia de los cambios, previa solicitud. No utilizaremos ni divulgaremos su información médica sin su autorización, excepto como se describe en esta notificación.

Si tiene preguntas puede comunicarse con el Director Ejecutivo de nuestro programa, quien es el Oficial de Privacidad del programa.

PROGRAMAS DE HOSPICIO BRISTOL NOTIFICACIÓN DE PRÁCTICAS DE PRIVACIDAD

COMPRENSIÓN DE SU REGISTRO/INFORMACIÓN MÉDICA

Cada vez que recibe atención médica se realiza un registro de la visita que contiene información médica. Esta información sirve como:

- Base para planificar su atención y tratamiento
- Medio de comunicación entre los muchos profesionales de la salud que contribuyen a su cuidado

- Documento legal que describe la atención que recibió
- Medio por el cual usted o un tercero encargado del pago puede verificar que los servicios facturados fueron proporcionados
- Una herramienta para educar a los profesionales de la salud
- Una fuente de datos para la investigación médica
- Una fuente de información para los funcionarios de salud pública que prestan cuidados de salud
- Una fuente de datos para la planificación y la comercialización
- Una herramienta para evaluar y mejorar la atención que brindamos y los resultados que logramos

ESTA NOTIFICACIÓN DESCRIBE CÓMO PUEDE SER UTILIZADA Y DIVULGADA SU INFORMACIÓN MÉDICA Y CÓMO USTED PUEDE ACCEDER A ESA INFORMACIÓN. POR FAVOR LÉALA CUIDADOSAMENTE.

CÓMO USAREMOS O DIVULGAREMOS SU INFORMACIÓN MÉDICA

Tratamiento: Utilizaremos o divulgaremos su información médica para su tratamiento, incluso para actividades relacionadas con el tratamiento de otros proveedores de atención médica. Por ejemplo, la información obtenida por una enfermera, médico u otro miembro de su equipo de atención médica se registrará en su expediente y se usará para determinar el curso del tratamiento que debería funcionar mejor en su caso.

1. **Pago:** Utilizaremos o divulgaremos su información médica en relación a pagos, incluyendo actividades relacionadas con pagos de otros proveedores de atención médica o pagadores. Por ejemplo podría enviársele una factura a usted o a un tercero pagador, incluyendo Medicare o Medicaid. A menos que la factura haya sido pagada en su totalidad y el paciente o su representante legal proporcione al programa una notificación por escrito para no enviar la información a un tercero.
2. **Operaciones de atención médica:** Utilizaremos o divulgaremos su información de operaciones de atención médica para nuestras operaciones médicas regulares. Por ejemplo, el personal del programa puede utilizar su registro en un esfuerzo por mejorar continuamente la calidad y la eficacia de los servicios de atención médica que le brindamos.

La información médica también podría ser revelada a otras entidades para ciertas operaciones de atención médica. Esto puede incluir:

- a. Actividades de evaluación y mejora de la calidad;
- b. Actividades basadas en la población para mejorar la salud o reducir los costos del cuidado de la salud;
- c. Gestión de casos y coordinación de cuidados;
- d. Realización de programas de capacitación;
- e. Actividades de acreditación, concesión de licencias o acreditación; o
- f. Fraude de atención médica y detección de abuso o cumplimiento.

3. **Socios Comerciales:** Existen algunos servicios proporcionados en nuestra organización mediante personas y entidades externas. Los ejemplos de estos "Socios Comerciales" incluyen a nuestros contadores, consultores y abogados. Podemos divulgar su información médica a nuestros asociados de negocios para que puedan realizar el trabajo que les solicitamos que realicen. Sin embargo, para proteger su información médica solicitamos que los Asociados Comerciales protejan adecuadamente su información.
4. **Directorio:** A menos que nos notifique que se opone, podemos incluir su nombre, condición general y afiliación religiosa en nuestro directorio. Esta información puede ser proporcionada a los miembros del clero y, a excepción de la afiliación religiosa, a otras personas que soliciten su nombre.
5. **Notificación:** Podemos revelar información para notificar o ayudar a notificar a un miembro de la familia, representante personal u otra persona responsable de su cuidado acerca de su ubicación y estado general.
6. **Comunicación con la familia:** Podemos divulgar a un miembro de la familia, a otro familiar, amigo personal cercano o a cualquier otra persona implicada en su cuidado información médica relevante a la implicación de esa persona en su cuidado o pago relacionada con su cuidado.
7. **Fondos fiduciarios del Paciente:** Sólo le comunicaremos información sobre su fondo fiduciario para pacientes o a su representante legal con autoridad para recibir información sobre sus asuntos financieros. Si desea que otra persona de su familia reciba dicha información, le rogamos que nos proporcione esa información por escrito.
8. **Investigación:** Podemos divulgar información a los investigadores cuando se cumplan ciertas condiciones.
9. **Transferencia de información al momento de la muerte:** Podemos revelar información médica a directores de funerarias, examinadores médicos y forenses para que realicen sus deberes de acuerdo con la ley aplicable.
10. **Organizaciones de obtención de órganos:** De acuerdo con la ley aplicable podemos divulgar información médica a organizaciones de obtención de órganos u otras entidades dedicadas a la obtención, conservación, o trasplante de órganos con motivo de la donación y trasplante de tejido.

11. **Comercialización:** Con su autorización podemos comunicarnos con usted en relación a su tratamiento, para coordinar su atención o dirigir o recomendar tratamientos alternativos, terapias, proveedores de atención médica o entornos. Además, con su autorización podemos comunicarnos con usted para describir un producto o servicio relacionado con la salud que podría ser de su interés, y el pago por dicho producto o servicio.
12. **Administración de Drogas y Alimentos (FDA, por sus siglas en inglés):** Podemos revelar a la FDA, o a una persona o entidad sujeta a la jurisdicción de la FDA, información médica relativa a eventos adversos con respecto a alimentos, suplementos, productos y defectos de productos o información de verificación de postventa para permitir el retiro, reparación o reemplazo de productos.
13. **Compensación de trabajadores:** Podemos divulgar información médica en la medida autorizada y en la medida necesaria para cumplir con las leyes de compensación de trabajadores u otros programas similares establecidos por la ley.
14. **Salud pública e informes:** Según lo requerido por la ley, podemos revelar su información médica a la salud pública o a las autoridades legales encargadas de la prevención o control de enfermedades, lesiones o discapacidades; así como a las agencias de supervisión de salud apropiadas.
15. **Aplicación de la ley:** Podemos divulgar información médica para propósitos de cumplimiento de la ley como lo requiere la ley o en respuesta a una citación válida.

SUS DERECHOS DE INFORMACIÓN MÉDICA

Aunque su expediente médico es propiedad física del programa, la información en su expediente médico pertenece a usted. Usted tiene los siguientes derechos:

- Puede solicitar que no usemos o divulguemos su información médica por un motivo particular relacionado con el tratamiento, pagos y las operaciones generales de atención médica del programa o a un miembro de la familia en particular, pariente o amigo cercano. Pedimos que tal solicitud sea realizada por escrito en un formulario proporcionado por nuestro programa. Aunque consideramos sus solicitudes con respecto al uso de su información médica, tenga en cuenta que en la mayoría de las circunstancias, no tenemos ninguna obligación de aceptarlas o de cumplirlas.
- Si no está satisfecho con la forma o donde por el cual recibe nuestras comunicaciones relacionadas con su información médica puede solicitar que le proporcionemos dicha información por medios o lugares alternativos. Dicha solicitud debe hacerse por escrito y ser presentada al Director Ejecutivo del programa.

- Usted puede solicitar inspeccionar y/u obtener copias de información médica acerca de usted, la cual se le proporcionará en los plazos establecidos por la ley. puede realizar dichas peticiones oralmente o por escrito; Sin embargo, para responder mejor a su solicitud, le solicitamos que realice esas solicitudes por escrito mediante el formulario estándar de nuestro programa. Si solicita que se realicen copias, le cobraremos una tarifa razonable.
- Si usted considera que cualquier información médica de su registro es incorrecta o cree que falta información importante puede solicitar que corriamos la información existente o agregar la información faltante. Dichas solicitudes deben hacerse por escrito, y deben proporcionar una razón que justifique la enmienda. Le solicitamos que utilice el formulario proporcionado por nuestro programa para realizar dichas solicitudes. Para obtener un formulario de solicitud póngase en contacto con el Director Ejecutivo del programa.
- Usted puede solicitar que le proporcionemos un recuento escrito de todas las divulgaciones que hemos realizado durante el período de tiempo que usted solicite (que no exceda los 6 años). Le solicitamos que dichas solicitudes se realicen por escrito en un formulario proporcionado por nuestro programa. Tenga en cuenta que un recuento puede no aplicarse a cualquiera de los siguientes tipos de divulgaciones: la mayoría de las divulgaciones realizadas por razones de tratamiento, pago u operaciones de atención médica; divulgaciones hechas a usted o a su representante legal, o a cualquier otra persona involucrada en su cuidado; divulgaciones realizadas a funcionarios encargados de hacer cumplir la ley; y divulgaciones para propósitos de seguridad nacional. No se le cobrará la primera solicitud de recuento en cualquier período de 12 meses. Sin embargo se le puede cobrar una tarifa razonable basada en el costo por cualquier solicitud que realice después.
- Usted tiene el derecho de obtener una copia impresa de nuestra Notificación de Prácticas de Privacidad a petición.
- Usted puede revocar una autorización para usar o revelar información médica, excepto en la medida en que ya se hayan realizado acciones. Dicha solicitud debe hacerse por escrito.

PARA OBTENER MÁS INFORMACIÓN O REPORTAR UN PROBLEMA

Si tiene preguntas y desea obtener información adicional puede comunicarse con el Director Ejecutivo del programa, quien es su Oficial de Privacidad designado.

Si cree que sus derechos de privacidad han sido violados, puede presentarnos una queja. Estas quejas deben ser presentadas por escrito en un formulario proporcionado por nuestro programa y enviado al Director Ejecutivo del programa.

También puede presentar una queja en:

Línea Directa de Cumplimiento Corporativo de Bristol

Número de teléfono gratuito: 855-396-1070

Sitio web de la línea directa: www.bristolhospice.ethicspoint.com

y/o

Director

Oficina de Derechos Civiles

Departamento de Salud y Servicios Humanos de los Estados Unidos

200 Independence Ave., S.W.

Room 509F, HHH Building

Washington, D.C. 20201

No habrá represalias por presentar una queja.

FLORIDA

Directiva Anticipada

Planificación de Decisiones Importantes de Atención Médica

CaringInfo
1731 King St., Suite 100, Alexandria, VA 22314
www.caringinfo.org
800/658-8898

CaringInfo, un programa de la National Hospice and Palliative Care Organization (NHPCO, Organización Nacional de Hospicios y Cuidados Paliativos), es una iniciativa nacional de participación de consumidores para mejorar la atención al final de la vida.

It's About How You LIVE (Es acerca de cómo usted VIVE)

It's About How You LIVE Es una campaña nacional de participación de la comunidad que alienta a las personas a tomar decisiones informadas sobre cuidados y servicios del final de la vida. La campaña anima a las personas a:

- Aprender acerca de opciones de servicios y atención al final de la vida
- Implementar planes para asegurar que los deseos sean respetados
- Opinión en las decisiones para familiares, amigos y proveedores de atención médica
- Participar en los esfuerzos personales o comunitarios para mejorar el cuidado al final de la vida

Nota: Lo siguiente no es un sustituto del asesoramiento jurídico. Si bien CaringInfo actualiza la siguiente información y el formulario a fin de mantenerlos actualizados, los cambios en la ley subyacente pueden afectar cómo funcionará el formulario en caso de que pierda la capacidad de tomar decisiones por usted mismo. Si tiene alguna pregunta acerca de cómo el formulario le ayudará a asegurar que sus voluntades se lleven a cabo, o si sus voluntades no parecen coincidir con el formulario, quizás desee hablar con su proveedor de atención médica o con un abogado con experiencia en la redacción de directivas anticipadas. Si tiene otras preguntas sobre estos documentos, recomendamos contactar tu fiscal general del estado.

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Uso de estos Materiales

ANTES DE COMENZAR

1. Asegúrese de tener los materiales de cada estado en el que podría recibir atención médica.
2. Estos materiales incluyen:
 - Instrucciones para preparar su directiva anticipada, por favor lea todas las instrucciones.
 - Los formularios de directiva anticipada específicos del estado, que son las páginas con la barra de instrucciones en gris del lado izquierdo.

PASOS A SEGUIR

1. Puede que desee fotocopiar o imprimir un segundo conjunto de estos formularios antes de comenzar a fin de tener una copia en blanco si debe comenzar de nuevo.
2. Cuando comience a completar los formularios consulte las barras de instrucciones en gris, que le guiarán durante el proceso.
3. Hable con su familia, amigos y médicos en cuanto a su directiva anticipada. Asegúrese de que la persona que usted designe para tomar decisiones en su nombre comprenda sus deseos.
4. Una vez completado y firmado el formulario, fotocopíelo y entréguelo a la persona que ha designado para tomar decisiones en su nombre, su familia, amigos, proveedores de atención médica y/o líderes religiosos para que el formulario esté disponible en caso de una emergencia.
5. También puede guardar una copia de su formulario en una aplicación, programa o servicio de registro de salud personal en línea que le permita compartir sus documentos médicos con sus médicos, familiares y otras personas que deseen tomar un rol activo en la planificación de su atención avanzada.

Introducción a la Florida Advance Directive (Directiva Anticipada de Florida)

Este paquete contiene un documento legal que protege su derecho a rechazar un tratamiento médico que no desea o solicitar el tratamiento que desea en caso de que pierda la capacidad de tomar decisiones por usted mismo. Puede completar la Parte Uno, la Parte Dos o ambas, dependiendo de sus necesidades de planificación anticipada. Debe completar la Parte Tres.

Parte Uno. El Florida Designation of Health Care Surrogate (Designación de Substituto para el Cuidado de la Salud de Florida) le permite asignar a un adulto competente para tomar decisiones acerca de sus cuidados médicos, incluyendo decisiones acerca de procedimientos de prolongación de la vida si usted ya no está en condiciones de tomar la decisión. La designación del sustituto del cuidado de la salud es especialmente útil porque nombra a alguien que hable en su nombre en cualquier momento que no esté en condiciones de tomar sus propias decisiones médicas, no sólo al final de la vida.

Los poderes de su sustituto del cuidado de la salud entran en vigor cuando su médico determina que usted se encuentra física o mentalmente incapacitado de comunicar una decisión deliberada y consciente acerca del cuidado de su salud.

Parte Dos. El Florida Living Will (Testamento en Vida de Florida) le permite expresar sus deseos acerca del cuidado de la salud en caso que usted se encuentre en un estado vegetativo persistente, sufra una enfermedad en su etapa final o desarrolle una afección terminal. Su testamento en vida entra en efecto cuando su médico determina que usted sufre una de estas condiciones y ya no puede tomar sus propias decisiones de atención de la salud.

Su testamento en vida también le permitirá expresar sus deseos en cuanto a donación de órganos.

Parte Tres Contiene las disposiciones de firma y testigo para que su documento sea efectivo.

Este formulario no se refiere expresamente a la enfermedad mental. Si desea hacer planes de cuidado avanzado con respecto a enfermedades mentales debe hablar con su médico y con un abogado acerca de un poder duradero de abogado adaptado a sus necesidades. Sin embargo, a menos que su Designación de Substituto de Cuidado de la Salud indique expresamente lo contrario, su sustituto de atención médica presuntamente podría tomar decisiones de cuidado de la salud con respecto a tratamientos de salud mental.

Nota: Estos documentos serán jurídicamente vinculantes sólo si la persona que los completa es un adulto competente (por lo menos 18 años de edad).

Completar su Florida Advance Directive (Directiva Anticipada de Florida)

A quién debería nombrar como mi sustituto?

Su sustituto es la persona que usted designa para tomar decisiones sobre su atención médica si usted no puede tomar esas decisiones por sí mismo. Su sustituto puede ser un miembro de la familia o un amigo cercano en quien usted confía para tomar decisiones serias. La persona que usted nombre como su sustituto debe comprender claramente sus deseos y estar dispuestos a aceptar la responsabilidad de tomar decisiones de atención médica por usted.

Puede nombrar a una segunda persona como su sustituto suplente. El suplente intervendrá si la primera persona que usted nombra como sustituto no puede, no desea o no está disponible para actuar por usted.

¿Cómo hago que mi Directiva Anticipada de Florida sea legal?

La ley requiere que usted firme su Directiva Anticipada en presencia de dos testigos adultos, quienes también deben firmar el documento. Si usted es físicamente incapaz de firmar, puede solicitar que alguien firme en su nombre en su presencia bajo su dirección, en presencia de sus dos testigos.

Su sustituto y su sustituto suplente no pueden actuar como testigos de este documento. Al menos uno de sus testigos no debe ser su cónyuge o un pariente de sangre.

Nota: No es necesario autenticar la Directiva Anticipada de Florida.

¿Debo añadir instrucciones personales a mi Florida Advance Directive?

Una de las razones más importantes para nombrar a un sustituto es tener a alguien que pueda responder con flexibilidad a medida que cambie su situación médica, y que se haga cargo de situaciones no previstas. Si agrega instrucciones a este documento puede ayudar a su sustituto a realizar sus deseos, pero sea cuidadoso de no restringir involuntariamente el poder de su sustituto para actuar en su mejor interés. En el caso que fuere, asegúrese de hablar con su sustituto en cuanto a su atención médica futura y describa lo que considera una "calidad de vida aceptable".

¿Qué ocurre si cambio de opinión?

En todo momento puede anular su *Florida Advance Directive*. La ley estatal le permite anular el documento de las siguientes maneras:

1. a través de un escrito firmado y fechado indicando su intención de anularlo;
2. destruyendo físicamente el original, o haciendo que alguien lo destruya por usted en su presencia bajo su dirección;
3. expresando oralmente su intención de anularlo; or
4. mediante la realización de una nueva Directiva Anticipada que reemplace al antiguo documento.

Debe notificar a su proveedor de atención médica y al/los sustituto/s para asegurarse de que su revocación sea efectiva.

Si nombra a su cónyuge como sustituto y está divorciado o posteriormente su matrimonio es anulado, los poderes de su cónyuge como sustituto serán revocados automáticamente. Si desea que los poderes de su cónyuge continúen en vigencia en caso de divorcio o anulación, puede indicarlo en la sección "Instrucciones adicionales" de la página 2 del formulario agregando una instrucción similar a "La autoridad de mi sustituto no será revocada por el divorcio o la anulación de nuestro matrimonio".

¿Qué otros hechos debo conocer?

Si desea dar a su sustituto la autoridad para rehusar el tratamiento de prolongación de la vida en el caso de que usted tenga una enfermedad terminal e inhabilitante mientras está embarazada, debe agregar una instrucción como: "Mi sustituto tiene la autoridad para ordenar la retención o la detención del tratamiento de prolongación de la vida, incluso si estoy embarazada", en la sección "Instrucciones adicionales" de la página 2 del formulario.

Además, a menos que indique expresamente lo contrario bajo la sección "Instrucciones Adicionales", su sustituto de cuidado de salud, si nombra uno, no tiene autoridad para autorizar el aborto, la esterilización, la terapia de electrochoque, la psicocirugía, los tratamientos experimentales o el ingreso voluntario a instalaciones de salud mental.

FLORIDA ADVANCE DIRECTIVE – PÁGINA 1 DE 5

INSTRUCCIONES

SU NOMBRE
EN IMPRENTA

NOMBRE,
DIRECCIÓN
Y NÚMERO DE
TELÉFONO DE
SU SUSTITUTO
EN IMPRENTA

NOMBRE,
DIRECCIÓN
Y NÚMERO DE
TELÉFONO DE
SU SUSTITUTO
ALTERNO EN
IMPRESA

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Organization.
Revisado en 2018.

Parte Uno. Designación de Substituto para el Cuidado de la Salud

Nombre: _____
(Apellido) (Nombre) (Inicial Seg. Nombre)

En el caso de que se haya determinado que estoy incapacitado para proporcionar el consentimiento informado para el tratamiento médico y los procedimientos quirúrgicos y de diagnóstico, deseo designar como mi sustituto para las decisiones de cuidado de la salud a:

Nombre: _____

Dirección: _____

_____ Código Postal: _____

Teléfono: _____

Si mi sustituto no está dispuesto o no puede desempeñar sus funciones, deseo designar como mi suplente sustituto a:

Nombre: _____

Dirección: _____

_____ Código Postal: _____

Teléfono: _____

Comprendo plenamente que esta designación permitirá a mi designado tomar decisiones acerca del cuidado de la salud y proporcionar, retener, o retirar consentimiento en mi nombre; solicitar beneficios públicos para costear los gastos de la atención médica; y autorizar mi ingreso o traslado a un centro de salud.

Al tomar decisiones para el cuidado de mi salud, mi sustituto de cuidado de salud debe pensar en qué acción sería consistente con conversaciones anteriores que hemos tenido, mis preferencias de tratamiento expresadas en la Parte Dos (si he completado la Parte Dos), mis creencias religiosas, otras creencias y valores y cómo he gestionado asuntos médicos y otros asuntos importantes en el pasado. Si lo que yo decidiría aún no está claro, entonces mi sustituto de atención médica debería tomar por mí decisiones que mi sustituto de atención de salud considere que sean en mi mejor interés, teniendo en cuenta los beneficios, las cargas y los riesgos de mis circunstancias actuales y las opciones de tratamiento.

FLORIDA ADVANCE DIRECTIVE – PÁGINA 3 DE 5

INSTRUCCIONES

**FECHA EN
IMPRESA**

**SU NOMBRE
EN IMPRESA**

**INICIALES
EN TODAS LAS
QUE APLIQUEN**

Parte Dos. Declaración

Declaración realizada el _____ día de _____,
_____, (día) (mes) (año)

Yo, _____,
intencional y voluntariamente doy a conocer mi voluntad en cuanto
a que mi muerte no se postergue artificialmente en las circunstancias
expuestas a continuación, y por la presente declaro que:

Si en cualquier momento estoy incapacitado y

(iniciales en todas las que se apliquen)

_____ Tengo una enfermedad terminal, o

_____ Tengo una enfermedad en etapa terminal, o

_____ Estoy en un estado vegetativo persistente

Y si el médico que me atiende o realiza el tratamiento y otro médico consultor han determinado que no hay una probabilidad médica razonable de recuperarme de dicha condición, ordeno que los procedimientos de prolongación de la vida sean retenidos o retirados cuando la aplicación de tales procedimientos sirva solamente para prolongar artificialmente el proceso de deceso, y que se me permita morir naturalmente únicamente administrando medicación o realizando cualquier procedimiento médico que se considere necesario para proporcionarme confort o para aliviar el dolor.

Es mi intención que esta declaración sea honrada por mi familia y mi médico como la expresión final de mi derecho legal a rechazar tratamiento médico o quirúrgico y aceptar las consecuencias de dicho rechazo.

Mi no designación de un sustituto de atención médica en la Parte Uno no invalidará esta declaración.

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FLORIDA ADVANCE DIRECTIVE – PÁGINA 4 DE 5

**DONACIÓN
DE ÓRGANOS
(OPCIONAL)**

**INICIALES SOLO
EN UNA DE
LAS CUATRO
OPCIONES**

**SI USTED HA
YA DISPUESTO
DONAR A SUS
ÓRGANOS A
UN DONANTE
ESPECÍFICO,
COLÓQUE SUS
INICIALES EN
ESTA OPCIÓN,
E INDIQUE LOS
DETALLES DE SU
ACUERDO AQUÍ**

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Palliative Care
Organization.
Revisado en 2018.**

DONACIÓN DE ÓRGANOS (OPCIONAL)

Por este medio realizo esta donación anatómica, si resulta médicamente aceptable, a ser efectuada con posterioridad a mi muerte. Las palabras y las marcas a continuación indican mis deseos:

Dono (iniciales en una de las opciones a continuación):

_____ Todo órgano, tejido u ojos necesarios para trasplante, terapia, investigación médica o educación;

_____ Sólo los siguientes órganos, tejidos u ojos con fines de trasplante, terapia, investigación médica o educación:

_____ Mi cuerpo para estudios anatómicos si fuera necesario. Limitaciones o deseos especiales, si los hubiera:

_____ Ya he hecho arreglos para donar

_____ Todo órgano, tejido u ojos requeridos,
_____ Los siguientes órganos, tejidos u ojos:

Al siguiente donatario: _____

Teléfono: _____

Dirección: _____

_____ Código Postal: _____

Parte Tres. Ejecución

SU NOMBRE EN IMPRENTA

Yo, _____
comprendo la totalidad del impacto de esta declaración, y soy emocional y mentalmente competente para realizar esta declaración. Afirmo además que esta designación no se está realizando como una condición de tratamiento o admisión a un centro de atención médica.

FIRMAR Y FECHAR EL DOCUMENTO

Firmado: _____

Fecha: _____

DOS TESTIGOS DEBEN FIRMAR Y ESCRIBIR SUS DIRECCIONES EN IMPRENTA

Testigo 1:

Firmado: _____

Dirección: _____

Testigo 2:

Firmado: _____

Dirección: _____

OPCIONAL

(Opcional) Notificaré y enviaré una copia de este documento a las siguientes personas además de mi sustituto, de modo que puedan saber quién es mi sustituto:

ESCRIBIR LOS NOMBRES Y LAS DIRECCIONES DE AQUELLOS QUE DESEA QUE CONSERVEN COPIA DE ESTE DOCUMENTO

Nombre: _____

Dirección: _____

Nombre: _____

Dirección: _____

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Cortesía de CaringInfo
1731 King St., Suite 100, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898

Ha Completado Su Directiva de Cuidado de la Salud ¿Ahora qué?

1. Su *Florida Advance Directive* es un documento legal importante. Guarde el documento original firmado en un lugar seguro pero accesible. No coloque el documento original en una caja de seguridad o en cualquier otra caja de seguridad que impida que otros tengan acceso al mismo.
2. Entregue las fotocopias del original firmado a su sustituto y al sustituto alternativo, al/los médicos, familia, amigos cercanos, clero y a cualquier otra persona que pudiera estar involucrada en el cuidado de su salud. Si ingresa a un asilo de ancianos o a un hospital, tenga copias de su documento en su historial médico.
3. Asegúrese de hablar con su/s sustituto/s, médico/s, clero, familia y amigos acerca de su voluntad en relación a tratamientos médicos. Hable a menudo con ellos acerca sus deseos, especialmente si su condición médica cambia.
4. También puede guardar una copia de su formulario en una aplicación, programa o servicio de registro de salud personal en línea que le permita compartir sus documentos médicos con sus médicos, familiares y otras personas que deseen tomar un rol activo en la planificación de su atención avanzada.
5. Si desea hacer cambios a sus documentos tras haberlos sido firmados con testigos debe completar un nuevo documento.
6. Recuerde, siempre puede anular su documento de Florida.
7. Tenga en cuenta que su documento de Florida no será efectivo en caso de una emergencia médica. El personal de ambulancias y del departamento de urgencias del hospital está obligado a proporcionar reanimación cardiopulmonar (RCP) a menos que se les brinde una directiva por separado que establezca lo contrario. Estas directivas denominadas "directivas de atención médica pre-hospitalaria" o "órdenes de no resucitación" están diseñadas para personas cuya salud deficiente les genera escasas posibilidades de beneficiarse de la RCP. Estas directivas instruyen al personal de la ambulancia y al de emergencias del hospital que no intenten realizar RCP si su corazón o su respiración se detienen.

Actualmente no todos los estados tienen leyes que autoricen estas órdenes. Le sugerimos que hable con su médico si está interesado en obtener una. **CaringInfo no distribuye esos formularios.**

Órdenes médicas para el tratamiento de Mantenimiento de la Vida (POLST, por sus siglas en inglés)-Florida

Siga estas órdenes hasta que las órdenes sean revisadas. Estas órdenes médicas se basan en la condición médica actual del paciente y sus preferencias. Cualquier sección no completada no invalida el formulario e implica el tratamiento completo de esa sección. Al desarrollarse cambios significativos en la condición podría resultar necesario que se escriban nuevas órdenes.

Apellido del Paciente	Nombre del Paciente	Inicial Segundo Nombre
Fecha de Nacimiento: (mm/dd/aaaa) ____/____/____	Género <input type="checkbox"/> M <input type="checkbox"/> F	Últimos 4 Números del SSN (Seguro Social): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Si el paciente tiene la capacidad de tomar decisiones, los deseos expresados en el momento por el paciente deben guiar su tratamiento.

A REANIMACIÓN CARDIOPULMONAR (RCP): El paciente no responde, no tiene pulso y no respira.

Marque Uno Intento de Reanimación/RCP
 No Intentar Reanimación/DNR (por sus siglas en inglés)

Cuando no se encuentre en un paro cardiorrespiratorio, siga las órdenes B y C.

B INTERVENCIONES MÉDICAS: Si el paciente tiene pulso y respira.

Marque Uno **Tratamiento Completo - el objetivo es prolongar la vida por todos los medios médicos efectivos.**
 Además de la atención descrita en Sólo Medidas de Confort e Intervenciones Adicionales Limitadas, utilice intubación, intervenciones avanzadas de las vías respiratorias y ventilación mecánica tal como se indica. Traslado al hospital y/o unidad de cuidados intensivos según se indique.
Plan de Atención: Tratamiento completo, incluyendo medidas de soporte vital en la unidad de cuidados intensivos.

Intervenciones Médicas Limitadas - el objetivo es tratar las condiciones médicas, pero evitar las medidas onerosas.
 Además de los cuidados descritos en Sólo Medidas de Confort, utilice tratamiento médico, antibióticos, líquidos intravenosos y monitor cardíaco según se indique. No utilice intubación, intervenciones avanzadas de las vías respiratorias o ventilación mecánica. Puede considerar apoyo de las vías respiratorias menos invasivo (por ejemplo, CPAP, BiPAP).
Traslado al hospital si se indica. En general evitar la unidad de cuidados intensivos.
Plan de Atención: Proporcionar tratamientos médicos básicos.

Sólo Medidas de Confort (Permitir la Muerte Natural) - el objetivo es maximizar la comodidad y evitar el sufrimiento.
 Aliviar el dolor y el sufrimiento mediante el uso de cualquier medicación por cualquier ruta, posicionamiento, atención de heridas y otras medidas. Utilizar oxígeno, succión y tratamiento manual de la obstrucción de las vías respiratorias según sea necesario para brindar mayor comodidad. El paciente prefiere no ser transferido al hospital para tratamientos de mantenimiento de la vida. La transferencia se realiza si las necesidades de comodidad no pueden satisfacerse en la ubicación actual. Considerar el tratamiento de hospicio o cuidado paliativo si resulta apropiado. **Plan de Atención: Maximizar el confort mediante el tratamiento de los síntomas.**

Órdenes adicionales: _____

C NUTRICIÓN ADMINISTRADA ARTIFICIALMENTE: Ofrecer alimentos por vía oral si es posible.

Marque Uno Nutrición artificial a largo plazo por sonda. Instrucciones Adicionales: _____
 Período de prueba definido para la nutrición artificial por sonda. _____
 Sin nutrición artificial por sonda. _____

D CUIDADOS PALIATIVOS o de HOSPICIO (completar si es aplicable) - considerar la derivación según resulte apropiado

Marque Uno Paciente/Residente actualmente ingresado en Cuidado de Hospicio
 Contacto: _____

Paciente/Residente actualmente ingresado en Cuidados Paliativos
 Contacto: _____

No indicado o rechazado

FIRMAS	Nombre del Médico	Licencia de MD/DO N°	Número de Teléfono
	Firma del Médico (obligatoria)	Fecha	
	Nombre Paciente/Residente o Nombre de Sustituto/Apoderado	Fecha	
	Firma del Paciente o Sustituto (obligatoria)	Relación (Escribe "él mismo" si es el paciente)	

ENVIAR EL FORMULARIO JUNTO CON EL PACIENTE CUANDO SEA TRANSFERIDO O DADO DE ALTA

Se recomienda encarecidamente el uso del formulario original. Las fotocopias y los facsímiles de POLST completas son legales y válidas.

E DOCUMENTACIÓN DE LA DISCUSIÓN:

- Paciente (El paciente tiene capacidad) Representante de Atención Médica o sustituto
 Padre de un menor Guardián Designado por el Tribunal Otro (apoderado)

Otra información de contacto

Nombre del tutor, Sustituto u Otra Persona de Contacto	Relación	Número de Teléfono/Dirección	
Nombre del Formulario de Preparación para Profesionales de la Salud	Título del Preparador	Número de Teléfono	Fecha de Preparación

Instrucciones para Profesionales de la Salud

Completar el POLST

- Debe ser completado por un profesional de la salud en base a las indicaciones médicas, una discusión sobre los beneficios y las desventajas del tratamiento, y la obtención de las preferencias del paciente.
- El POLST debe ser firmado por un MD/DO (Médico Osteópata/Doctor en Medicina, por sus siglas en inglés) para ser válido. Los pedidos verbales son aceptables con la firma de seguimiento realizada por el médico de acuerdo con la política de la instalación/comunidad.
- El POLST debe ser firmado por el paciente/residente o el sustituto/apoderado para ser válido.

Utilización del POLST

- Cualquier sección de POLST no completada implica un tratamiento completo de ese punto section.
- Se recomienda encarecidamente el uso del formulario original. Las fotocopias y los facsímiles de POLST firmados son legales y válidos.
- No debe utilizarse un desfibrilador externo semiautomático (DEA, por sus siglas en inglés) en una persona que haya escogido "No intentar la Reanimación."
- Siempre deben ofrecerse líquidos por vía oral y nutrición si resulta médicamente factible.
- Cuando no puede lograrse comodidad en la situación actual, la persona, incluyendo aquellas con "sólo medidas de confort" debe ser transferido a un ambiente capaz de proporcionar comodidad, como una unidad de hospicio. unit.
- Una persona que escoge "sólo medidas de confort" o "intervenciones adicionales limitadas" no debe ser ingresada en un sistema traumatológico de Nivel I.
- Un medicamento intravenoso para mejorar el confort puede ser apropiado para una persona que ha escogido "Sólo Medidas de Confort."
- Una persona que desea fluidos intravenosos debe indicar "Intervenciones limitadas" o "Tratamiento Completo".
- Una persona con capacidad o el sustituto/apoderado (si el paciente carece de capacidad) puede revocar el POLST en cualquier momento y solicitar un tratamiento alternativo.

Revisión del POLST

Este POLST debe ser revisado periódicamente, y debe completarse un nuevo POLST si resulta necesario cuando:

- (1) La persona es transferida de un entorno de cuidado o nivel de cuidado a otro o
- (2) Hay un cambio sustancial en el estado de salud de la persona, or
- (3) Las preferencias de tratamiento de la persona cambian.

Para anular este formulario, trace una línea a través de las secciones A a D en la página 1 y escriba "VOID" ("NULO") en letras grandes.

Revisión de este formulario POLST

Fecha de revisión	Revisor	Lugar de la Revisión	Resultado de la Revisión
			<input type="checkbox"/> Ningún Cambio <input type="checkbox"/> Formulario Anulado <input type="checkbox"/> Se completó un nuevo formulario
			<input type="checkbox"/> Ningún Cambio <input type="checkbox"/> Formulario Anulado <input type="checkbox"/> Se completó un nuevo formulario
			<input type="checkbox"/> Ningún Cambio <input type="checkbox"/> Formulario Anulado <input type="checkbox"/> Se completó un nuevo formulario

**ENVIAR EL FORMULARIO CON LA PERSONA CUANDO SEA TRANSFERIDA O RECIBA EL ALTA
FORMULARIO REVISADO (10 DE JULIO DE 2015)**

PROPÓSITO

Apoyar la implementación de la Ley de Autodeterminación del Paciente dentro del marco de las leyes estatales y federales y las políticas de organización.

POLÍTICA

Bristol Hospice, LLC reconoce que todas las personas adultas tienen el derecho fundamental de tomar decisiones relacionadas con su propio tratamiento médico, incluyendo el derecho a aceptar o rechazar la atención médica. Es la política de Bristol Hospice, LLC animar a las personas y sus familiares/cuidadores a participar en las decisiones relacionadas con la atención, el tratamiento y los servicios. Las Directivas Anticipadas Válidas, tales como Testamentos en Vida, Poderes Legales y DNR (No Resucitar, por sus siglas en inglés) o DNI (No Intubar, por sus siglas en inglés) serán respetadas hasta el límite permitido y requerido por la ley. En ausencia de Directivas Anticipadas, Bristol Hospice, LLC proporcionará la atención apropiada de acuerdo con el plan de cuidado/servicio o según sea autorizado por el médico que le atiende. Bristol Hospice, LLC no determinará la disposición de cuidados o servicios, ni discriminará de algún otro modo a un individuo en base a si el individuo ha ejecutado una Directiva Anticipada.

Definiciones

1. **Adulto**: Una persona de 18 años o más, o una persona legalmente capaz de consentir a su propio tratamiento médico.
2. **Directivas Avanzadas**: Un documento en el que una persona declara opciones para el tratamiento médico.
3. **Médico Tratante**: El médico que es el principal responsable de la atención médica de un paciente mientras recibe servicios de atención domiciliaria.
4. **DNR (No Resucitar, por sus siglas en inglés)**: Una orden médica para la no realización de reanimación cardiopulmonar si el corazón del paciente deja de latir.
5. **DNI (No Intubar, por sus siglas en inglés)**: Una orden médica para abstenerse de insertar tubos de respiración y/o de alimentación que mantengan la vida, si fuera necesario.
6. **Ley de Autodeterminación del Paciente**: Una ley federal promulgada como parte de la Ley Omnibus de Reconciliación Presupuestaria (OBRA) (PL 101-508) de 1990 que requiere, entre otras cosas, que las instalaciones de atención médica brinden información sobre el derecho a formular Directivas Anticipadas relativas a las decisiones de atención médica.
7. **Representante del Paciente**: Una persona designada para tomar decisiones por otra persona. Puede ser nombrado formalmente (como en un poder legal para el cuidado de la salud) o, a falta de un nombramiento formal, puede ser reconocido en virtud de una relación con el paciente (como el familiar/cuidador más directo o cercano).

8. ***Enfermedad Terminal:*** Una condición incurable causada por una lesión, afección o enfermedad que, independientemente de la aplicación de los procedimientos de mantenimiento de la vida, según un juicio médico razonable provoca la muerte y donde la aplicación de procedimientos de mantenimiento de la vida sólo pospone el momento de la muerte del paciente.
9. ***POLST/MOLST*** (Ordenes Médicas para el Tratamiento del Mantenimiento de la Vida, por sus siglas en inglés): Las Ordenes Médicas para el Tratamiento del Mantenimiento de la Vida son órdenes médicas que ayudan a otorgar a los pacientes gravemente enfermos más control sobre su cuidado del final de la vida. No sustituye a una Directiva Anticipada. Hay varios estados que han establecido un programa POLST/MOLST. Visite www.polst.org.

PROCEDIMIENTO

1. Al momento de su admisión, el clínico/técnico proporcionará información sobre el derecho del paciente a tomar decisiones relacionadas con el cuidado de la salud, que incluyen el derecho a aceptar o rechazar el tratamiento médico o quirúrgico, incluso si ese tratamiento resulta vital, y las políticas de aplicables de la organización. Al paciente adulto se le proporcionará información escrita diseñada para este propósito. El clínico/técnico documentará en el registro clínico/de servicio que se proporcionó la información y documentará todas las discusiones relativas a las Directivas Anticipadas.
2. Si el paciente carece de capacidad para tomar decisiones, el clínico/técnico que lo atiende proporcionará información y notificación directa acerca de las Directivas Anticipadas al representante del paciente. El clínico/técnico documentará que el representante del paciente recibió información y su nombre y sus respuestas se ingresarán en el registro clínico.
3. Si las condiciones son tales que no es práctico proporcionar información al paciente o su representante en el momento del ingreso, dicha información se proporcionará tan pronto como sea posible después de la admisión.
4. Durante la visita de admisión/evaluación, el clínico/técnico de admisión le preguntará al paciente o a su representante si ha completado o no una Directiva Anticipada, un Poder Duradero (DPOA, por sus siglas en inglés), un testamento en vida o una orden DNR/DNI (No resucitación/No intubación, por sus siglas en inglés). Si se ha elaborado una Directiva Anticipada, el clínico/técnico solicitará una copia de la Directiva Anticipada a fin de colocarla en el registro clínico/de servicio. Si no dispone inmediatamente de una copia se le informará al paciente que es su responsabilidad proporcionar una copia de la Directiva Anticipada a la organización tan pronto como sea posible.
5. Si la organización no dispone de una copia de la Directiva Anticipada del paciente, el clínico/técnico hablará acerca del contenido de la Directiva Anticipada con el paciente y/o el representante del paciente, documentará el contenido de la Directiva Anticipada en el registro clínico/de servicio y comunicará dicho contenido a otros proveedores de atención domiciliaria.
6. Cuando sea aplicable, el clínico/técnico de admisión documentará en el registro clínico/de servicio y notificará verbalmente al médico tratante si el paciente ha firmado una Directiva Anticipada.

7. Se alentará al paciente a participar en todos los aspectos de la toma de decisiones con respecto al cuidado y tratamiento en el hogar. Las declaraciones de un paciente competente en cuanto a su deseo de aceptar o rechazar el tratamiento se documentarán en el expediente clínico del paciente.
8. Todos los clínicos/técnicos que brindan atención/servicio al paciente:
 - A. Revisarán la Directiva Anticipada e informarán cualquier discrepancia entre la Directiva y el plan actual de tratamiento/servicio al médico tratante, al Director de Servicios de Atención al Paciente y al paciente
 - B. Utilizará los materiales educativos disponibles para responder a las preguntas del paciente acerca de las Directivas Avanzadas, poderes duraderos de abogado o testamentos en vida
 - C. Animará al paciente a hablar acerca de sus preguntas y preocupaciones con las personas apropiadas, tales como el médico, la familia/cuidador y el abogado de su elección
 - D. Asistirá al paciente que desee elaborar una Directiva Anticipada mediante la obtención de un formulario y el acceso a las personas externas que resulten necesarias para ejecutar la directiva
9. Una directiva anticipada se implementará de la siguiente manera:
 - A. El Poder Duradero de una Directiva Anticipada es eficaz *cuando* el paciente no puede participar en sus decisiones de tratamiento médico.
 - B. El médico de cabecera y otro médico o psicólogo licenciado deben dejar asentado en el expediente clínico del paciente que el paciente no puede participar en las decisiones de tratamiento médico.
 - C. El abogado designado del paciente puede entonces tomar decisiones de tratamiento médico basadas en la Directiva Anticipada. El abogado del paciente puede tomar la decisión de retener o retirar tratamientos que permitan que el paciente muera. Esto ocurre *únicamente* si el paciente expresó de manera clara y convincente que el abogado está autorizado para tomar dicha decisión, y admite que tal decisión podría permitir la muerte del paciente.
 - D. La ejecución e implementación de una Directiva Anticipada es un proceso, no un evento de una (1) ocasión. El personal mantendrá al día en forma continua al paciente, familia/cuidador y representante del paciente con respecto a la condición médica del paciente. Discutirán el rumbo que prefieren para el tratamiento del paciente a medida que cambie su estado. Las discusiones serán documentadas en el registro clínico/de servicio.
10. Se proporcionará información educativa sobre las Directivas Anticipadas y se proporcionarán las políticas y procedimientos de Bristol Hospice, LLC con respecto a las Directivas Anticipadas a los profesionales médicos, de enfermería y de salud afines, así como al personal y voluntarios del hospicio durante el período de orientación.

11. Con el fin de educar a la comunidad sobre las Directivas Avanzadas, Bristol Hospice, LLC participará en foros de la comunidad según resulte apropiado y facilitará materiales escritos acerca de las Directivas Anticipadas.
12. Si el estado y/o región ha respaldado el uso de POLST/MOLST, la organización utilizará los formularios y pautas específicos del estado y la región. (Para más información: www.ohsu.edu/polst.)

Lista Para Prevención de Caídas

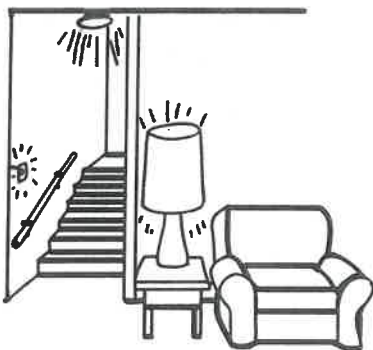
Viva una Vida Plena - Dentro y Fuera de su Hogar

¿Sabía usted que todos los días en los EE.UU. 5,000 adultos de 65 años o más son hospitalizados por lesiones relacionadas con caídas?

CDC Centro Nacional para la Prevención y Control de Lesiones

Los riesgos más comunes de caídas incluyen:

- haberse caído anteriormente
- problemas de equilibrio
- debilidad muscular
- problemas para caminar
- artritis
- depresión
- problemas de memoria
- peligros en el hogar
- tomar muchos medicamentos
- problemas de visión



Manténgase saludable, independiente y fuerte siguiendo estos sencillos pasos:

Conozca sus riesgos de caídas

- ✓ Hable con su médico sobre su riesgo de caídas, especialmente si usted tiene algunos de los riesgos a la izquierda

Analice sus medicamentos

- ✓ Lleve todos sus medicamentos con su farmacéutico o profesional de la salud por lo menos una vez al año
- ✓ Pregunte acerca de los efectos secundarios y formas en que sus medicamentos puedan afectar a los demás

Hagase un examen de la vista

- ✓ Que un médico le revise su visión y las prescripciones de anteojos cada año

Participe en actividades físicas regularmente

- ✓ Pregunte a su médico qué tipo de actividades son mejor para usted
- ✓ Haga un plan de actividades que se ajusten a sus necesidades y que pueda cumplirlos
- ✓ Haga ejercicios que mejoren la fuerza del cuerpo bajo y el equilibrio

Revise su hogar y haga cambios para seguridad

- ✓ Utilice una lista de control de seguridad en su hogar o consiga una referencia de su médico para que un profesional (por ejemplo, un terapeuta ocupacional) pueda revisar su hogar para prevenir el riesgo de una caída
- ✓ Mantenga sus pertenencias limpias y ordenadas
- ✓ Mejore la iluminación en las habitaciones, pasillos y escaleras
- ✓ Instale barras de apoyo y pasamanos en el interior y fuera del hogar
- ✓ Considere la posibilidad de colocar un teléfono en cada habitación y / o consiga un sistema de alerta de emergencia para utilizarlo en caso de una caída

Todos los pacientes deben tomar precauciones especiales para garantizar un entorno seguro. La mayoría de los accidentes en el hogar se pueden prevenir eliminando peligros. Esta lista le ayudará a encontrar posibles peligros en su hogar. Marque cada punto en el que debe trabajar para hacer que su hogar sea un lugar más seguro. **Por favor hable con su enfermera/terapeuta o llame a la agencia en cualquier momento si tiene alguna inquietud o pregunta acerca de la seguridad del paciente.**

Seguridad de los Medicamentos

- No tome medicamentos recetados a otra persona.
- Anote todos sus medicamentos (incluyendo los recetados, de venta libre, vitaminas, hierbas) y muéstrole la lista a su médico o farmacéutico para evitar combinar medicamentos de manera inapropiada. Agregue cualquier cambio a la lista inmediatamente.
- Conozca el nombre de cada uno de sus medicamentos; por qué lo toma; cómo tomarlo; los posibles efectos secundarios; y qué alimentos u otras cosas debe evitar al tomarlos.
- Informe a su proveedor de atención médica sobre alergias o efectos secundarios.
- Tome los medicamentos exactamente como se le indique. Si el medicamento se ve diferente de lo que esperaba consulte a su médico o farmacéutico acerca de ella.
- Los nombres de los medicamentos pueden parecer iguales o similares. Para evitar errores consulte con su proveedor de atención médica si tiene preguntas.
- NO use alcohol cuando esté tomando medicamentos.
- No suspenda o cambie los medicamentos sin la aprobación de su médico, incluso si se siente mejor. Si olvida una dosis no duplique la dosis siguiente.
- Utilice una planilla o un sistema de contenedores (cartón de huevo lavado o planificador de medicinas) para ayudarlo a recordar cual, cuánto y cuándo tomar la medicina.
- Tome su medicamento con una luz encendida para que pueda leer la etiqueta.
- Lea cuidadosamente las etiquetas de los medicamentos (incluidas las advertencias) y guarde los medicamentos en sus envases originales.
- Guarde los medicamentos de manera segura en un lugar fresco/seco de acuerdo con las instrucciones en la etiqueta del medicamento.
- Mantenga las medicinas lejos de los niños y adultos desorientados.
- Pautas federales para la eliminación de medicamentos: Retire los medicamentos de sus envases originales. Mezcle los medicamentos con una sustancia indeseable, como sedimentos de café o piedras sanitarias. Ponga la mezcla en una lata vacía o bolsa sellable y arrójela a la basura. Si su comunidad tiene un programa de devolución farmacéutica lleve sus medicamentos no utilizados para su eliminación adecuada.

Elementos Peligrosos y Venenos

- Sepa cómo ponerse en contacto con el equipo de control de envenenamiento.
- Tenga cuidado al almacenar artículos peligrosos. Almacene los elementos peligrosos únicamente en sus envases originales.
- No mezcle productos que contengan cloro o lejía con otros productos químicos.
- Comprenda el riesgo que implican los insecticidas. Sólo se compran para necesidades inmediatas, y el excedente debe ser almacenado o eliminado correctamente.
- Mantenga los artículos peligrosos, limpiadores y productos químicos fuera del alcance de los niños y de los adultos desorientados o impedidos.
- Deseche la basura doméstica en un recipiente de residuos cubierto fuera de la casa.

Equipo Médico

- Las instrucciones del fabricante para el equipo médico especializado se conservan en o cerca del equipo.
- El mantenimiento rutinario y preventivo se realiza de acuerdo con las instrucciones del fabricante.
- Los números de teléfono estarán disponibles en el hogar para obtener servicio en caso de problemas o fallo del equipo.
- Si se indica habrá equipo de respaldo disponible.
- Deben probarse periódicamente las alarmas del equipo para asegurarse de que usted puede oírlos.
- Se siguen las instrucciones del fabricante para proporcionar un entorno adecuado para el equipo médico especializado.
- Se proporciona la energía eléctrica adecuada para equipos médicos tales como ventiladores, concentradores de oxígeno y otros equipos.
- Las baterías del equipo son verificadas regularmente por una persona de servicio calificada.
- Los rieles laterales de la cama se instalan correctamente y se utilizan sólo cuando es necesario. No utilice rieles de cama como sustituto de un dispositivo de protección físico.
- Si los rieles de la cama están divididos retire o deje el pie hacia abajo para que el paciente no quede atrapado entre los rieles.
- El colchón debe ajustarse a la cama. Agregue rellenos en los espacios entre el riel y el colchón o entre la cabeza y el pie y el colchón para reducir las brechas.
- Las barreras protectoras se utilizan con los rieles laterales de la cama para reducir los huecos en los que el paciente podría quedar atrapado accidentalmente.

Seguridad de la Terapia con Oxígeno

- Almacene oxígeno en un área bien ventilada.
- Nunca utilice oxígeno en presencia de petróleo o productos derivados del petróleo. No utilice Vaselina para la irritación nasal (puede usar K.Y. Jelly). Esto puede encender y quemar su piel.
- No almacene el oxígeno a menos de 10 pies de aparatos eléctricos u otras fuentes de calor.
- No permita que el oxígeno se congele o se sobrecaliente.
- El oxígeno es extremadamente frío - casi 300° grados bajo cero.
 - No toque la parte escarchada de la unidad.
 - En caso de vuelco accidental coloque inmediatamente la unidad de oxígeno en posición vertical. No permita que ningún líquido entre en contacto con la piel.
- Nunca fume cuando el equipo de oxígeno está en uso.
- Utilice una cánula de doble lumen de **7 pies o menos** para asegurar una correcta entrega de oxígeno desde una unidad portátil.
- Mantenga siempre una unidad portátil en la/s siguiente/s posición/es: posición vertical, tumbada sobre la parte trasera o en cualquier posición intermedia.
- No lo guarde bajo porches o superficies exteriores o en el maletero del coche.
- Conserve el número de teléfono de su compañía de suministro de oxígeno entre sus listas de números de teléfono importantes.

Seguridad de Almohadilla Térmica

- Siempre inspeccione la almohadilla térmica antes de cada uso para asegurarse de que está en buen estado de funcionamiento. Deséchela si no está en condiciones.
- Mantenga la cubierta extraíble en la almohadilla durante el uso.
- Coloque la almohadilla de calefacción sobre y no debajo de la parte del cuerpo que necesita calentar. La temperatura de una almohadilla térmica aumenta si el calor está atrapado.
- Desenchufe la almohadilla térmica cuando no esté en uso.
- Verifique que el área de piel cubierta por la almohadilla térmica no presente enrojecimiento.
- Nunca** la utilice en una persona que se encuentra paralizada o no puede sentir los cambios de temperatura.
- Nunca** la utilice en una persona dormida o inconsciente.
- Nunca** la utilice cerca de oxígeno.
- Nunca** Nunca se siente sobre o contra una almohadilla térmica ni la aplaste o doble durante el almacenamiento.

**UTILIZACIÓN Y ELIMINACIÓN HOGAREÑA
DE SUSTANCIAS CONTROLADAS**
Política Nro. H:2-059.1

PROPÓSITO

Asegurar el uso y eliminación apropiados de sustancias controladas de acuerdo con las regulaciones estatales y federales aplicables.

POLÍTICA

El nombre de la organización se adhiere voluntariamente a un proceso controlado de eliminación y notificación de drogas.

PROCEDIMIENTO

1. Las sustancias controladas se distribuirán directamente al paciente o a su representante. (Ver la "[Lista de Sustancias Controladas Disponibles](#)" Apéndice H:2-059.A.) El farmacéutico que las entrega será responsable de monitorear la cantidad de medicación entregada y el tiempo transcurrido entre las renovaciones.
2. La Enfermera de Admisión/Encargado del Caso proveerá una copia de las políticas y procedimientos escritos acerca de la administración y eliminación de drogas controladas al paciente/representante y su familia. La Enfermera de Admisión/Encargado del Caso hablará verbalmente sobre la política en un idioma y manera que ellos comprendan para asegurar el uso y eliminación seguros de las drogas controladas.
3. La Enfermera de Admisión/Encargado del Caso describirá un procedimiento informal de documentación de eliminación para el paciente y la familia/cuidador cuando el personal del hospicio no esté presente en el hogar.
4. En los casos en que el personal del hospicio se encuentre en el hogar 24 horas al día el personal licenciado hará un recuento de fármacos al momento de realizar el cambio de turno.
 - A. Las drogas controladas se contabilizarán en un registro de narcóticos, que se mantiene como parte de la historia clínica.
5. Cuando un paciente terminal ya no tiene necesidad de una sustancia controlada, el Administrador de Casos instruirá al paciente y a la familia/cuidador en cuanto a la eliminación apropiada de los medicamentos de acuerdo con la ley/regulación federal, estatal y local. El encargado del caso también proporcionará información sobre los programas de devolución y envío por correo.
6. La Enfermera de Admisión/Encargado del Caso documentará en el registro clínico que el paciente y la familia/cuidador recibieron las políticas y procedimientos escritos para el manejo de fármacos controlados y hablarán acerca de la eliminación de los medicamentos y se responsabilizarán de hacerlo.

7. La enfermera de hospicio, asistente social o capellán que asista a la muerte de un paciente terminal informará a la familia/cuidador de su responsabilidad de eliminar todos los medicamentos recetados del paciente y documentará esta instrucción en una nota clínica. Si la familia/cuidador solicita ayuda con la eliminación, el empleado del hospicio observará y proveerá asistencia verbal cuando la familia/cuidador elimine apropiadamente los medicamentos recetados. La eliminación se documentará en una nota clínica.
8. El personal del hospicio no eliminará ningún medicamento del paciente.

Para mas información de la dispósición de medicamentos o la programa de Take Back, visite:

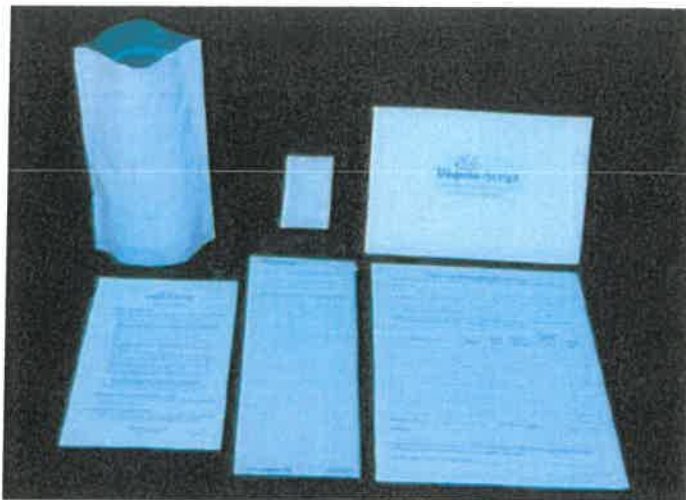
U.S. Department of Justice Drug Enforcement Administration
http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

Walgreen's Pharmacy
www.walgreens.com

CVS Pharmacy
www.cvs.com

GUÍA DE CAPACITACIÓN DEL ADMINISTRADOR

Por favor tómese un tiempo para revisar estos pasos con su equipo clínico antes de que usen por primera vez Disposa-Script™:



☞ Disposición de medicamentos:

- Jale los extremos traseros de la abertura de la bolsa blanca para sacar el cierre a presión, después siga jalando con cuidado pero con firmeza para **ABRIR LA BOLSA**.
- **QUITE EL PAQUETE PEQUEÑO** y colóquelo por un momento en una superficie seca.
- Sostenga un extremo de la abertura de la bolsa entre el pulgar y el dedo índice. Inserte en la bolsa la mano que tiene desocupada y **PRESIONE HACIA ADENTRO CON EL PUÑO** hasta que la bolsa se abra por completo y quede **PARADA** por sí sola.



- **COLOQUE** hasta una taza de **MEDICAMENTOS** en la bolsa.



- **AGREGUE** una cantidad no mayor que **1 ½ tazas** de agua **TIBIA** en la bolsa. (Nota: los medicamentos líquidos podrían compensar el agua: no llene en exceso la bolsa).



- **COLOQUE** el paquete en la bolsa, se disolverá y liberará los contenidos.



- **CIERRE CON CUIDADO EL CIERRE A PRESIÓN** presionando firmemente varias veces por todo lo largo de la abertura para asegurar que se ha sellado bien.



- Limpie el agua excedente que esté alrededor de la abertura de la bolsa y **PEGUE** la mitad de la **ETIQUETA** de advertencia a un lado de la abertura de la **BOLSA** justo arriba del cierre a presión. Doble la mitad superior de la etiqueta sobre la parte superior de la bolsa por la línea punteada y presione con firmeza para asegurarla.



- **SACUDA** la bolsa con cuidado por al menos 10 segundos para mezclar el contenido para que adquiera consistencia, después tírelo de inmediato a la basura doméstica:

LEER AL PERSONAL:

USAR SOLO CONFORME A LA INSTRUCCIONES NO VIERTA EN LA CAÑERÍA LOS MEDICAMENTOS A MENOS QUE ASÍ SE INDIQUE EN LA ETIQUETA; NO TIRAR PARTES FILOSAS! MANTENGA FUERA DEL ALCANCE DE LOS NIÑOS

El contenido del paquete no es tóxico y es seguro de usar, pero no lo inhale ni lo ingiera.

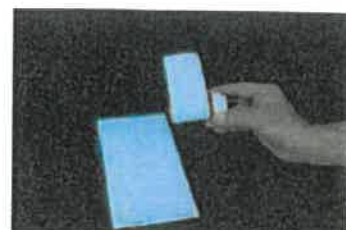
En caso de contacto con los ojos, lave con agua fría durante 15 minutos.

📄 Bitácora de destrucción de residuos de medicamentos:

Complete cada sección del formulario como se indica, firme en donde se le indica e anexe al archivo del paciente.

📄 Etiquetas para cubrir información

Use las etiquetas restantes suplidas para cubrir la información de frascos vacíos de medicamentos antes de eliminarlos de forma segura en la basura.



Plan Nacional de Preparación para Emergencias de Desastres

Bristol Hospice ~ Miami-Dade, L.L.C., tiene un plan nacional de preparación para desastres relacionado con nuestros servicios para pacientes. Los ejemplos de situaciones de emergencia incluyen:

- Inclemencias del Tiempo
- Desastres Nacionales (mal tiempo, inundaciones, terremotos, etc.)
- Grandes catástrofes industriales o de la comunidad (apagones, incendios, etc.)

El Hospicio:

- Al ser admitido utilice un sistema de categorías que clasifique su nivel de necesidad y el cuidado que requeriría durante una situación de emergencia. Si su condición cambia, el nivel de categoría se ajustará para reflejar el cambio en sus necesidades de atención.

En el momento de la admisión y en forma continua, se hace una determinación con respecto a su situación potencial durante una situación de emergencia basada en las 3 categorías enumeradas abajo:

Categoría I: Pacientes que no pueden renunciar con seguridad a la atención médica y requieren intervención en el cuidado de la salud independientemente de otras condiciones. Pacientes en esta categoría pueden incluir: pacientes altamente inestables con una alta probabilidad de hospitalización si no se proporciona atención; Terapia intravenosa; pacientes altamente cualificados para el cuidado de heridas sin familia / cuidador o otro soporte externo, pacientes ventiladores y pacientes con oxígeno continuo.

Categoría II: Pacientes con exacerbación reciente del proceso de la enfermedad; Pacientes que requieren un nivel moderado de atención especializada que debería ser provisto ese día; pacientes con familias / cuidadores no capacitados esenciales que no están preparados para proporcionar la atención necesaria.

Categoría III: Pacientes que pueden renunciar con seguridad al cuidado o una visita programada sin una alta probabilidad de daño o efectos deletéreos. esta categoría puede incluir a pacientes caseros, visitas de supervisión de rutina, visitas de evaluación, pacientes con frecuencias de una o dos veces por semana si el estado de salud lo permite, o si una familia / cuidador competente está presente.

Plan Nacional de Preparación para Emergencias de Desastres

- En situaciones de emergencia se consideran los siguientes factores:
 - Gravedad de su enfermedad o condición
 - Disponibilidad de la enfermera más cercana a su ubicación
 - Asesoramiento meteorológico y de viaje del personal de emergencia apropiado
 - Disponibilidad de atención de emergencia alternativa
- Informe a la compañía de electricidad si necesita un sistema de soporte de mantenimiento de vida; se le indicará a usted y/o a su médico que debe ser trasladado al hospital más cercano en caso de un corte de energía. En su hogar también debe haber disponible un equipo de respaldo
- Si se requiere una evacuación extensa el hospicio notificará a las agencias de emergencia/rescate de los pacientes que se encuentren en su hogar que necesitarán asistencia total para ser evacuados.
- Bristol Hospice - Miami-Dade también asignará todo el personal disponible y calificado para atender a los pacientes. Los pacientes que no puedan recibir atención programada serán notificados por teléfono tan pronto como sea posible.
- Usted notificará a Bristol Hospice - Miami-Dade de cualquier reubicación durante una emergencia.
- Haga arreglos durante la planificación previa al desastre para tener disponible un suministro adecuado de medicamentos. Después del desastre el hospicio se pondrá en contacto con usted para evaluar sus necesidades de medicación. Si después de un desastre el Hospicio de Bristol no puede comunicarse con usted, comuníquese con su farmacia local para informarse sobre sus necesidades de medicación.
- Notifique a su Médico de Cabecera.

APÉNDICE D: INFORMACIÓN PARA PACIENTES DE HOSPICIO

INFORMACIÓN PARA PACIENTES DE HOSPICIO – Inscritos en el Registro de Necesidades Especiales

La siguiente información debe ser proporcionada por el hospicio a aquellos pacientes que estén inscritos en el registro de necesidades especiales, para que estén preparados de antemano para una evacuación a un refugio para necesidades especiales.

Por favor, tome nota: El refugio para necesidades especiales está destinado a ser un último lugar de refugio. El evacuado puede no recibir el mismo nivel de atención calificada recibida del personal en el hogar, y las condiciones en un refugio pueden ser estresantes.

1) Se recomienda que, si el inscrito con necesidades especiales tiene un cuidador¹, el cuidador deberá acompañar al inscrito con necesidades especiales y permanecer con el inscrito en el refugio para necesidades especiales.

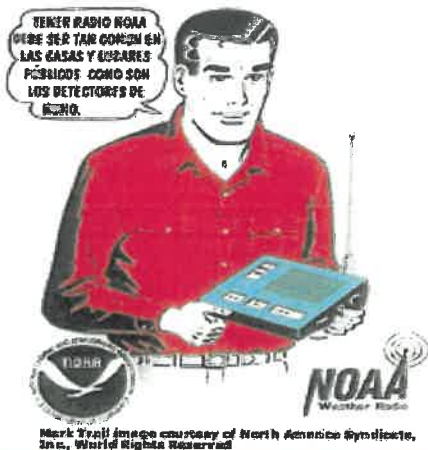
2) La siguiente es una lista recomendada de lo que los inscritos con necesidades especiales necesitan traer consigo al refugio de necesidades especiales durante una evacuación:

- Sábanas para cama, cobijas, almohada, silla plegable de jardín, colchón inflable;
- La lista de mediación del inscrito con necesidades especiales, la lista de suministros y equipos suministrada por el hospicio, incluyendo el teléfono, el beeper y los números de emergencia del médico, la farmacia y, en su caso, el proveedor de oxígeno del inscrito con necesidades especiales; los suministros y equipo médico para el cuidado del inscrito con necesidades especiales; la directiva anticipada incluyendo el formulario No Resucitar (Do Not Resuscitate)(FNRO), si se aplica;
- Nombre y número de teléfono del hospicio del inscrito con necesidades especiales;
- Medicamentos recetados y no recetados necesarios para al menos 72 horas; oxígeno para 72 horas, si es necesario;
- Una copia del plan de cuidados del inscrito con necesidades especiales;
- Identificación y dirección actual;
- Artículos dietéticos especiales, comida no perecedera para 72 horas y 1 galón de agua por persona por día;
- Gafas, aparatos auditivos y baterías, prótesis y otros aparatos auxiliares;
- Artículos de higiene personal para 72 horas;
- Ropa adicional para 72 horas;
- Lámpara de mano y baterías; y
- Artículos de entretenimiento personal y recreativos, es decir, libros, revistas, juegos de mesa.

(3) Los inscritos con necesidades especiales necesitan saber lo siguiente:

- Se recomienda que, si el inscrito tiene un cuidador, el cuidador acompañe al inscrito con necesidades especiales. Un refugio para necesidades especiales puede acomodar a un cuidador a la vez, y los otros miembros de la familia, amigos, etc. deben ir a un refugio para la población en general.
- El cuidador del inscrito con necesidades especiales tendrá un espacio provisto. El cuidador debe proporcionar su propia ropa de cama.
- Consulte con la agencia local de manejo de emergencias sobre perros de servicio en el refugio. Sin embargo, consulte con su oficina local de Administración de Emergencias para ver si se permiten otras mascotas.

**MARK TRAIL ABOGA POR LA RADIO
DEL TIEMPO DE NOAA-**
LA VOZ DEL SERVICIO NACIONAL DE METEOROLOGÍA



La Radio del Tiempo de la NOAA (NWR) es una red nacional de emisoras que emiten información continua del tiempo directamente desde la oficina Meteorología mas cercana. Radio NOAA emite productos del Servicio Nacional de Meteorología tales como avisos, vigilancias, pronósticos y otra información de peligro 24 horas al día.

Junto con el Sistema de Radiodifusión de Emergencia (EAS) de la Comisión Federal de Comunicaciones, Radio NOAA es una red para todo tipo de peligros. De este modo, es la fuente

más comprensiva de información del tiempo y emergencias que está disponible al público. Radio NOAA también emite información después de eventos y avisos para todo tipo de peligros - tanto naturales (como terremotos y actividad volcánica) como tecnológicos (como descargos químicos o derramamientos de petróleo).

Conocida como "La Voz del Servicio Nacional de Meteorología," Radio NOAA se proporcionada como un servicio público por la Oficina Nacional de Administración Oceánica y Atmosférica (NOAA), la cual es parte del Departamento de Comercio Federal. La red de Radio NOAA tiene más de [1000 transmisores](#), cubriendo los 50 estados, aguas costeras adyacentes, Puerto Rico, las Islas Virgenes Americanas, y los Territorios Americanos del Pacífico. Radio NOAA requiere un [receptor especial de la radio](#) o escáner capaz de recibir la señal. Las transmisiones se encuentran en la banda de servicio público a estas siete frecuencias (MHz):

Frecuencias de radio NWR

162.400 MHz	162.425 MHz	162.450 MHz	162.475 MHz	162.500 MHz	162.525 MHz	162.550 MHz
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Prepárate con la Cruz Roja

Tener un equipo de suministros. Hacer un plan. Informarse.

Es importante prepararse para posibles desastres y otras emergencias. Los desastres naturales o provocados pueden ocurrir de repente, en cualquier momento y lugar. Hay tres cosas importantes que todos podemos hacer para marcar la diferencia:

Medidas para prepararse con la Cruz Roja

- Conozco cuáles son los desastres o las emergencias que podrían ocurrir en mi zona.
- He creado y practicado un plan familiar para casos de desastre.
- Tengo un equipo de preparación para emergencias.
- Al menos una de las personas que vive en mi casa está capacitada en primeros auxilios, reanimación cardiopulmonar (RCP) y uso del desfibrilador externo automatizado (DEA).
- He adoptado medidas para ayudar a mi comunidad a prepararse.

Tener un equipo de suministros



Como mínimo, reúne los suministros básicos que se describen a continuación. Guárdalos en un equipo de preparación para emergencias que sea fácil de cargar y que puedas usar en tu casa o llevar contigo en caso de que tengas que desalojar la vivienda.

- agua: un galón por día, por persona (para 3 días en caso de desalojo o para 2 semanas en la casa)
- alimentos no perecederos, que sean fáciles de preparar (para 3 días en caso de desalojo o para 2 semanas en la casa)
- linterna
- radio que funcione con pilas o una radio de manivela (si es posible, la radio meteorológica de la NOAA)
- pilas de repuesto
- botiquín de primeros auxilios
- medicamentos (para 7 días) y artículos médicos
- herramienta multiuso
- artículos sanitarios y de higiene personal
- copias de documentos importantes (lista de medicamentos e información de salud pertinente, comprobantes de domicilio, título de propiedad o contrato de alquiler, pasaportes, certificados de nacimiento, pólizas de seguro)
- teléfono celular y cargadores
- datos de contacto familiar y para emergencias
- dinero en efectivo
- manta de emergencia
- mapas de la zona

Añade a tu equipo suministros que contemplan las necesidades de todos los miembros de la familia. Los artículos sugeridos para atender necesidades especiales incluyen:

- artículos médicos (audífonos con pilas de repuesto, anteojos, lentes de contacto, jeringas, bastón)
- artículos para bebés (biberones, leche artificial y comida para bebés, pañales)
- juegos y actividades para los niños
- suministros para las mascotas (correa, arnés, placa de identificación, alimento, jaula para transporte, recipiente)
- radiotelefonos portátiles
- un juego adicional de llaves de la casa y el automóvil
- abrelatas manual

Suministros adicionales para guardar en el hogar o en el equipo de suministros según los tipos de desastres más comunes en la zona:

- silbato
- mascarillas N95 o de uso quirúrgico
- fósforos
- ropa para la lluvia
- toallas
- guantes de trabajo
- herramientas/materiales para proteger la vivienda
- varios juegos de ropa, gorro y zapatos resistentes
- tela plástica
- cinta adhesiva para tuberías
- tijeras
- cloro líquido de uso doméstico
- artículos para distraerse
- mantas o bolsas de dormir

Avisa a tus familiares que estás a salvo

Asegúrate de que tu familia sepa sobre el sitio "Sano y salvo" de la Cruz Roja Americana en www.cruzrojaamericana.org. Es muy importante incorporar esta herramienta en Internet a tu plan de comunicación de emergencia. Quienes se encuentran en la zona afectada por un desastre pueden anotarse en la lista de "Sano y salvo" y los familiares y amigos que conozcan el número de teléfono o la dirección de la persona pueden realizar una búsqueda para leer los mensajes de quienes se anotan en la lista. Si no tienes acceso a Internet, puedes llamar al 1-866-438-4636 para anotarte y anotar a tus familiares.

Hacer un plan



- Reúnete con tu familia o las personas que viven en tu casa.
- Conversa sobre las formas de prepararse y responder a las emergencias que podrían ocurrir en tu casa, escuela, trabajo y lugares de recreación.
- Asigna responsabilidades a cada persona de la casa y establece un plan para trabajar en equipo.
- Si algún miembro de la familia pertenece a las fuerzas armadas, planifica también la forma en que responderías en caso de que ordenen su movilización.

Determina qué hacer si se separan durante una emergencia.

- Escoge dos lugares para encontrarte con tu familia después de un desastre:
 - Frente a tu casa, en caso de una emergencia súbita, como un incendio.
 - Fuera de tu vecindario, en caso de que no se pueda regresar a la casa o que ordenen abandonar el lugar.
- Designa a un contacto de emergencia fuera de la zona donde vives. Tal vez sea más fácil enviar un mensaje de texto o hacer una llamada de larga distancia si las líneas telefónicas locales no funcionan o están sobrecargadas. Todos deben tener la información de contacto de emergencia por escrito o programada en sus teléfonos celulares.

Planifica qué hacer si tienes que desalojar la zona.

- Decide adónde irás y qué ruta tomarás para llegar hasta allí. Podrías quedarte en un hotel, en casa de amigos o familiares que vivan en un lugar seguro o ir a un refugio para desplazados si fuera necesario.
- Dos veces al año, practica el plan para desalojar la vivienda. Recorre los caminos de salida que has planificado, y marca en un mapa rutas alternativas en caso de que las carreteras se encuentren intranositables.
- Planifica con anticipación lo que harás con tus mascotas. Haz una lista con teléfonos de hoteles que acepten mascotas y refugios para animales ubicados a lo largo de tu ruta de salida.

Informarse



Conoce cuáles son los desastres o las emergencias que podrían ocurrir en tu zona. Estas catástrofes no sólo los afectan a ti y a tu familia, como un incendio en tu casa o una emergencia de salud, sino que podrían afectar a todo el vecindario, como por ejemplo, un terremoto o una inundación.

- Averigua el modo en que las autoridades de la localidad darán a conocer avisos durante una catástrofe y cómo recibirás información, ya sea a través de la radio o la televisión local, o las estaciones o los canales de la radio meteorológica de la Oficina Nacional de Administración Oceánica y Atmosférica (NOAA).
- Es importante que conozcas la diferencia entre los distintos tipos de alertas y avisos y sepas qué hacer en cada caso.
- Conoce qué puedes hacer para protegerte durante los desastres que podrían ocurrir en las zonas a las que viajas o a la que te has mudado recientemente. Por ejemplo, si viajas a un lugar donde los terremotos son comunes y no conoces este tipo de catástrofe, es importante que sepas qué hacer para protegerte en caso de terremoto.
- Cuando ocurre un desastre importante, tu comunidad puede cambiar en un instante. Es posible que nuestros seres queridos estén heridos o los servicios de emergencia se demoren. Asegúrate de que al menos una de las personas que vive en tu casa esté capacitada en primeros auxilios, reanimación cardiopulmonar y uso del desfibrilador externo automatizado. Esta capacitación es útil en muchas situaciones de emergencia.
- Conversa sobre lo que has aprendido con tu familia, las personas que viven contigo y tus vecinos. Anímalos a que se informen.

Tarjetas con números de emergencia para todos los miembros de la familia

Para obtener tus tarjetas en línea, visita www.cruzrojaamericana.org/pdf/numeros_emergencia.pdf.

- Imprime una tarjeta para cada miembro de tu familia.
- Anota en cada tarjeta los datos de contacto de todas las personas de la casa, como números de teléfono del trabajo, la escuela y celulares.
- Dobra la tarjeta para guardarla en el bolsillo, la billetera o cartera.
- Lleva la tarjeta contigo por si la necesitas en caso de desastre u otra emergencia.

Prepárate con la Cruz Roja

Seguridad en caso de huracanes

Los huracanes son tormentas intensas que causan inundaciones, marejadas, vientos fuertes y tornados que amenazan la vida y los bienes. La preparación es la mejor protección contra los peligros de un huracán.

Aprende la diferencia

Alerta de huracán: Hay peligro de condiciones de huracán dentro de 48 horas. Repasa tus planes en caso de huracán, mantente informado y prepárate en caso de que emitan un aviso de huracán.

Aviso de huracán: Se prevén condiciones de huracán dentro de 36 horas. Finaliza tus preparativos para la tormenta y abandona la zona si las autoridades te lo indican.

¿Qué hago?



- Escucha la radio meteorológica de la NOAA para obtener información vital del Servicio Meteorológico Nacional.
- Revisa tu equipo de suministros para casos de desastres y reemplaza o renueva lo que sea necesario.
- Lleva adentro las cosas que pueda arrastrar el viento (bicicletas, muebles del patio).
- Cierra las ventanas, puertas y contraventanas para huracanes. Si no tienes contraventanas, cierra las puertas y ventanas y cúbreelas con contrachapado.
- Baja la temperatura del refrigerador y el congelador al frío máximo y evita abrirlos para que los alimentos se conserven por más tiempo si hay un apagón.
- Cierra las válvulas de los tanques de propano y desenchufa los aparatos pequeños.
- Llena el tanque de gasolina del automóvil.
- Habla con quienes viven en tu casa y preparen un plan de desalojo. Planificar y practicar el plan de desalojo reduce la confusión y el miedo durante el evento.
- Infórmate sobre el plan de respuesta de tu comunidad en caso de huracanes. Planifica las rutas para los refugios locales, inscribe con anticipación a los familiares con necesidades médicas especiales, y haz arreglos para cuidar de tus mascotas.
- Haz caso a las autoridades si aconsejan desalojar. Evita los caminos y puentes inundados.
- El seguro para la vivienda en general no cubre inundaciones. Es importante que obtengas protección contra las inundaciones vinculadas con huracanes, tormentas tropicales, lluvias intensas y otras condiciones que afectan a los EE.UU. Infórmate sobre el Programa Nacional de Seguro contra Inundaciones en www.FloodSmart.gov.

¿Qué cosas necesito?



- un galón de agua por persona por día para un mínimo de 3 días
- alimentos no perecederos y de fácil preparación para un mínimo de 3 días
- linterna
- radio que funcione con pilas o una radio de manivela (si es posible, la radio meteorológica de la NOAA)
- pilas de repuesto
- botiquín de primeros auxilios
- medicamentos (para 7 días) y artículos médicos (aparatos de audición con baterías de repuesto, anteojos, lentes de contacto, jeringas, bastón)
- herramienta multiuso
- artículos sanitarios y de higiene personal
- copias de documentos personales (lista de medicamentos y de datos médicos pertinentes, comprobante de domicilio, título de propiedad o contrato de alquiler, pasaportes, certificados de nacimiento, pólizas de seguro)
- teléfono celular y cargador
- datos de contacto para emergencias
- dinero en efectivo
- manta de emergencia
- mapa(s) de la zona
- artículos para bebés (biberones, leche artificial, comida especial, pañales)
- artículos para mascotas (collar, correa, identificación, comida, jaula, recipiente)
- herramientas o artículos para proteger tu casa
- juego adicional de llaves de la casa y el automóvil
- ropa adicional, gorro y zapatos resistentes
- ropa para la lluvia
- repelente para insectos y filtro solar
- cámara para sacar fotos del daño para las compañías de seguro

¿Qué hago después de un huracán?



- Continúa escuchando la radio meteorológica de la NOAA o las noticias locales para actualizarte.
- Mantente alerta en caso de lluvias prolongadas y posibles inundaciones aunque haya pasado el huracán o la tormenta tropical.
- Si te fuiste, regresa a tu casa solamente cuando las autoridades indiquen que ya no hay peligro.
- Conduce sólo si es indispensable y evita los caminos y puentes inundados.
- Evita los cables de electricidad caídos o colgantes. Avisa de inmediato a la compañía de electricidad.
- Aléjate de cualquier edificio rodeado por agua.
- Revisa tu vivienda para verificar si ha sufrido daños. Toma fotografías del daño al edificio y a las cosas para utilizar en los reclamos a la compañía aseguradora.
- Usa linternas si está oscuro; NO enciendas velas.
- No bebas ni uses el agua corriente para preparar comida hasta que sepas que no está contaminada.
- Fíjate si los alimentos del refrigerador están bien. Recuerda: "En la duda, a la basura".
- Usa ropa que te proteja y ten cuidado de no lastimarte cuando limpies.
- Vigila de cerca a los animales y mantenlos bajo tu control directo.
- Usa el teléfono sólo para llamadas de emergencia.

Avisa a tus familiares que estás a salvo

Si ocurre un huracán o cualquier otra catástrofe en tu comunidad, anótate en el sitio "Sano y salvo" de la Cruz Roja Americana en cruzrojaamericana.org/sanoysalvo para avisar a tus familiares y amigos sobre tu situación. Si no tienes acceso a Internet, puedes llamar al 1-866-438-4636 para anotarte y anotar a tus familiares.



Infórmate sobre la preparación en caso de desastres y emergencias.
Visita cruzrojaamericana.org.

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Prepárate con la Cruz Roja

Seguridad en caso de inundaciones

Las inundaciones son unas de las catástrofes naturales más comunes con daños costosos. Entre otras condiciones, son provocadas por lluvias intensas o lluvias que duran varias horas o días y saturan el suelo. Las inundaciones súbitas ocurren a causa de una crecida rápida en un curso de agua o una zona baja.

Aprende la diferencia

Alerta de inundación o inundación súbita: significa que es posible que ocurra una inundación o inundación súbita en tu zona.

Aviso de inundación o inundación súbita: significa que ya hay una inundación o inundación súbita en tu zona o que ocurrirá pronto.

¿Qué hago?



- ❑ Escucha las estaciones locales de radio y televisión y la radio meteorológica de la NOAA para recibir informes del Servicio Meteorológico Nacional sobre avisos de inundación o sobre inundaciones que estén ocurriendo.
- ❑ Prepárate para salir del lugar con muy poco aviso.
- ❑ Si se emite un aviso de inundación o inundación súbita en tu zona dirígete a un terreno más alto y quédate allí.
- ❑ Aléjate de las crecidas. Si te encuentras con crecidas cuyo nivel de agua sobrepasa tus tobillos, no sigas; vuélvete y busca otro camino. Seis pulgadas (15 cm) de agua en rápido movimiento pueden tumbar a una persona.
- ❑ Si estás conduciendo y ves agua de las crecidas, vuélvete y busca otro camino. Si tu automóvil queda atrapado en un camino inundado y el agua sube a tu alrededor rápidamente, sal enseguida del vehículo y dirígete a un terreno más alto. La mayoría de los automóviles pueden ser arrastrados por menos de 2 pies (60 cm) de agua en movimiento.
- ❑ Mantén a los niños alejados del agua. Por curiosidad o falta de criterio pueden explorar el agua en movimiento o agua contaminada.
- ❑ Cuídate en especial por la noche, cuando es más difícil reconocer el peligro de las inundaciones.
- ❑ El seguro para la vivienda en general no cubre inundaciones. Es importante que obtengas protección contra las inundaciones vinculadas con huracanes, tormentas tropicales, lluvias intensas y otras condiciones que afectan a los EE.UU. Infórmate sobre el Programa Nacional de Seguro contra Inundaciones en www.FloodSmart.gov.

¿Qué cosas necesito?



- ❑ un galón de agua por persona para un mínimo de 3 días
- ❑ alimentos no perecederos y de fácil preparación para un mínimo de 3 días
- ❑ linterna
- ❑ radio que funcione con pilas o una radio de manivela (si es posible, la radio meteorológica de la NOAA)
- ❑ pilas de repuesto
- ❑ botiquín de primeros auxilios
- ❑ medicamentos (para 7 días) y artículos médicos (aparatos de audición con baterías de repuesto, anteojos, lentes de contacto, jeringas, bastón)
- ❑ herramienta multiuso
- ❑ artículos sanitarios y de higiene personal
- ❑ copias de documentos personales (lista de medicamentos y de datos médicos pertinentes, título de propiedad o contrato de alquiler, certificados de nacimiento, pólizas de seguro)
- ❑ teléfono celular y cargador
- ❑ datos de contacto para emergencias
- ❑ dinero en efectivo
- ❑ manta de emergencia
- ❑ mapa(s) de la zona
- ❑ artículos para bebés (biberones, leche artificial, comida especial, pañales)
- ❑ artículos para mascotas (collar, correa, identificación, comida, jaula, recipiente)
- ❑ herramientas o artículos para proteger tu casa
- ❑ juego adicional de llaves de la casa y el automóvil
- ❑ ropa adicional, gorro y zapatos resistentes
- ❑ ropa para la lluvia
- ❑ repelente para insectos y filtro solar
- ❑ cámara para sacar fotos del daño

¿Qué hago después de una inundación?



- ❑ No entres a tu casa hasta que las autoridades hayan declarado que no hay peligro en la zona.
- ❑ Antes de entrar, revisa afuera para ver si hay cables de electricidad sueltos, daños en las tuberías de gas, grietas en los cimientos u otros daños.
- ❑ Es posible que algunas partes de la casa estén derrumbadas o dañadas, así que acércate a las entradas con cuidado. Revisa si los techos y aleros de las terrazas conservan todos sus pilares.
- ❑ Ten cuidado con los animales salvajes, en especial las serpientes venenosas que las crecidas pueden haber arrastrado al interior de tu casa.
- ❑ Si hueles a gas natural o propano u oyes el sonido de un escape de gas, sal de inmediato y luego llama a los bomberos.
- ❑ Si hay cables de electricidad caídos cerca de tu casa, no camines por charcos ni agua estancada.
- ❑ Mantén a los niños y a las mascotas alejados de las crecidas y lugares peligrosos.
- ❑ Los materiales como productos de limpieza, pintura, baterías, combustible contaminado y recipientes de combustible dañados son peligrosos. Consulta a las autoridades locales para desechar los residuos sin peligro.
- ❑ Cuando limpies, ponte ropa protectora, guantes y botas de goma.
- ❑ Asegúrate de que los alimentos y el agua de tu vivienda sean seguros. Desecha todo lo que haya estado en contacto con las crecidas, como alimentos enlatados, agua embotellada, utensilios de plástico y tetinas para biberones. Recuerda: "En la duda, a la basura".
- ❑ No uses agua que podría estar contaminada para lavarte los dientes o las manos, lavar los platos, preparar la comida, hacer cubitos de hielo ni tampoco para preparar la leche artificial para el bebé.
- ❑ Llama al departamento de salud estatal o local y pide recomendaciones para hervir o tratar el agua en tu zona ya que el agua podría estar contaminada.

Avisa a tus familiares que estás a salvo

Si hay inundaciones o cualquier otra catástrofe en tu comunidad, anótate en el sitio "Sano y salvo" de la Cruz Roja Americana en cruzrojaamericana.org/sanoysalvo para avisar a tus familiares y amigos sobre tu situación. Si no tienes acceso a Internet, llama al 1-866-438-4636 para anotarte y anotar a tus familiares.



Infórmate sobre la preparación en caso de desastres y emergencias. Visita cruzrojaamericana.org.

Prepárate con la Cruz Roja

Seguridad en caso de ola de calor

En años recientes, el calor extremo ha causado más muertes que todos los otros sucesos relacionados con el clima, incluso las inundaciones. Una ola de calor es un período prolongado de calor extremo, por lo general combinado con humedad excesiva. Las temperaturas suelen estar a 10 o más grados por encima de la temperatura promedio máxima de verano para la región, perduran por mucho tiempo y ocurren con alta humedad.

Aprende la diferencia

Alerta de calor extremo: hay condiciones favorables para un calor extremo que alcanza o supera los criterios de alerta de calor extremo en las próximas 24 a 72 horas.

Aviso de calor extremo: se pronostican valores de índice de calor que alcanzan o superan los criterios locales para emitir avisos durante un mínimo de 2 días, con temperaturas máximas durante el día que oscilan entre 105 y 110 °F (40,5 y 43,3 °C).

Advertencia de calor: se pronostican índices de calor que alcanzan o superan los criterios locales para emitir advertencias durante 1 ó 2 días, con temperaturas máximas durante el día que oscilan entre 100 y 105° F (37,7 y 40,5 °C).

¿Cómo me preparo?



- ❑ Presta atención a los pronósticos del tiempo y mantente alerta a los cambios de temperatura que se aproximan.
- ❑ El índice de calor es la temperatura que siente el cuerpo cuando se combinan los efectos del calor y la humedad. La exposición directa al sol puede aumentar el índice de calor en unos 15 °F (9,4 °C).
- ❑ Conversa con tu familia sobre las precauciones para cuidar la salud cuando hace calor. Haz un plan para cada lugar (la casa, el trabajo, la escuela) y prepárate para la posibilidad de apagones.
- ❑ Verifica los artículos de tu equipo de preparación para emergencias en caso de que ocurra un corte en el suministro eléctrico.
- ❑ Piensa en tus vecinos de edad avanzada, los niños pequeños, la gente enferma o con sobrepeso. La probabilidad de que sean víctimas del calor extremo es mayor y tal vez necesiten ayuda.
- ❑ Si no tienes aire acondicionado, ve a lugares como escuelas, bibliotecas, cines y centros comerciales donde puedas resguardarte durante los momentos más calurosos del día.
- ❑ Ten en cuenta que quienes viven en zonas urbanas tal vez corran mayor riesgo de sufrir los efectos de una ola de calor prolongada que las personas que viven en áreas rurales.
- ❑ Capacítate en primeros auxilios para aprender a tratar emergencias relacionadas con el calor.
- ❑ Asegúrate de que tus animales tengan agua y sombra.

¿Qué hago durante una ola de calor?



- ❑ Escucha la radio meteorológica de la NOAA para obtener información vital del Servicio Meteorológico Nacional.
- ❑ Nunca dejes a las mascotas ni a los niños solos en un vehículo cerrado.
- ❑ Mantente hidratado: bebe mucho líquido aunque no tengas sed. Evita bebidas con cafeína o alcohol.
- ❑ Come porciones pequeñas y con frecuencia.
- ❑ Evita los cambios de temperatura abruptos.
- ❑ Viste ropa suelta, ligera y de colores oscuros. No uses ropa de colores oscuros porque absorbe los rayos solares.
- ❑ Disminuye tu ritmo habitual, quédate adentro y evita el ejercicio agotador durante el momento más caluroso del día.
- ❑ Deja para otro momento las actividades y juegos al aire libre.
- ❑ Tórnate con otra persona si trabajas en el calor extremo.
- ❑ Toma descansos frecuentes si tienes que trabajar afuera.
- ❑ Vigila a los familiares, amigos y vecinos que no tengan aire acondicionado, que pasen mucho tiempo solos o que tal vez sean más afectados por el calor.
- ❑ Observa constantemente a tus animales para asegurarte de que no están sufriendo a causa del calor.

¿Cómo reconozco y atiendo emergencias relacionadas con el calor?



Calambres por calor: son dolores y espasmos musculares que suelen presentarse en las piernas o el abdomen ante la exposición a temperatura y humedad altas y la pérdida de líquidos y electrolitos del cuerpo. Con frecuencia, los calambres por calor son un signo temprano de que el cuerpo tiene problemas con el calor.

Agotamiento por calor: se produce usualmente una pérdida de líquidos corporales por el sudor intenso durante la actividad física intensa cuando hace mucho calor y humedad.

- ❑ Los signos de agotamiento por calor incluyen piel fría, húmeda, pálida, lívida o enrojecida; dolor de cabeza; náuseas; mareo; debilidad y agotamiento.
- ❑ Traslada a la persona a un lugar fresco. Quita o afloja la ropa apretada y coloca paños o toallas húmedas y frías sobre la piel. Abanica a la persona. Si la persona está consciente, dale de beber pequeñas cantidades de agua fría. Asegúrate de que beba lentamente. Observa los cambios en el nivel de consciencia.
- ❑ Si la persona se niega a beber agua, vomita o comienza a perder el conocimiento, llama al 9-1-1 o al número local de emergencias.

Golpe de calor: es un trastorno que amenaza la vida ya que el sistema que controla la temperatura del cuerpo deja de funcionar y el cuerpo no logra enfriarse.

- ❑ Los signos de golpe de calor incluyen piel enrojecida y caliente que puede estar seca o húmeda, cambios en el nivel de conocimiento, vómito y una alta temperatura del cuerpo.
- ❑ El golpe de calor puede causar la muerte. Llama de inmediato al 9-1-1 o al número local de emergencias.
- ❑ Traslada a la persona a un lugar fresco. Enfría rápido el cuerpo de la persona de la misma forma que atenderías a alguien con agotamiento por calor. Si es necesario, continúa el enfriamiento rápido colocando hielo o compresas frías envueltas en tela sobre las muñecas, los tobillos, las ingles, el cuello y las axilas.

Avisa a tus familiares que estás a salvo

Si ocurre una catástrofe en tu comunidad, anótate en el sitio web "Sano y salvo" de la Cruz Roja Americana en cruzrojaamericana.org para avisar a tus familiares y amigos sobre tu situación. Si no tienes acceso a Internet, llama al 1-866-438-4636 para anotarte y anotar a tus familiares.



Infórmate sobre la preparación en caso de desastres y emergencias.
Visita cruzrojaamericana.org.

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Prepárate con la Cruz Roja

Prevención y seguridad contra incendios

La forma más eficaz de protegerte y proteger tu casa contra un incendio es identificar y eliminar peligros de incendio. El 65 por ciento de las muertes a causa de incendios en el hogar ocurren en viviendas sin detectores de humo que funcionan. Durante un incendio en el hogar, los detectores de humo y un plan de escape en caso de incendio que se practica con regularidad pueden salvar vidas.

- Si ocurre un incendio en tu casa debes **SALIR, QUEDARTE AFUERA y LLAMAR** para pedir ayuda.
- Instala detectores de humo en cada piso de la casa, y dentro y fuera de las áreas de los dormitorios. Prueba los detectores todos los meses y reemplaza las pilas por lo menos una vez al año.
- Conversa con todos los que viven en la casa sobre el plan de escape en caso de incendio y practíquelo dos veces al año.

Prevención de incendios en el hogar



Medidas que puedes tomar ahora

- ❑ Guarda todos los elementos inflamables a una distancia mínima de tres pies (1 metro) de objetos que emitan calor, como los calentadores portátiles.
- ❑ Nunca fumes en la cama.
- ❑ Habla con los niños con regularidad sobre los peligros del fuego, los fósforos y encendedores y mantenlos alejados de estas cosas.
- ❑ Apaga los calentadores portátiles cuando saigas del cuarto o vayas a dormir.

Cocina sin peligros

- ❑ Quédate en la cocina mientras prepares frituras, gratinados o comida asada. Si sales de la cocina aunque sea por muy poco tiempo, apaga el aparato de cocina.
- ❑ Debes estar en la casa mientras cocinas. Esto incluye hervir (aunque sea a fuego lento), hornear o asar. Verifica la comida con regularidad y usa un temporizador para recordar que estás cocinando.
- ❑ Mantén objetos inflamables como agarraderas, toallas y cosas de plástico y de tela, alejados del aparato de cocina.
- ❑ Asegúrate de que las mascotas no estén sobre las superficies de cocción ni sobre la mesada para que no volteen objetos sobre los quemadores.

Atención: el monóxido de carbono mata

- ❑ Instala detectores de monóxido de carbono en lugares centrales en cada piso de tu casa y afuera de los dormitorios.
- ❑ Si suena la alarma del detector de monóxido de carbono, sal rápidamente al aire libre o acércate a una ventana o puerta abierta.
- ❑ Nunca uses un generador, parrilla, estufa de campamento u otro aparato que funcione con gasolina, gas natural o propano, o carbón adentro de la vivienda, garaje, sótano, espacios para cables o tuberías, u otros sitios parcialmente cerrados.

Práctica de seguridad contra incendios en el hogar



Detectores de humo

- ❑ Instala detectores de humo en cada piso de la casa, y dentro y fuera de las áreas de dormitorios.
- ❑ Enseña a los niños a reconocer el sonido de la alarma del detector de humo y a saber qué hacer cuando lo oyen.
- ❑ Una vez al mes, presiona el botón de prueba de los detectores para verificar que las alarmas funcionan.
- ❑ Reemplaza las pilas de los detectores de humo una vez al año. Instala una nueva batería si emite un sonido de aviso de que queda poca batería.
- ❑ Los detectores de humo deben reemplazarse cada 10 años. Nunca desactives los detectores de humo ni los detectores de monóxido de carbono.
- ❑ Los detectores de monóxido de carbono no sustituyen a los detectores de humo. Aprende la diferencia entre el sonido de la alarma de ambos tipos de detectores.

Plan de escape en caso de incendio

- ❑ Asegúrate de que todos conozcan las dos rutas de escape para cada habitación de la casa.
- ❑ Verifica que todos sepan cuál es el lugar de encuentro fuera de la vivienda en caso de incendio.
- ❑ Practica con todos el plan de escape por lo menos dos veces al año y en distintos momentos del día. Practica con todos cómo despertarse ante el sonido de la alarma, agacharse y gatear y encontrarse afuera. Asegúrate de que todos sepan cómo llamar al 9-1-1.
- ❑ Enseña a todos a **DETENERSE, TIRARSE AL SUELO y RODAR** en caso de que la ropa prenda fuego.

En caso de incendio



Práctica del plan de escape

Recuerda: **SAL DE LA CASA, QUÉDATE AFUERA y LLAMA AL 9-1-1** o al número local de emergencias.

- ❑ Si la puerta cerrada o el picaporte o manija se sienten calientes, usa tu segunda ruta de escape. Nunca abras puertas que se sienten calientes al tocarlas.
- ❑ Agáchate y gatea debajo del humo.
- ❑ Ve al lugar de encuentro fuera de la casa y luego llama para pedir ayuda.
- ❑ Si el humo, el calor o las llamas obstruyen ambas rutas de escape, quédate en la habitación con la puerta cerrada. Coloca una toalla húmeda bajo la ranura de la puerta y llama a los bomberos o al 9-1-1. Abre una ventana y pide ayuda agitando un trozo de tela de color brillante o enciende una linterna para llamar la atención.

Precaución con el uso de extintores de incendios

- ❑ Utiliza un extintor de incendios portátil **SÓLO** si has recibido capacitación del departamento de bomberos y en las siguientes situaciones:
 - El incendio se encuentra confinado a un espacio pequeño y no se está propagando.
 - El cuarto no está repleto de humo.
 - Todos han salido del edificio.
 - Alguien llamó a los bomberos.
- ❑ Recuerda los siguientes pasos cuando utilices un extintor de incendios:
 - Extrae el pasador metálico y sostén el extintor con la boquilla apuntando lejos de tu cuerpo.
 - Apunta bajo. Apunta el extintor a la base del fuego.
 - Acciona la palanca lenta y uniformemente.
 - Haz un barrido de lado a lado con la boquilla.

Avisa a tus familiares que estás a salvo

Si ha ocurrido un incendio en tu casa o cualquier otra catástrofe, anótate en el sitio "Sano y salvo" de la Cruz Roja Americana en cruzrojaamericana.org para avisar a tus familiares y amigos sobre tu situación. Si no tienes acceso a Internet, llama al 1-866-438-4636 para anotarte y anotar a tus familiares.

Prepárate con la Cruz Roja

Seguridad contra los incendios forestales

Cada vez más personas construyen su vivienda en zonas rurales, de bosques o en regiones montañosas remotas. Allí disfrutan de la belleza natural pero deben enfrentarse a la realidad de los peligrosos incendios forestales. Es común que estos incendios se inicien en forma desapercibida. Se propagan con rapidez y prenden fuego a los arbustos, árboles y viviendas. En caso de incendios forestales, ¡cada segundo cuenta!

Si debes desalojar, lleva estos suministros contigo:

- un galón de agua por día por persona para un mínimo de 3 días
- alimentos no perecederos y de fácil preparación para un mínimo de 3 días
- linterna
- radio que funcione con pilas o una radio de manivela (si es posible, la radio meteorológica de la NOAA)
- pilas de repuesto
- botiquín de primeros auxilios
- medicamentos (para 7 días) y artículos médicos
- herramienta multiuso
- artículos sanitarios y de higiene personal
- copias de documentos personales (lista de medicamentos y de datos médicos pertinentes, título de propiedad o contrato de alquiler, certificados de nacimiento, pólizas de seguro)
- teléfono celular y cargador
- datos de contacto para emergencias
- dinero en efectivo
- manta de emergencia
- mapa(s) de la zona
- otros artículos esenciales irremplazables

¿Qué debo hacer para prepararme antes?



- Infórmate sobre el riesgo de incendios forestales en tu zona.
- Conversa con tu familia sobre los incendios forestales, cómo prevenirlos y qué hacer en caso de que ocurran.
- Coloca los números telefónicos de emergencia cerca de cada teléfono.
- Asegúrate de que el camino de entrada y el número y la dirección de tu casa estén bien señalizados.
- Identifica y mantén una fuente de agua adecuada fuera de tu vivienda, como un estanque pequeño, una cisterna, pozo o piscina.
- Separa artículos que tal vez sirvan de herramientas en caso de incendio: rastrillo, hacha, sierra manual o eléctrica, balde y pala. Es posible que tengas que apagar los incendios pequeños antes de que llegue el personal de emergencias.
- Selecciona materiales de construcción y plantas que ayuden a resistir incendios.
- Limpia el techo y las canaletas con regularidad.

Planifica y protégete durante un incendio forestal.

- Planifica y practica dos rutas de salida de tu vecindario, en caso de que la ruta principal esté obstaculizada.
- Escoge un lugar fuera del vecindario donde tu familia pueda encontrarse en caso de que no puedan regresar a la casa o deban abandonar la zona.
- Designa a una persona de contacto que viva fuera de la zona; podrán comunicarse con ella si las líneas telefónicas locales no funcionan.

¿Qué hago si hay incendios forestales en mi zona?



- Prepárate para salir del lugar con muy poco aviso.
- Escucha las estaciones de radio y televisión locales para mantenerte informado.
- Estaciona tu auto en el garaje en reversa, o al aire libre, orientándolo en la dirección de la ruta de escape.
- Encierra a tus mascotas en una habitación para no tener que buscarlas si tienen que salir de prisa.
- Haz planes para quedarte en forma transitoria en casa de un familiar o amigo fuera de la zona en peligro.

Limita la exposición al humo y el polvo.

- Escucha las noticias para recibir información sobre la calidad del aire y avisos de salud relacionados con el humo.
- Mantén el aire del interior de la casa limpio: cierra las puertas y ventanas para evitar que entre el humo.
- Utiliza la función de reciclaje o recirculación del aire acondicionado de tu casa o automóvil. Si no tienes aire acondicionado y hace demasiado calor para quedarte adentro con las ventanas cerradas, busca otro refugio.
- Cuando el nivel de humo es muy alto, no contamines más el aire de adentro: no uses velas, chimeneas ni estufas a gas. No pases la aspiradora porque agita las partículas que ya están en la casa.
- Si tienes asma u otra afección de los pulmones, sigue el consejo de tu médico y busca atención médica si tus síntomas empeoran.

¿Qué hago después de un incendio forestal?



- No entres en tu casa hasta que las autoridades de incendios declaren que no hay peligro.
 - Ten cuidado al entrar a zonas incendiadas ya que aún podrían existir peligros, como puntos calientes que de repente podrían reavivar el fuego.
 - Mantente alejado de cables eléctricos caídos o dañados.
 - Ten precaución con los hoyos de cenizas y señáloslos para la seguridad de otros; avisa a tu familia y a los vecinos para que se mantengan alejados.
 - Vigila de cerca a los animales y mantenlos bajo tu control directo. Las brasas y lugares calientes podrían causarles quemaduras en las patas o pezuñas.
 - Sigue las instrucciones de las autoridades de salud pública acerca de la limpieza apropiada de las cenizas del incendio y el uso de mascarillas.
 - Humedece los escombros para reducir al mínimo el riesgo de inhalar partículas de polvo.
 - Ponte guantes de cuero y zapatos con suelas resistentes para protegerte las manos y los pies.
 - Los materiales de limpieza, pintura, baterías y recipientes de combustible dañados deben desecharse en forma adecuada para evitar riesgos.
- Asegúrate de que los alimentos y el agua sean seguros.**
- Desecha los alimentos que hayan estado expuestos al calor, el humo o el hollín.
 - NUNCA uses agua contaminada para lavarte los dientes o las manos, lavar los platos, preparar la comida, hacer cubitos de hielo ni tampoco para preparar la leche artificial para el bebé.

Avisa a tus familiares que estás a salvo

Si ocurren incendios forestales o cualquier otra catástrofe en tu comunidad, anótate en el sitio "Sano y salvo" de la Cruz Roja Americana en cruzrojaamericana.org para avisar a tus familiares y amigos sobre tu situación. Si no tienes acceso a Internet, llama al 1-866-438-4636 para anotarte y anotar a tus familiares.



Infórmate sobre la preparación en caso de desastres y emergencias.
Visita cruzrojaamericana.org.

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Prepárate con la Cruz Roja

Información sobre la gripe

La gripe es una enfermedad respiratoria contagiosa causada por diferentes cepas de virus. En los Estados Unidos, existe una temporada de la gripe que comienza en otoño y termina en primavera. El tipo de gripe que ocurre durante esta temporada se denomina "estacional". Los virus de la gripe se transmiten de una persona a otra cuando la persona infectada tose o estornuda.

Aprende la diferencia

Gripe estacional: Una enfermedad respiratoria contagiosa causada por virus de la gripe que ocurre cada año. Afecta en promedio a entre el 5 y el 20 por ciento de la población de los Estados Unidos. Causa enfermedad leve o grave y, en algunos casos, la muerte. Los adultos pueden infectar a otros un día antes de presentar síntomas y durante 5 días después de enfermarse.

Epidemia: La rápida propagación de una enfermedad que afecta a algunas o a muchas personas en una comunidad o región al mismo tiempo.

Pandemia: Un brote epidémico de una enfermedad que afecta a una gran cantidad de personas en todo el mundo y se propaga con rapidez.

Gripe por H1N1 (gripe porcina): El H1N1, que inicialmente se conocía como el virus de la "gripe porcina", es un nuevo virus de la gripe que causa enfermedad en los seres humanos. En los Estados Unidos, este nuevo virus se detectó por primera vez en la gente en abril de 2009. El virus se está propagando en todo el mundo entre las personas, probablemente de forma muy similar a la propagación de los virus de la gripe estacional. El 11 de junio de 2009 la Organización Mundial de la Salud (OMS) señaló que se había iniciado la pandemia de la gripe por H1N1 de este año.

Es importante mantenerse al tanto de los cambios en las pautas divulgadas por los Centros para el Control y la Prevención de Enfermedades (CDC). En el sitio web de los CDC se encuentran actualizaciones periódicas a las recomendaciones de salud pública sobre amenazas a la salud como la gripe por H1N1 (gripe porcina).

Gripe por H5N1 (gripe aviar): Esta cepa del virus de la gripe, conocida como gripe aviar, se encuentra habitualmente en aves. Las aves silvestres pueden ser portadoras del virus sin enfermarse; sin embargo, las aves domésticas podrían infectarse con el virus, que a menudo es mortal.

¿Qué hago para evitar la enfermedad?



Lo mejor que puedes hacer para protegerte es vacunarte contra la gripe todos los años.

- ☐ Practica siempre buenos hábitos de salud para mantener las defensas del cuerpo contra la infección:
 - Sigue una dieta equilibrada.
 - Bebe líquidos en abundancia.
 - Controla el estrés.
 - Descansa y duermes suficiente tiempo.
- ☐ Adopta estas sencillas medidas para detener la transmisión de los gérmenes:
 - Lávate las manos con frecuencia con agua y jabón o con un antiséptico a base de alcohol.
 - Evita o reduce al mínimo el contacto con quienes están enfermos (se recomienda mantener una distancia mínima de 3 pies/1 metro).
 - Evita tocarte los ojos, la nariz y la boca.
 - Cúbrete la boca y la nariz con un pañuelo de papel al toser o estornudar. Si no hay pañuelos de papel, tose o estornuda cubriéndote la nariz y la boca con la parte superior del brazo o la manga.
 - Si estás enfermo, aléjate de otras personas en la medida de lo posible.
- ☐ Toda persona que tenga fiebre u otros síntomas gripales deberá quedarse en su casa y no ir a la escuela o el trabajo durante por lo menos 24 horas después de que la fiebre haya desaparecido por sí sola (sin el uso de medicamentos).
- ☐ Vacúnate contra la gripe cada año. La vacunación es una de las formas más eficaces de reducir al mínimo el riesgo de enfermedad y muerte. Durante la temporada de gripe de 2009 habrá dos vacunas: una para la gripe estacional y otra para la gripe por H1N1.

¿Tengo la gripe?



La gripe suele comenzar con una fiebre alta y repentina y dolores corporales. Debes estar atento a otros síntomas comunes de la gripe:

- dolor de cabeza
- cansancio extremo
- dolor de garganta
- tos
- congestión nasal (nariz tapada o que moquea)
- vómito y diarrea (más comunes en los niños que en los adultos)
- **NOTA:** La presencia de todos estos síntomas no siempre significa que tienes gripe. Muchas enfermedades diferentes tienen síntomas similares.

Diagnóstico de la gripe:

- Podría resultar difícil determinar si tienes gripe u otra enfermedad.
- El profesional de la salud podría confirmar si tienes gripe.
- Si tienes síntomas similares a los de la gripe y estás preocupado por posibles complicaciones, consulta a un profesional de la salud.

Posibles riesgos y complicaciones graves de la gripe:

- neumonía bacteriana
- deshidratación
- empeoramiento de afecciones crónicas
- infecciones del oído
- problemas sinusales

¿Qué hago cuando alguien se enferma?



- ☐ Designa a una persona para que se ocupe de cuidar al enfermo.
- ☐ Guarda los artículos personales de cada uno por separado. No compartas lápices, bolígrafos, papeles, ropa, toallas, sábanas, mantas, alimentos ni cubiertos a menos que se laven entre cada uso.
- ☐ Desinfecta picaportes, interruptores de luz, manijas, perillas, computadoras, teléfonos, juguetes y cualquier otra superficie que suele tocarse en la casa o el trabajo.
- ☐ Lava juntos los platos de todos en el lavaplatos o a mano, con agua muy caliente y jabón.
- ☐ Lava la ropa de todos en la lavadora de la forma usual. Usa detergente y agua muy caliente. Lávate bien las manos después de tocar la ropa sucia.
- ☐ Ponte guantes desechables al limpiar o estar en contacto con líquidos del cuerpo.

Definiciones:

Inmunidad: La inmunidad a una enfermedad se define por la presencia de anticuerpos contra esa enfermedad en el sistema inmunitario de una persona. La mayoría de las personas tienen cierta resistencia a las infecciones ya sea después de recuperarse de una enfermedad o por medio de vacunas. Los virus de la gripe estacional cambian con el tiempo y no es posible desarrollar inmunidad contra ellos salvo que se administre una vacuna.

Cuarentena: La cuarentena es la separación física de las personas sanas que han estado expuestas a una enfermedad infecciosa de aquéllas que no han estado expuestas a la enfermedad.

Aislamiento: El aislamiento es un estado de separación entre personas o grupos para prevenir la propagación de enfermedades.

Distanciamiento social: El distanciamiento social es una práctica impuesta para limitar la interacción directa a fin de prevenir la exposición y transmisión de una enfermedad.

¿Corres alto riesgo de tener complicaciones relacionadas con la gripe?

- Los siguientes grupos corren mayor riesgo: personas de 50 o más años de edad, embarazadas, personas con enfermedades crónicas, niños de 6 o más meses de edad, y personas que viven o cuidan de alguien en situación de alto riesgo.
- Quienes corren mayor riesgo deben actualizar sus vacunaciones todos los años y recibir la vacuna antineumocócica si tienen 50 o más años de edad, según lo indique el médico.



Infórmate sobre la preparación en caso de desastres y emergencias.
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El lavado de manos: Una actividad en familia para mantener a los niños y adultos sanos



El lavado de manos es una manera fácil, barata y eficaz de prevenir la propagación de gérmenes y mantener sanas a las personas.

Para los niños, lavarse las manos puede ser una actividad divertida y entretenida. Es lo suficientemente simple de entender incluso para los niños pequeños. El lavado de manos les da a los niños y adultos la posibilidad de asumir un rol activo en su propia salud. Una vez que los niños aprenden a lavarse las manos de manera adecuada, ellos pueden —y a menudo lo hacen— mostrarles a sus padres y hermanos cómo hacerlo, y alentarlos a que también se las laven.

Los padres pueden ayudar a mantener sana a su familia al hacer lo siguiente:

- Enseñar una buena técnica de lavado de manos
- Recordarles a los niños que se laven las manos
- Lavarse sus propias manos junto a los niños



Mejora la salud

- Educar a la comunidad sobre cómo lavarse las manos hace lo siguiente:
 - » Reduce un 31 % la cantidad de personas que se enferman de diarrea
 - » Reduce un 58 % los casos de enfermedad diarreica en las personas con el sistema inmunitario debilitado
 - » Reduce un 21 % los casos de enfermedades respiratorias —como los resfriados— en la población en general

Ahorra tiempo y dinero

- El lavado de manos es una de las mejores maneras de evitar enfermarse y transmitir afecciones a los demás.
- Reducir los casos de enfermedades aumenta la productividad debido a lo siguiente:
 - » Se pasa menos tiempo en el consultorio del médico
 - » Se pasa más tiempo en el trabajo o la escuela



Ayuda a las familias a estar sanas

Los niños que aprenden a lavarse las manos en la escuela llevan ese conocimiento a la casa, a sus padres y hermanos. Esto puede ayudar a los miembros de la familia a enfermarse con menos frecuencia y a perder menos días de trabajo y escuela.

A pesar de que la importancia del lavado de manos es ampliamente conocida, todavía hay cosas que se pueden mejorar. Un estudio reciente mostró que solo el 31 % de los hombres y el 65 % de las mujeres se lavan las manos después de usar un baño público.

Para obtener información más detallada, visite www.cdc.gov/handwashing/esp/index.html.



Department of Health and Human Services
Centers for Disease Control and Prevention

Control de Infecciones en el Hogar

La limpieza y la buena higiene ayudan a prevenir la infección. Usted puede ayudar a controlar la infección siguiendo estas pautas:

Lavado de manos

Lávese las manos antes y después de brindar cualquier cuidado al paciente, antes de manipular o comer alimentos, después de usar el baño, luego de manipular ropa sucia, tocar mascotas, toser, estornudar o limpiarse la nariz.

El lavado de manos es el método más importante para prevenir la propagación de la infección. Debe realizarse a menudo.

Procedimiento de Lavado de Manos:

1. Moje las manos con agua tibia. Frote el jabón en las manos.
2. Frote las manos formando espuma. Frote las palmas, la parte posterior de las manos, los dedos, entre los dedos, el área de la uña y por encima de la zona de la muñeca durante 15 - 20 segundos.
3. Enjuagar las manos con agua corriente.
4. Seque las manos con una toalla de papel o una toalla limpia.

El limpiador de manos antiséptico sin agua mata el 99.99% de la mayoría de los gérmenes que pueden provocar enfermedades. Si no dispone de jabón y agua corriente puede utilizar un limpiador de manos sin agua. Coloque una cantidad del tamaño de una moneda en la palma de una mano y frote vigorosamente, cubriendo toda la superficies de manos y dedos hasta que sus manos estén secas.

Materiales Contaminados

Los materiales contaminados tales como apósitos, pañales desechables, Chux, guantes médicos, tejidos, etc., pueden propagar infecciones. Si no se eliminan adecuadamente estos elementos pueden dañar a los miembros de la familia u otras personas que entran en contacto con ellos. Deseche los artículos que no sean "afilados" en bolsas impermeables (de plástico), ciérrelas firmemente y deseche la bolsa en la basura.

Objetos Afilados

Los artículos afilados, incluyendo agujas, lancetas, tijeras, botellas de vidrio, catéteres intravenosos o cuchillas de afeitar, etc., deben colocarse directamente en un recipiente limpio y rígido con una tapa atornillada o firmemente asegurada. Nunca vuelva a tapar las agujas una vez que se utilizan. Nunca ponga "objetos cortantes" en recipientes que serán reciclados. Consulte acerca de la eliminación mediante contenedor rígido (caja roja) con Bristol Hospice.

Artículos no desechables

La ropa sucia debe ser lavada con agua caliente y jabonosa en forma separada del resto de la ropa de la casa. Manipule estos elementos lo menos posible para evitar la propagación de gérmenes. Debe añadirse blanqueador líquido si existe contaminación viral (1 parte de blanqueador por 10 partes de agua).

El equipo utilizado por el paciente debe limpiarse inmediatamente después su uso. Los artículos pequeños pueden lavarse con agua caliente jabonosa, enjuagarse y secarse con una toalla limpia. Se pueden usar limpiadores domésticos para limpiar los equipos.

Los termómetros deben limpiarse con alcohol antes y después de cada uso.

Los líquidos se pueden desechan en el inodoro y el recipiente se limpia con agua caliente jabonosa, se enjuaga con agua hirviendo y se deja secar.

Derrames en el hogar

Los derrames de sangre y líquidos corporales se limpian utilizando guantes y limpiando el líquido con toallas de papel. Use una solución de limpieza de blanqueador y agua (1 taza de blanqueador por 10 tazas de agua) para limpiar nuevamente el área. Coloque las toallas de papel usadas en doble bolsa y deséchelas en la basura.

Interrupción de energía

- En caso de corte de energía si necesita asistencia y las líneas de teléfono de nuestra agencia no funcionan haga lo siguiente:
 - Si se encuentra en una crisis o tiene una situación de emergencia llame al 911 o vaya a la sala de emergencia del hospital más cercano. Tenga en cuenta que los teléfonos inalámbricos no funcionarán durante cortes de energía.
 - Si no es una emergencia llame a su pariente o vecino más cercano.
- Bristol Hospice se pondrá en contacto con usted lo antes posible.

Preparación para el Proceso de Morir

El equipo del Hospicio Bristol - Miami-Dade comprende que el proceso de la muerte es un momento muy difícil.

Cuando una persona entra en la etapa final del proceso de su muerte entran en acción dos dinámicas diferentes pero interrelacionadas. En el plano físico, el cuerpo comienza el proceso final que termina cuando todas las funciones físicas dejan de funcionar. Por lo general se trata de una serie ordenada y progresiva de cambios físicos durante los cuales se logra una mejor respuesta con medidas para mejorar el confort que con intervenciones médicas invasivas.

La segunda dinámica del proceso de morir ocurre en el plano espiritual-mental emocional. Esta dinámica puede presentarse como una retracción del entorno y las relaciones actuales o un abandono de todo lo que le mantiene unido a esta vida. Este proceso también tiende a seguir su propio camino y sus propios tiempos.

Los cambios físicos y emocionales-espirituales-mentales que señalan la muerte inminente se indican a continuación para ayudarle a comprender las circunstancias naturales que pueden ocurrir y cómo puede responder adecuadamente.

No todos estos cambios ocurrirán con cada persona, ni ocurrirán en esta secuencia particular. Cada persona es única, y lo que ha sido más característico de la forma en que su ser querido ha vivido constantemente puede afectar la forma en que se desarrolla esta fase final de muerte y liberación. Este no es el momento de intentar cambiar a su ser querido, sino el momento de brindar plena aceptación, apoyo y consuelo.

Cambios Físicos y la Respuesta Sugerida

Enfriamiento: Las manos de la persona y luego los brazos los pies y las piernas se vuelven cada vez más fríos al tacto y al mismo tiempo el color de la piel puede cambiar. Esta es una indicación normal en cuanto a que la circulación de la sangre está disminuyendo hacia las extremidades del cuerpo y se reserva para los órganos más vitales. Mantenga a la persona caliente con una manta. No use una manta eléctrica.

Sueño: La persona puede pasar cada vez mas tiempo durmiendo, y parece no comunicarse ni responder. El cambio normal se debe en parte a los cambios en la química del cuerpo. Siéntese con su ser querido, sostenga sus manos y hable suavemente y en forma natural. No hable de la persona en su presencia, ya que el sentido de la audición permanece intacto durante el proceso de la muerte. Hable con la persona directamente como lo haría normalmente, aunque no haya respuesta.

Desorientación: La persona puede parecer confundida en cuanto a la hora, el lugar y la identidad de familia y amigos. Esto también se debe en parte a los

cambios de la química del cuerpo. A veces resulta útil colocar un recordatorio de papel o una pizarra con el día y la hora. Identifíquese por su nombre antes de hablar en lugar de pedirle a la persona que adivine quién es usted. Para la comodidad del paciente hable con suavidad, claridad y sinceridad cuando tenga que comunicarse, como por ejemplo: "Es hora de tomar tu medicamento" y explique la razón de la comunicación, por ejemplo, "Así no tendrás comenarás a sentir dolor".

Incontinencia: La persona puede perder el control de la orina y/o contenido intestinal a medida que los músculos de esas áreas comienzan a relajarse. Converse con la enfermera de hospicio acerca de lo que puede hacer para mantener a su ser querido limpio y cómodo, así como la manera de proteger la cama.

Congestión: Puede que la persona haga sonidos de congestión procedentes de su garganta o pecho, ya que se acumulan pequeñas cantidades de líquido y causan un ruido de vibración. Este cambio normal se debe a la disminución de la ingesta de líquidos y la incapacidad de expectorar las secreciones normales. La succión por lo general sólo aumenta las secreciones y causa mucha incomodidad. Gire suavemente la cabeza de la persona hacia un lado y permita que la gravedad drene las secreciones. También puede limpiar suavemente la boca con un paño húmedo. El sonido de congestión no indica la aparición de un dolor severo o nuevo, y es normal durante el declive físico.

Disminución de la ingesta: La persona puede comenzar a desear poco o nada de alimentos o líquidos. Esto significa que el cuerpo está ahorrando energía para otras funciones y preparándose para la fase final. No trate de obligar a la persona a comer o beber o utilizar la culpa para manipularla para que coma o beba. Pequeños trozos de hielo, Gatorade o jugo congelado en la boca pueden resultar refrescantes. Los hisopos de glicerina pueden ayudar a mantener la boca y los labios húmedos. Un paño húmedo fresco en la frente puede aumentar la comodidad física.

Disminución de la Orina: la producción de orina de la persona normalmente disminuye debido a una menor ingesta de líquidos, así como por la disminución de la circulación en los riñones. Consulte a su enfermera de hospicio para determinar si podría haber necesidad de insertar o activar un catéter.

Cambio en el Patrón Respiratorio: El patrón respiratorio típico de la persona puede cambiar con un ritmo de respiración diferente alternado con períodos sin respiración. Este patrón se denomina síndrome de "Cheyne-Stokes", es muy común e indica una disminución de la circulación en los órganos internos. Elevar la cabeza puede ayudar a incrementar la comodidad. Sostenga las manos del paciente. Hable suavemente.

Cambios Emocionales - Espirituales - Mentales y la Respuesta Sugerida

Disminución de la Socialización: Puede que la persona sólo desee estar con muy pocas o incluso sólo una persona. Esta es una señal de preparación para la liberación y una afirmación del apoyo de quién resulta más necesario para hacer la transición que se aproxima. Si usted no es parte de este "círculo interno" en el momento final no significa que usted no importa o que no es importante. Significa que ya ha cumplido su tarea para con la persona y es el momento de decir "adiós". Si usted es parte del "círculo interno" de apoyo final la persona necesita su afirmación, apoyo y aprobación.

Retracción: La persona puede parecer no responder, estar retraída o en un estado similar al coma. Esto indica la preparación para la liberación, una separación del entorno y las relaciones y el comienzo de "dejarse ir". Dado que la audición permanece hasta el final, hable con su ser querido en su tono de voz normal, identifíquese por su nombre al hablar, sostenga su mano y diga lo que deba decir que ayude a la persona a "dejarse ir".

Experiencias Sensoriales: La persona puede hablar o afirmar haber hablado con personas que ya han muerto, o ver o haber visto lugares que no son accesibles o visibles para usted. Esto no indica una alucinación o reacción de drogas. La persona comienza a separarse de esta vida y está siendo preparada para la transición de modo que no resulte atemorizante.

Intranquilidad: Es posible que la persona realice tareas repetitivas e inquietas. Esto puede ser causado por la disminución de la circulación de oxígeno en el cerebro y por cambios en la química del cuerpo. La inquietud puede indicar en parte que algo sin resolver o incompleto le resulta inquietante y le impide dejarse ir. No interfiera ni intente restringir tales movimientos. El miembro del equipo de hospicio le ayudará a identificar lo que está ocurriendo y le ayudará a encontrar maneras de ayudar a la persona a librarse de la tensión o el temor. Otras cosas que pueden ser útiles para calmar a la persona son hablar de una manera natural y tranquila, recordarle un lugar favorito, masajearle ligeramente la frente, leerle o escuchar música. Bríndele la seguridad de que está bien dejarse ir.



Bristol Hospice

embracing a reverence for life

MIAMI-DADE

Estimado Paciente y Familia,

A partir del 1 de enero de 2011 Medicare ha establecido un nuevo requisito para el pago de servicios de hospicio de pacientes que se acercan a su 3er o posterior período de beneficio de hospicio. Para cumplir con este nuevo requisito, Bristol Hospice debe concertar una reunión cara a cara entre usted y un médico o enfermera practicante del hospicio dentro de los Treinta (30) días calendario antes de su ingreso en el tercer (3er) período de beneficios de hospicio o cualquier período de beneficios subsiguiente.

Hemos preparado un resumen de esta nueva ley para ayudarle a comprender mejor. Este es un requisito de Medicare, no de Bristol Hospice. Si se le requiere una reunión cara a cara con un médico o una enfermera practicante del hospicio, un representante de Bristol Hospice se pondrá en contacto con usted para programar la reunión. No se le cobrará para esta reunión cara a cara, ni se le adjudicarán cargos a su seguro de Medicare. La negativa de tener una reunión cara a cara con el médico o enfermera del hospicio podría impedir que Bristol Hospice provea los cuidados de hospicio, y como resultado tal vez resulte necesario considerar la posibilidad de iniciar los procedimientos de alta.

Gracias por tomar el tiempo para comprender este importante nuevo requisito de Medicare. Si tiene alguna pregunta al respecto, no dude en ponerse en contacto con Bristol Hospice al siguiente número:

Bristol Hospice Miami-Dade, L.L.C.
Director Ejecutivo
5201 Blue Lagoon Drive, Suite 570
Miami, FL 33126
786 382 0433

Estimado paciente,

Deseamos hacerle saber que Medicare ha cambiado la forma en que su plan de medicamentos recetados de la Parte D de Medicare paga ciertos medicamentos después de seleccionar el Beneficio de Hospicio de Medicare.

El hospicio pagará todos los medicamentos relacionados con su enfermedad y afecciones relacionadas. Si va a su farmacia para obtener estos medicamentos específicos es posible que la farmacia no pueda repetir su receta sin la aprobación del hospicio. Para determinar la cobertura de la medicación **presente esta carta o solicite a su farmacéutico que llame a Bristol Hospice ~ Miami-Dade, L.L.C.:**

786 382 0433

- **Qué cubrirá el hospicio:**
 - El hospicio cubrirá todos los medicamentos relacionados con la enfermedad terminal y los diagnósticos relacionados.
 - El médico de cuidados paliativos coordinará con su médico asistente (si lo hubiera) para determinar cuáles de sus medicamentos actuales están relacionados con los cuidados paliativos y qué medicamentos no están relacionados.
- **Medicamentos no relacionados:**
 - Puede haber algunos medicamentos que la Parte D continuará pagando. Su proveedor de cuidados paliativos trabajará con el médico que le prescribió el medicamento no relacionado y su plan de Parte D para que sus medicamentos estén cubiertos.
 - Tenga en cuenta que después de elegir el Beneficio de Hospicio de Medicare usted **no** podrá obtener la renovación automática de recetas de ciertos medicamentos en su farmacia. Deberá acudir a su proveedor de cuidados paliativos para recibir la renovación de la receta de esos medicamentos.
- **Qué es lo que no está cubierto:**
 - Puede haber medicamentos que usted toma actualmente para su enfermedad que el médico del hospicio determine que ya no son medicamento útiles para usted en esta etapa del proceso de la enfermedad. Si ese es el caso, el hospicio o la Parte D no suministrarán ni cubrirán estos medicamentos.
 - Si está de acuerdo esos medicamentos dejarán de administrarse.
 - Si decide continuar utilizando esos medicamentos usted será responsable de cubrir su costo.
 - Además, si actualmente está tomando un medicamento igual a uno incluido en nuestro formulario de medicamentos, le suministraremos el medicamento de nuestro formulario. Si el medicamento de nuestro formulario no le brinda el alivio que necesita, el hospicio trabajará con usted para encontrar otro medicamento que le proporcione alivio. Si desea continuar tomando un medicamento aunque exista una alternativa identificada por el hospicio, usted será responsable de cubrir el costo de dicho medicamento.

Sabemos que estos cambios en Medicare son algo confusos. Si tiene alguna pregunta adicional, comuníquese con su enfermera de hospicio o llame a nuestra oficina al (786) 382-0433.

Sinceramente,

Director Ejecutivo de Bristol Hospice ~ Miami-Dade, L.L.C.



Bristol Hospice
embracing a reverence for life

MIAMI-DADE

Referencias:

CMS Medicare Hospice Benefit Publication
www.medicare.gov/Pubs/pdf/02154.pdf

[Caring info.org](http://Caringinfo.org)

www.redcross.org

www.cdc.gov

Elegir un hospicio de calidad para usted y sus seres queridos

Según el lugar en donde usted resida, podría haber una o más organizaciones de hospicio que ofrezcan sus servicios a la comunidad. Si hay varios hospicios en su área, usted puede decidir cuál es el hospicio bajo el cuidado del cual desea que usted esté o uno de sus seres queridos; hágale saber a su médico prefiere usted.



La Organización Nacional de Cuidados Paliativos y de Hospicio ha desarrollado algunas preguntas para ayudarle a identificar ciertos factores que podrían ser importantes para usted y su familia al elegir un hospicio.

Preguntas:

Notas

¿El hospicio está certificado por Medicare?

La mayoría de los hospicios están certificados por Medicare y por tanto tienen la obligación de seguir las normas y reglamentos de Medicare. Esto es importante si desea recibir atención de hospicio como parte de su cobertura Medicare/Medicare.

¿El hospicio ha sido evaluado por una agencia de supervisión estatal o federal en los últimos cinco años?

Pregunte cuando fue la fecha en que se le hizo la última revisión y si se detectaron deficiencias, y de ser así, pregunte si se han resuelto.

¿La organización es miembro de la Organización Nacional de Cuidados Paliativos y de Hospicio (NHPCO, en inglés) y cumple con todos los aspectos de los estándares de la NHPCO para los programas de hospicio?

Pregunte si el hospicio es un miembro actual de la NHPCO, si cumple con los estándares de la NHPCO y si ha completado los estándares de auto valoración, y si es así ¿hace cuánto tiempo que los completaron?

¿El hospicio está acreditado por una organización de hospicio?

Diversas organizaciones acreditan a los hospicios y los evalúan para asegurar de que cumplan con los estándares de calidad. Los hospicios no están obligados a estar acreditados, sin embargo la acreditación puede ser un reflejo del compromiso y de la calidad.

Preguntas:**Notas****¿El hospicio lleva a cabo un estudio de evaluación familiar?**

Muchos hospicios piden a los familiares completar una evaluación corta sobre sus servicios después de que se haya dado sepultura al ser querido. Pregúnteles sobre sus resultados de evaluaciones más recientes para que pueda ver como han evaluado los servicios otros pacientes y familiares.

¿El hospicio posee u opera un centro de cuidados para proporcionar atención en un entorno con semejanza a los cuidados de un hogar en una residencia de hospicio, un hospital o casa de enfermería.

Esto podría ser importante para usted si el cuidado que necesita es complejo y/o los cuidadores no pueden cuidar a la persona en casa.

¿El personal clínico (médicos, enfermería, trabajadores sociales) están certificados en cuidados paliativos y de hospicio?

Hay una serie de credenciales que los profesionales de hospicio pueden obtener con base en su conocimiento de los cuidados paliativos/de hospicio y su preparación académica.

¿Qué servicios ofrecen los voluntarios, y de ser solicitado, qué tan rápido estará disponible un voluntario?

Los voluntarios pueden proporcionar una variedad de servicios, incluidas visitas de compañía, quehaceres domésticos comunes, hacer mandados, cuidado personal, etc. Si desea un voluntario de hospicio, asegúrese de preguntar qué tan rápido se puede asignar a un voluntario y como asignarían voluntarios que cumplan con sus necesidades.

**¿El personal acudirá a casa si ocurre una crisis en cualquier hora del día o noche y en fines de semana?
¿Quién está disponible para hacer una visita a casa (enfermeros, médicos, trabajadores sociales, capellanes?)**

El personal de hospicio está a disposición por teléfono para ayudarlo las 24 horas del día, los siete días de la semana. Sin embargo, el servicio de algunos hospicios no cubre situaciones de apoyo en noches ni fines de semana, en tanto que otros pueden enviar personal a la casa del paciente en cualquier momento en que ocurra una crisis. Con frecuencia un profesional de enfermería es la persona más apta para hacer una visita si hay una emergencia médica; sin embargo, en ocasiones la crisis la maneja mejor un médico, un trabajador social, un capellán u otro miembro del equipo. Pregunte si todos los miembros del equipo están disponibles en una situación de crisis durante las noches y fines de semana.

MOMENTOS DE VIDA 2

Preguntas:

Notas

Si necesita ir a un hospital o un centro de enfermería ¿con cuál/cuáles no trabaja el hospicio?

Si usted tiene un hospital de su preferencia o si sabe que podría tener que ir a un centro de enfermería, es importante saber con cuáles de ellos el hospicio tiene contrato para que puedan seguir proporcionando sus servicios de hospicios en un entorno diferente.

¿Qué servicios "adicionales" ofrece el hospicio?

Todos los hospicios proporcionan atención médica experta, atención emocional y espiritual, medicinas, suministros y equipo, voluntarios y apoyo en el duelo después del fallecimiento de un ser querido. Además de estos servicios, algunos hospicios ofrecen programas especializados para niños, personas con enfermedades específicas, atención "pre-hospicio" para individuos que aún no se encuentran preparados desde el punto de vista médico para recibir el cuidado de hospicio y "otros" servicios que pudieran beneficiar a su familia.

¿Por cuanto tiempo ha estado operando el hospicio en la comunidad?

Nuevamente, el tiempo que tenga el hospicio en la comunidad podría ser importante para usted y su familia.

¿Cuántos pacientes se asignan a la vez a cada miembro del personal de hospicio que cuidará del paciente?

Algunos hospicios asignan cierto número de pacientes a cada miembro del equipo y podrían estar en disposición de compartir esa información con usted. Ello podría influir en su decisión de recibir cuidados de un hospicio.

¿Qué controles de contratación y qué tipo de capacitación reciben los voluntarios del hospicio antes de ser asignados a pacientes y familias?

Todos los voluntarios deben recibir capacitación u orientación sobre cuidados de hospicios. Algunos hospicios brindan capacitación especializada relativa a la atención de apoyo en el luto, atención pediátrica, atención de cuidados en el hogar, etc.

Preguntas:

Notas

¿Con qué tanta rapidez puede el personal de ingreso y admisiones iniciar el proceso de admisión? ¿Hay alguien disponible en las noches o los fines de semana?

Algunos hospicios tienen la capacidad de iniciar el proceso de admisión e iniciar los servicios de hospicio para un nuevo paciente en la noche o en los fines de semana. Si usted es canalizado a servicios de hospicio a horas avanzadas del día o en fin de semana, podría ser muy importante conocer la capacidad del hospicio para iniciar servicios.

¿Cuál es la estructura de administración de la organización?

Podría ser importante para usted y su familia saber si la organización es una organización sin fines de lucro, una organización lucrativa, del gobierno o religiosa o parte de una organización de atención médica más grande.

¿El hospicio es un socio de We Honor Veterans?

*Los socios de **We Honor Veterans** (Honramos a los Veteranos) ha demostrado su compromiso para mejorar el cuidado que brindan a los veteranos y a sus familiares.*

momentos



**hechos posibles
por el hospicio**

National Hospice and Palliative Care
Organization



Organización Nacional de Cuidados Paliativos y de Hospicio
1731 King Street
Alexandria, Virginia 22314

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En The Bristol Foundation **NOS IMPORTA (CARE)** mejorar la calidad y disponibilidad de los servicios de hospicio:

- C** **omunicar** el beneficio de cuidado de hospicio y la necesidad de cuidados de hospicio en la etapa final de la vida.
- A** **yudar** aquellos que necesitan cuidados de hospicio pero que no están en condiciones económicas para obtenerlos.
- R** **ealizar**, fomentar y mejorar la disponibilidad del cuidado de hospicio.
- E** **ducar** a los trabajadores de hospicio y al público en general sobre la importancia de los cuidados de hospicio.

En The Bristol Foundation, **NOS IMPORTA** mejorar la calidad y la disponibilidad de los cuidados de hospicio.



Programas educativos,
actividades de participación y programas de educativos enfocados en el cuidado de hospicio



Apoyo comunitario
Ayudar y apoyar los eventos que impactarán a las comunidades a las que brindamos nuestros servicios



Beneficios de Inhumación
Brindar asistencia con servicios fúnebres para aquellos que no puedan cubrirlos



Donacione de legado
Cree un legado donando fideicomisos, donación y/o activos.



Asistencia financiera
Ayudar con el pago de los servicios de hospicio a las personas que enfrentan dificultades económicas y que no están en posibilidades de pagar.



Oportunidades de apoyo
Usted puede ser parte de la misión de The Bristol Foundation para avanzar en la causa del cuidado de hospicio mostrando su apoyo de diversas maneras.



Donaciones monetarias
Haga contribuciones económicas en cantidades pequeñas o grandes

"Tú importas porque eres tú, y tu eres importante hasta el final de tu vida."

– Dama Cicely Saunders
Fundadora del movimiento de hospicio

Nuestra misión



La misión de The Bristol Foundation es avanzar la causa del cuidado de hospicio para los enfermos terminales por medio de educación, actividades de involucramiento y asistencia financiera.

Por favor envíe su donación deducible de impuestos a:

The Bristol Foundation
206 North 2100 West, Suite 202
Salt Lake City, UT 84116
TEL: 801.325.0175

Para donar en línea con una tarjeta de crédito, débito o por PayPal, visite

thebristolfoundation.org

Vendors ~ Bristol Hospice ~ Miami-Dade, L.L.C.

PHARMACIES

- OptumRx

DME

- Hospicelink

AMBULANCE

- American Ambulance

Nursing Facilities and Assisted Living (Long term, Respite and GIP)

- Arch Plaza Rehab and Skilled Nursing Facility
12505 NE 16th Ave. North Miami Beach, FL 33161 305-891-1710
- Aventura Plaza Nursing and Rehab
1800 NE 168 St. North Miami Beach, FL 33162 305-947-3445
- Pinecrest Nursing
13650 NE 3rd Ct. North Miami Beach, FL 33161 305 893 1170

Nursing Facilities and Assisted Living ~ (Long term, Respite and GIP) ~ cont'd

- **Ponce Plaza Nursing and Rehab**
335 SW 12th Ave. Miami, FL 33130 305-545-6695
- **North Dade**
1255 NE 135 St. North Miami Beach, FL 33161 305-891-6850
- **West Gables Healthcare Center**
2525 SW 75th Ave. Miami, FL 33155 305 262 6800

Hospitals and GIP

- **Baptist Hospital** 8900 N. Kendall Dr. Miami, FL 33176 786-596-1960
- **Doctors Hospital** 5000 University Dr. Coral Gables, FL 33146 786-308-3000
- **Homestead Baptist Hospital**
975 Baptist Way Homestead, FL 33033 786-243-8000
- **Kendall Regional Hospital** 11750 SW 40 St. Miami, FL 33175 305-223-3000
- **Larkins Hospital** 7031 SW 62nd Ave. South Miami, FL 33143 305 284 7500
- **Palm Springs Campus Larkins Hospital**
1475 W. 49 St. Hialeah, FL 33012 305 558 2500
- **South Miami Hospital** 6200 SW 73rd St. Miami, FL 33143 786-662-4000
- **Westchester Hospital** 2500 SW 75th Ave. Miami, FL 33155 306 264 5252

Bristol Miami - Dade ~ August, 2019

Exhibit 9
Spanish Community Events



Bristol Hospice Miami-Dade

November 5 · 🌐

Bereavement support services are available at Bristol Hospice Miami-Dade. The grief support group at the present time is once a month. For individual grief counseling our Bereavement/Volunteer Coordinator, Mr. Arlex Cardona, is available in the office. Please reach out to us at [\(786\) 382-0433](tel:786-382-0433) or at bristolhospice-miami.com



Exhibit 10
Admissions Policy

ADMISSION CRITERIA AND PROCESS
Policy No. H:2-024.1

PURPOSE

To establish standards and a process by which a patient can be evaluated and accepted for admission.

POLICY

Bristol Hospice will admit any adult patient with a life-limiting illness that meets the admission criteria.

Patients will be accepted for care without discrimination on the basis of race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin.

Patients will be accepted for care based on need for hospice services. Consideration will be given to the adequacy and suitability of hospice personnel, resources to provide the required services, and a reasonable expectation that the patient's hospice care needs can be adequately met in the patient's place of residence.

The patient's life-limiting illness and prognosis of six (6) months or less will be determined by utilizing standard clinical prognosis criteria developed by the fiscal intermediary's Local Coverage Determinations (LCDs).

Bristol Hospice reserves the right not to accept any patient who does not meet the admission criteria.

A patient will be referred to other resources if Bristol Hospice cannot meet his/her needs.

Once a patient is admitted to service, the organization will be responsible for providing care and services within its financial and service capabilities, mission, and applicable law and regulations.

The hospice registered nurse will contact at least one (1) other member of the interdisciplinary group for input into the plan of care, prior to the delivery of care. The two (2) remaining core services must be contacted and provide input into the plan of care within two (2) days of start of care; this may be in person or by phone.

If the patient is accepted for hospice care, a comprehensive assessment of the patient will be performed no later than 5 calendar days after the election of hospice care. A plan of care will be developed by the attending hospice physician, the Medical Director or physician designee, and the hospice team. It will then be submitted to the attending physician for signature. The patient's wishes/desires will be considered and respected in the development of the plan of care. (See "[Comprehensive Assessment](#)" Policy No. H:2-046.)

Exhibit 11
Forecasted Revenue and Expense Statements with
Assumptions

Exhibit 11

	Year 1	Year 2	Year 3
Revenue			
Medicare	\$ 1,480,821.00	\$ 2,245,838.00	\$ 2,773,747.00
Medicare HMO	\$ -	\$ -	\$ -
Medicaid	\$ 14,893.00	\$ 22,337.00	\$ 29,787.00
Third Party Insurance	\$ 14,893.00	\$ 14,893.00	\$ 22,337.00
Other	\$ -	\$ -	\$ -
Total Revenue	\$ 1,510,607.00	\$ 2,283,068.00	\$ 2,825,871.00
Deductions From revenue			
Charity Care	\$ (27,777.00)	\$ (43,077.34)	\$ (53,635.52)
Net Room and Board Expense	\$ (112,609.00)	\$ (122,292.00)	\$ (128,993.00)
Bed Debt	\$ (13,703.00)	\$ (21,174.00)	\$ (26,432.00)
Net revenue	\$ 1,356,518.00	\$ 2,096,524.66	\$ 2,616,810.48
Expenses			
Personnel Costs			
Salaries and Wages	\$ 773,383.00	\$ 1,078,135.00	\$ 1,387,149.00
Payroll Taxes	\$ 72,180.00	\$ 100,608.00	\$ 129,444.00
Employee Benefits	\$ 85,520.27	\$ 122,519.31	\$ 156,929.96
Workers Comp	\$ 13,668.00	\$ 19,836.00	\$ 26,079.00
Mileage	\$ 33,621.00	\$ 52,162.00	\$ 65,225.00
Total Personnel Costs	\$ 978,372.27	\$ 1,373,260.31	\$ 1,764,826.96
General Expenses			
Medical Supplies	\$ 24,590.00	\$ 38,164.00	\$ 47,705.00
Office Supplies/Minor Equipment	\$ 4,686.00	\$ 7,280.00	\$ 9,093.00
Laboratory/Xray	\$ 564.00	\$ 873.00	\$ 1,095.00
Pharmacy	\$ 44,498.00	\$ 69,063.00	\$ 86,340.00
Medical Director Fees	\$ 41,064.00	\$ 63,732.00	\$ 79,668.00
Equipment Rental	\$ 44,498.00	\$ 69,063.00	\$ 86,340.00
Building Rent or Lease	\$ 9,600.00	\$ 9,600.00	\$ 9,600.00
Depriciation Amoritizaion	\$ 9,996.00	\$ 9,996.00	\$ 9,996.00
Insurance	\$ 13,200.00	\$ 13,200.00	\$ 13,200.00
Utilites	\$ 3,348.00	\$ 2,448.00	\$ 2,448.00
Contract Labor/Purchase Services	\$ 15,067.00	\$ 23,393.00	\$ 29,244.00
Drug Screen Background Checks	\$ 4,130.00	\$ 6,408.00	\$ 8,018.00
On Call Technology	\$ 9,579.00	\$ 14,878.00	\$ 18,596.00
IT Systems	\$ 3,452.00	\$ 5,352.00	\$ 6,696.00
Overhead Allocation	\$ 44,498.00	\$ 69,063.00	\$ 86,340.00
Phone Services	\$ 6,373.00	\$ 9,894.00	\$ 12,363.00
Other	\$ 29,929.00	\$ 43,451.00	\$ 52,974.00
Total General Expenses	\$ 309,072.00	\$ 455,858.00	\$ 559,716.00
Total Expenses	\$ 1,287,444.27	\$ 1,829,118.31	\$ 2,324,542.96
Profit/(loss)	\$ 69,073.73	\$ 267,406.35	\$ 292,267.52

Financial Assumptions

Revenues -

ALL	All ppd's assumptions below are based of thousands of patients that have received services by Bristol.
Payor Mix	We estimated our payor mix based upon our Portland, OR location as this is the closest geographical area we serve. Assumptions are 98.2% Medicare, .8% insurance, 1% Medicaid.
Payor Rates	The rates used in the projections were taken from the CMS payment rates for Thurston County for fiscal year 2020 for GIP Routine Respite Continuous Care. We estimated a blended rate of 2018 PPD for Medicare assuming a 60 day ALOS. Of the medicare revenue 1.3% is GIP, 3.8% is Respite, 1.3% is Continuous Care and 93.6% is routine. Insurance rates In our expirience typically yields a rate equal to the Medicare rates all insurance days are estimated to be routine level of care days. The Medicaid rate in WA is also comparable to the Medicare rate and all Medicaid rates are estimated to be routine level of care days.
Charity Care	We have assumed charity care will amount to 2% of Patient days.
Room and Board	This revenue pertains to Medicaid patients residing in skilled nursing facilities ("SNF"). Instead of paying the SNF for these patients the state of WA will pay Bristol 95% of the Medicaid rate for that specific SNF. Bristol, in turn, will pay the SNF 100% of the Medicaid rate and then will bill Medicare for their hospice services. This keeps the SNF whole in terms of revenue but Bristol will show a small loss as we receive less from the state than we will pay. For example, if the SNF was being paid \$100 per day by the state for a Medicaid patient and that patient signs up for hospice services the SNF will now receive \$0 from the state. The state will pay Bristol \$95 per day and Bristol will pay the SNF \$100 per day. We estimate that between 20% - 25% of our total average daily census ("ADC") will reside in a SNF each month.
Bad Debt	We estimate 1% of our revenues will become uncollectable for bad debt.

Expenses -

Salaries and Wages	Wages are based off Buaru of Labor Statistics data for wages for Thurston County.
Payroll Taxes	Payroll Taxes are estimated to be 9.33% of wages in total.
Employee Benefits	Employee Benefits is estimated to be 11.3% of wages. This is based of historical expirience.
Workers Comp	This is estimated to be 1.8% of wages and is in line with our expirience running hospices.
Mileage	This is estimated from PPD's for each dicpline from other locations. It varies by dicipline but ranges from 3-5 dollars PPD.
Medical Supplies	Estimated at \$3.59 PPD
Office Supplies	Estimated at \$0.68 PPD.
Laboratory/Xray	Estimated at \$.08PPD.
Pharmacy	Estimated at \$6.50 per patient day ("PPD").
Medical Director Fees	Medical Director fees are estimated on a PPD of \$6.00.
Equipment rental	Estimated at \$6.50 PPD
Building Rent or Lease	This is based off a Lease Payment of \$800 monthly
Depreciation and Amoritization	Based off a 36 month flat line depreciation for 30k of capital expense.
Insurance	Based off expected \$1,100 dollars a month insurance policy.
Utilities	Estimated at \$204 dollars a month for lease space
Contract Labor/Purchased Services	Estimated at 2.20 PPD
Drug Screen Background Checks	Estimated at \$.60 PPD
On Call Technology	Estimated at \$1.40 PPD
IT Systems	Estimated at \$.50 PPD
Overhead Allocaiton	This is the cost to oversee the company from the parent that is allocated to the business. This is estimated to be \$6.50 PPD
Phone Services	Estimated at \$.93 PPD
Other	Estimated at \$4.11 PPD Includes Postage and other misc expenses.

Exhibit 12
Funding Letter



1/2/2020

Nancy Tyson, Executive Director
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

Via electronic mail

Re: Bristol Hospice Funding Letter

Dear Ms. Tyson:


Bristol Hospice and Homecare – Northwest L.L.C. (“Bristol”) is pleased to provide you this letter confirming commitment to the funding for both the estimated capital expenditure and the start-up costs for the opening of Bristol Hospice - Thurston L.L.C.

Financing will be done by the parent company, Bristol Hospice and Homecare – Northwest L.L.C. Bristol Hospice has sufficient funds in excess of \$1,500,000 cash on hand and has committed the funds necessary to cover capital costs, startup costs, and initial losses.

Please do not hesitate to contact us should any aspect of this proposal require clarification.

Thank you very much.

Sincerely,



Gerry Christensen
Chief Financial Officer
Bristol Hospice, L.L.C.

Exhibit 13
Forecasted Balance Sheet

King County - Balance Sheets

	END OF YEAR ONE	END OF YEAR TWO	END OF YEAR THREE
ASSETS			
Current Assets			
Cash	\$ 5,019,076	\$ 9,628,147	\$ 14,399,537
Accounts Receivable	2,938,528	3,338,528	3,938,528
Other: Prepaids	51,481	56,481	61,481
Owed from parent (Bristol Hospice, LLC)	2,945,953	1,945,953	945,953
Total Current Assets	10,955,038	14,969,109	19,345,499
Fixed and Other Assets			
Equipment	\$ 95,403	\$ 100,403	\$ 105,403
Less Acc. Depreciation	47,130	68,130	89,130
Net Equipment	48,273	32,273	16,273
Total Fixed and Other Assets	48,273	32,273	16,273
Total Assets	\$ 11,003,311	\$ 15,001,382	\$ 19,361,771
LIABILITIES AND NET ASSETS			
Current Liabilities			
Accounts Payable	\$ 100,147	\$ 120,147	\$ 145,147
Wages Payable	206,214	231,214	256,214
Total Current Liabilities	306,361	351,361	401,361
Equity			
Retained Earnings	7,018,450	10,696,950	14,650,021
Other: Current Earnings	3,678,500	3,953,071	4,310,390
Total Equity	10,696,950	14,650,021	18,960,411
Total Liabilities and Equity	\$ 11,003,311	\$ 15,001,382	\$ 19,361,771

Exhibit 14
Revenue and Expense Statements – Historical

Bristol Hospice - Northwest

Income Statement

For the Twelve Months Ending December 31, 2016

Month Actual	% of Revenue		MTD Budget		Month Variance		YTD Actual		% of Revenue		YTD Budget		YTD Variance	
	Revenue	MTD Actual PPD	Month Budget	PPD	PPD	Month Variance	Revenue	MTD Actual PPD	YTD PPD	Revenue	YTD PPD	YTD Budget	YTD Variance	
749	0.3	-	-	-	749	0.3	7,976	0.3	-	-	-	-	7,976	
12	0.0	-	-	-	12	0.0	266	0.0	-	-	-	-	266	
415	0.2	-	-	-	415	0.2	4,821	0.2	-	-	-	-	4,821	
534	0.2	-	-	-	534	0.2	5,734	0.2	-	-	-	-	5,734	
1,710	0.6	-	-	-	1,710	0.6	18,797	0.7	-	-	-	-	18,797	
2,699	87.1	2,530	81.6	169	169	87.1	25,780	70.4	27,277	70.4	27,277	(1,497)		
2	0.1	3	0.1	(1)	(1)	0.1	9	0.0	-	0.0	-	9		
-	-	3	0.1	(3)	(3)	-	4	0.0	-	0.0	-	4		
12	0.4	6	0.2	6	6	0.4	58	0.2	-	0.2	-	58		
2,713	87.5	2,542	82.0	171	171	87.5	25,851	70.6	27,277	70.6	27,277	(1,426)		
-	-	-	-	-	-	-	-	-	-	-	-	-		
2,713	87.5	2,542	82.0	171	171	87.5	25,851	70.6	27,277	70.6	27,277	(1,426)		
87.1	-	81.6	-	5.5	5.5	87.1	70.4	-	74.5	-	74.5	(4.1)		
0.1	-	0.1	-	(0.0)	(0.0)	0.1	0.0	-	-	-	-	0.0		
-	-	0.1	-	(0.1)	(0.1)	-	0.0	-	-	-	-	0.0		
0.4	-	0.2	-	0.2	0.2	0.4	0.2	-	-	-	-	0.2		
87.5	-	82.0	-	5.5	5.5	87.5	70.6	-	74.5	-	74.5	(3.9)		
-	-	-	-	-	-	-	-	-	-	-	-	-		
87.5	-	82.0	-	5.5	5.5	87.5	70.6	-	74.5	-	74.5	(3.9)		
15,986	3.1%	121.10	29,450	182.92	(13,464)	15,986	227,032	194.54	312,644	4.8%	312,644	(85,612)		
467,711	90.8%	183.99	423,962	178.06	43,749	467,711	4,446,355	181.31	4,515,142	94.6%	4,515,142	(68,787)		
(668)	-0.1%	(0.26)	-	-	(668)	(668)	(668)	(0.03)	-	0.0%	-	(668)		
12,460	2.4%	4.90	8,000	3.36	4,460	12,460	37,649	1.54	96,000	0.8%	96,000	(58,351)		
479,503	93.1%	188.63	431,962	181.42	48,208	479,503	4,483,336	182.81	4,611,142	95.4%	4,611,142	(127,806)		
15,911	3.1%	-	-	-	15,911	15,911	2,325	166.09	-	0.0%	-	2,325		
511,400	99.3%	189.48	461,412	182.38	49,988	511,400	38,723	0.82%	4,923,786	101.1%	4,923,786	(172,370)		
1,084	0.2%	3,352	-	(2,268)	(2,268)	1,084	4,969	552.14	39,275	0.0%	39,275	(34,306)		
-	0.0%	-	-	-	-	-	-	-	-	0.0%	-	-		
1,084	0.2%	3,352	1,117.33	(2,268)	(2,268)	1,084	4,969	552.14	39,275	0.1%	39,275	(34,306)		
-	0.0%	-	-	-	-	-	-	-	-	0.0%	-	-		
-	0.0%	-	2,534	-	(2,534)	-	3,053	-	29,696	0.1%	29,696	(26,643)		
-	0.0%	-	-	-	-	-	-	-	-	0.0%	-	-		
-	0.0%	-	2,534	-	(2,534)	-	3,053	763.30	29,696	0.1%	29,696	(26,643)		
-	0.0%	-	844.67	-	(844.67)	-	3,053	763.30	29,696	0.1%	29,696	(26,643)		

Bristol Hospice - Northwest

Income Statement

For the Twelve Months Ending December 31, 2016

	% of		MTD Budget		Month Variance		% of		YTD Budget		YTD Variance	
	Month Actual	Revenue	MTD Actual	PPD	Month Budget	PPD	MTD Actual	Revenue	YTD PPD	YTD Budget	YTD Actual	Revenue
	-	0.0%	-	-	-	-	-	0.0%	-	-	-	-
	2,247	0.4%	-	-	1,158	-	9,417	0.2%	-	-	-	-
	-	0.0%	-	-	-	1,089	-	0.2%	-	13,575	-	(4,158)
	2,247	0.4%	187.27	193.00	1,158	1,089	9,417	0.2%	162.37	13,575	-	(4,158)
	-	0.0%	-	-	-	-	-	0.0%	-	-	-	-
	-	0.0%	-	-	-	-	-	-0.1%	-	-	-	-
	-	0.0%	-	-	-	-	-	0.0%	-	-	-	-
	-	0.0%	-	-	-	-	-	-0.1%	-	-	-	-
	-	0.0%	-	-	-	-	-	0.0%	-	-	-	-
	-	0.0%	-	-	-	-	-	0.0%	-	-	-	-
	-	0.0%	-	-	-	-	-	-0.3%	-	-	-	-
	-	0.0%	-	-	-	-	-	0.0%	-	-	-	-
	514,731	100.0%	189.73	184.29	468,456	46,275	4,768,856	101.2%	184.47	5,006,332	-	(237,476)
	147,900	28.7%	-	-	102,765	-	1,319,123	28.1%	-	1,094,574	-	224,549
	-	0.0%	-	-	-	45,135	-	0.0%	-	-	-	-
	147,900	28.7%	54.52	40.43	102,765	40.43	1,319,123	28.1%	51.03	1,094,574	-	224,549
	147,731	28.7%	-	-	108,171	-	1,376,162	29.3%	-	1,152,154	-	224,008
	-	0.0%	-	-	-	39,560	-	0.0%	-	-	-	-
	147,731	28.7%	-	-	108,171	-	1,376,162	29.3%	-	1,152,154	-	224,008
	169	0.0%	-	-	(5,406)	-	(57,039)	-1.2%	-	(57,580)	-	541
	\$514,900	100.0%	189.79	182.16	\$463,950	182.16	\$4,711,817	100.0%	182.27	\$4,948,752	-	(\$236,935)
	126,669	24.6%	46.69	54.27	137,966	(11,296)	1,404,384	29.7%	54.33	1,592,688	-	(188,304)
	1,252	0.2%	0.46	(0.08)	(200)	1,452	23,099	0.5%	0.89	(2,400)	-	25,499
	24,397	4.7%	8.99	7.65	4,948	4,948	237,734	5.1%	9.20	232,471	-	5,264
	24,380	4.7%	8.99	9.00	22,881	1,499	236,825	5.0%	9.16	250,901	-	(14,076)
	1,013	0.2%	0.37	3.51	8,917	(7,904)	106,040	2.3%	4.10	96,132	-	9,908
	13,068	2.5%	4.82	3.49	8,865	4,203	172,919	3.7%	6.69	79,511	-	93,408
	190,780	37.1%	70.32	77.84	197,878	(7,098)	2,182,164	46.3%	84.41	2,249,303	-	(67,139)
	39,958	7.8%	14.73	20.16	51,257	(11,299)	392,618	8.4%	15.19	550,016	-	(157,398)
	150	0.0%	0.06	0.16	395	(245)	2,308	0.0%	0.09	4,239	-	(1,931)
	230,887	44.9%	85.10	98.16	249,530	(18,642)	2,577,090	54.7%	99.69	2,803,558	-	(226,468)
	\$284,012	55.1%	104.69	84.00	\$213,520	\$70,492	\$2,134,727	45.3%	82.58	\$2,145,194	-	(\$10,467)
	81,896	15.7%	30.19	28.54	72,551	9,345	917,571	19.5%	35.49	815,231	-	102,340
	6,772	1.3%	2.50	2.49	6,319	453	80,503	1.7%	3.11	74,868	-	5,635
	15,277	3.0%	5.63	5.35	13,608	1,669	145,701	3.1%	5.64	146,752	-	(1,051)
	1,983	3.9%	6.30	7.20	21,081	(1,100)	208,598	3.0%	5.78	259,170	-	(50,572)
	123,928	23.8%	44.62	43.58	113,561	10,367	1,352,374	27.3%	50.03	1,296,021	-	56,353
	354,815	68.8%	129.72	141.75	363,091	(8,276)	3,929,464	82.0%	149.72	4,099,579	-	(170,115)

Bristol Hospice - Northwest

Income Statement

For the Twelve Months Ending December 31, 2016

Month Actual	% of Revenue	MITD Actual PPD	Month Budget	MITD Budget PPD	Month Variance
-	0.0%	-	-	-	
-	0.0%	-	-	-	
4,063	0.8%	-	-	-	
-	0.0%	-	-	-	
-	0.0%	-	-	-	
4,063	0.8%	-	-	-	
<u>\$ 164,147</u>	32.0%	<u>\$ 60.07</u>	<u>\$ 99,959</u>	<u>\$ 40.41</u>	<u>\$ 64,188</u>
					OTHER INCOME
1,359	0.3%	0.00	1,900	-	Management Fees
-	0.0%	-	-	-	Donations
500	0.1%	0.18	326	0.13	Interest Income
-	0.0%	-	-	-	Consulting Income
					Other Income
<u>\$ 166,006</u>	32.4%	<u>\$ 60.25</u>	<u>\$ 102,185</u>	<u>\$ 40.54</u>	Total Other Income
					NET INCOME
					Add Back:
					Interest
					(541) Taxes
					174 Depreciation
					Amortization
					<u>\$ 63,821</u> EBITDA

YTD Actual	% of Revenue	YTD PPD	YTD Budget	YTD Variance
-	0.0%	-	-	
-	0.0%	-	-	
16,250	0.3%	-	-	16,250
-	0.0%	-	-	
16,250	0.3%	-	-	
<u>\$ 798,603</u>	18.3%	<u>\$ 32.55</u>	<u>\$ 849,173</u>	<u>\$ (50,570)</u>
24,494	0.5%	0.00	22,800	1,694
-	0.0%	-	-	
5,464	0.1%	0.21	4,245	1,219
16,806	0.4%	-	16,808	(2)
<u>\$ 845,367</u>	19.3%	<u>\$ 32.76</u>	<u>\$ 893,026</u>	<u>\$ (47,659)</u>

Bristol Hospice - Northwest

Income Statement
For the Twelve Months Ending December 31, 2016

		MTD Budget			COST DETAIL			YTD Actual			YTD Budget			YTD Variance		
Month Actual	% of Revenue	MTD Actual	PPD	Month Budget	Month Variance	Revenue	% of Revenue	YTD Actual	YTD PPD	YTD Budget	YTD Variance					
15,780	3.1%	5.82	12.17	30,934	(15,154)	99,460	2.1%	99,460	3.85	369,378	(269,918)					
7,058	1.4%	2.60	2.99	7,603	(545)	80,674	1.7%	80,674	3.12	90,786	(10,112)					
4,567	0.9%	1.68	0.15	379	4,188	39,761	0.8%	39,761	1.54	4,448	35,313					
0	0.0%	0.00	1.81	4,590	(4,590)	29	0.0%	29	0.00	54,807	(54,778)					
67,730	13.2%	24.96	22.18	56,389	11,341	822,286	17.5%	822,286	31.81	630,943	191,342					
(209)	0.0%	(0.08)	3.63	9,235	(9,235)	23,489	0.5%	23,489	0.91	110,032	(86,543)					
13,360	2.6%	4.92	4.51	11,470	1,890	34,645	0.7%	34,645	1.34	34,645	-					
4,630	0.9%	1.71	1.10	2,808	1,822	118,121	2.3%	118,121	4.57	132,704	(14,583)					
2,509	0.5%	0.92	0.59	1,507	1,002	50,480	1.1%	50,480	1.95	33,882	16,598					
5,484	1.1%	2.02	2.36	6,003	(519)	30,923	0.7%	30,923	1.20	17,717	13,206					
1,478	0.3%	0.54	0.35	890	588	68,337	1.5%	68,337	2.64	64,815	3,522					
75	0.0%	0.03	0.12	306	(231)	8,393	0.2%	8,393	0.32	9,553	(1,160)					
-	0.0%	-	-	-	-	2,851	0.1%	2,851	0.11	3,287	(436)					
122,462	23.8%	45.14	51.97	132,114	(9,651)	1,379,449	29.2%	1,379,449	53.36	1,522,353	(142,904)					
254	0.0%	0.09	0.37	952	(698)	1,391	0.0%	1,391	0.05	11,936	(10,545)					
27	0.0%	0.01	0.03	83	(56)	115	0.0%	115	0.00	1,047	(932)					
10	0.0%	0.00	0.01	20	(11)	50	0.0%	50	0.00	269	(220)					
5	0.0%	0.00	0.00	11	(6)	30	0.0%	30	0.00	137	(107)					
11	0.0%	0.00	0.02	45	(33)	67	0.0%	67	0.00	526	(458)					
307	0.1%	0.11	0.44	1,111	(804)	1,652	0.0%	1,652	0.06	13,914	(12,261)					
3,900	0.8%	1.44	1.28	3,254	(3,254)	4,092	0.1%	4,092	0.16	38,721	(34,629)					
3,900	0.8%	1.44	1.87	4,741	(841)	19,190	0.4%	19,190	0.74	17,700	1,490					
126,669	24.6%	46.69	54.27	137,966	(11,296)	23,282	0.5%	23,282	0.90	56,421	(33,139)					
-	0.0%	-	-	-	-	1,404,384	29.7%	1,404,384	54.33	1,592,688	(188,304)					
-	0.0%	-	-	-	-	-	0.0%	-	-	-	-					
-	0.0%	-	-	-	-	-	0.0%	-	-	-	-					
-	0.0%	-	-	-	-	-	0.0%	-	-	-	-					
-	0.0%	-	-	-	-	-	0.0%	-	-	-	-					
1,252	0.2%	0.46	(0.08)	(200)	1,452	23,099	0.5%	23,099	0.89	(2,400)	25,499					
1,252	0.2%	0.46	(0.08)	(200)	1,452	23,099	0.5%	23,099	0.89	(2,400)	25,499					
18,704	3.6%	6.89	6.36	16,178	2,527	188,891	4.0%	188,891	7.31	193,181	(4,291)					
2,865	0.6%	1.06	0.65	1,663	1,202	20,776	0.4%	20,776	0.80	19,861	915					
1,001	0.2%	0.37	0.07	168	832	8,285	0.2%	8,285	0.32	2,249	6,036					
469	0.1%	0.17	0.15	370	99	4,911	0.1%	4,911	0.19	4,412	498					
1,357	0.3%	0.50	0.42	1,070	288	14,872	0.3%	14,872	0.58	12,767	2,105					
24,397	4.7%	8.99	7.65	19,449	4,948	237,734	5.1%	237,734	9.20	232,471	5,264					

Bristol Hospice - Northwest

Income Statement

For the Twelve Months Ending December 31, 2016

Month Actual	% of		MTD Budget		Month Variance		YTD Actual	% of Revenue	YTD PPD	YTD Budget	YTD Variance
	Revenue	MTD Actual PPD	Month Budget	PPD	Month Budget	Month Variance					
18,184	3.5%	6.70	17,780	6.99	404	Home Health Aides	184,509	3.9%	7.14	194,712	(10,203)
3,008	0.6%	1.11	2,584	1.02	424	Salaries - Staff	22,257	0.5%	0.86	28,811	(6,554)
1,235	0.2%	0.46	658	0.26	577	Payroll Taxes	10,531	0.2%	0.41	7,692	2,839
539	0.1%	0.20	298	0.12	241	Employee Benefits	5,554	0.1%	0.21	3,386	2,168
1,414	0.3%	0.52	1,560	0.61	(146)	Workers Comp	13,974	0.3%	0.54	16,299	(2,325)
-	0.0%	-	-	-	-	Auto Allowance and Mileage	-	0.0%	-	-	-
24,380	4.7%	8.99	22,881	9.00	1,499	Contract Agency Personnel	236,825	5.0%	9.16	250,901	(14,076)
-	-	-	-	-	-	Total Home Health Aides	-	-	-	-	-
1,013	0.2%	0.37	8,917	3.51	(7,904)	Physician Services	106,040	2.3%	4.10	96,132	9,908
1,013	0.2%	0.37	8,917	3.51	(7,904)	Contract Personnel	106,040	2.3%	4.10	96,132	9,908
-	-	-	-	-	-	Total Physician Services	-	-	-	-	-
10,019	1.9%	3.69	7,374	2.90	2,645	Spiritual Counseling	137,392	2.9%	5.31	66,073	71,319
1,535	0.3%	0.57	758	0.30	777	Salaries - Staff	15,112	0.3%	0.58	6,793	8,319
556	0.1%	0.20	77	0.03	459	Payroll Taxes	6,026	0.1%	0.23	769	5,257
251	0.0%	0.09	168	0.07	83	Employee Benefits	3,572	0.1%	0.14	1,509	2,063
727	0.1%	0.27	488	0.19	240	Workers Comp	10,817	0.2%	0.42	4,367	6,450
-	0.0%	-	-	-	-	Auto Allowance and Mileage	-	0.0%	-	-	-
13,068	2.5%	4.82	8,865	3.49	4,203	Contract Agency Personnel	172,919	3.7%	6.69	79,511	93,408
-	-	-	-	-	-	Total Spiritual Counseling	-	-	-	-	-
-	0.0%	-	-	-	-	Dietary Counseling	960	0.0%	0.04	-	960
-	0.0%	-	-	-	-	Salaries - Staff	177	0.0%	0.01	-	177
-	0.0%	-	-	-	-	Payroll Taxes	-	0.0%	-	-	-
-	0.0%	-	-	-	-	Employee Benefits	-	0.0%	-	-	-
-	0.0%	-	-	-	-	Workers Comp	25	0.0%	0.00	-	25
-	0.0%	-	-	-	-	Auto Allowance and Mileage	-	0.0%	-	-	-
-	0.0%	-	-	-	-	Other Dietary Counseling	2	0.0%	0.00	-	2
-	0.0%	-	-	-	-	Contract Agency Personnel	-	0.0%	-	-	-
-	0.0%	-	-	-	-	Total Dietary Counseling	1,163	0.0%	0.04	-	1,163
190,780	37.1%	70.32	197,878	77.84	(7,098)	Total Direct Personnel	2,182,164	46.3%	84.41	2,249,303	(67,139)
7,947	1.6%	2.93	7,205	2.83	742	Billable Medical Supplies, Pharmacy, & HME	84,467	1.8%	3.27	77,316	7,151
14,524	2.8%	5.35	20,538	8.08	(6,014)	Medical Supplies	146,451	3.1%	5.67	220,386	(73,935)
17,488	3.4%	6.45	23,514	9.25	(6,026)	Drugs & Biologicals	161,700	3.4%	6.26	252,314	(90,614)
39,958	7.8%	14.73	51,257	20.16	(11,299)	Home Medical Equipment	392,618	8.4%	15.19	550,016	(157,398)
-	-	-	-	-	-	Total Billable Medical Supplies, Pharmacy, & HME	-	-	-	-	-
-	0.0%	-	192	0.08	(192)	Other Billable Direct Hospice Costs	-	0.0%	-	2,058	(2,058)
150	0.0%	0.06	203	0.08	(53)	Infusion Services	2,268	0.0%	0.09	2,181	87
-	0.0%	-	-	-	-	Laboratory & Diagnostics	40	0.0%	0.00	-	40
-	0.0%	-	-	-	-	Other Ancillary Expenses	2,308	0.0%	0.09	4,239	(1,931)
150	0.0%	0.06	395	0.16	(245)	Total Other Billable Direct Hospice Costs	-	-	-	-	-

Bristol Hospice - Northwest

Income Statement
For the Twelve Months Ending December 31, 2016

Month Actual	% of Revenue	MTD Budget		Month Variance	COST DETAIL	YTD Actual	% of Revenue	YTD PPD	YTD Budget	YTD Variance
		MTD Actual PPD	Month Budget							
27,349	5.1%	10.08	17,502	6.89	Indirect Personnel	270,151	5.7%	10.45	208,895	61,256
7,943	1.5%	2.93	8,603	3.38	Salaries - Administration	44,758	1.0%	1.73	101,073	(56,315)
-	0.0%	-	-	-	Salaries - DPCS	-	0.0%	-	-	-
-	0.0%	-	-	-	Salaries - Medical Administration	-	0.0%	-	-	-
2,458	0.5%	0.91	3,921	1.54	Salaries - Bereavement Counseling	25,573	0.5%	0.99	62,924	(62,924)
-	0.0%	-	-	-	Salaries - Volunteer Coordination	-	0.0%	-	29,293	(3,720)
-	0.0%	-	-	-	Salaries - Clerical Staff	-	0.0%	-	-	-
-	0.0%	-	-	-	Salaries - Liaisons	170,115	3.6%	6.58	-	170,115
5,296	1.0%	1.95	2,744	1.08	Payroll Taxes	40,404	0.9%	1.56	30,956	9,448
4,237	0.8%	1.56	1,317	0.52	Employee Benefits	34,004	0.7%	1.32	15,726	18,279
200	0.0%	0.07	610	0.24	Workers Compensation	1,387	0.0%	0.05	6,877	(5,490)
2,837	0.6%	1.05	618	0.6%	Auto Allowance, and Mileage	24,693	0.5%	0.96	6,214	18,479
6,000	1.2%	2.21	9,000	3.54	Medical Director(s)	72,000	1.5%	2.79	108,000	(36,000)
-	0.0%	-	-	-	Spiritual Counselor	-	0.0%	-	-	-
-	0.0%	-	-	-	Contract Personnel	-	0.0%	-	-	-
25,576	5.0%	9.43	22,968	9.04	Management Fees	234,485	5.0%	9.07	245,273	(10,788)
81,896	15.7%	30.19	72,551	28.54	Total Indirect Personnel	917,571	19.5%	35.49	815,231	102,340
6,153	1.2%	2.27	5,704	2.24	Occupancy Costs	72,037	1.5%	2.79	67,988	4,049
619	0.1%	0.23	218	0.09	Rent	5,607	0.1%	0.22	2,616	2,991
-	0.0%	-	397	0.16	Utilities	2,860	0.1%	0.11	4,264	(1,404)
6,772	1.3%	2.50	6,319	2.49	Repairs & Maintenance	80,503	1.7%	3.11	74,868	5,635
1,598	0.3%	0.59	1,650	0.65	Total Occupancy Costs	22,427	0.5%	0.87	17,704	4,723
1,369	0.3%	0.50	2,376	0.93	Office Expenses	18,521	0.4%	0.72	25,496	(6,975)
10,601	2.1%	3.91	8,345	3.28	Stationary & Printing	85,161	1.8%	3.29	89,543	(4,382)
665	0.1%	0.25	403	0.16	Office Supplies & Expense	5,922	0.1%	0.23	4,322	1,600
575	0.1%	0.21	225	0.09	Telephone, Answering Service, Etc.	5,501	0.1%	0.21	2,410	3,091
398	0.1%	0.15	326	0.13	Postage	4,754	0.1%	0.18	4,245	509
72	0.0%	0.03	283	0.11	Office Equipment - Rental	3,415	0.1%	0.13	3,032	383
15,277	3.0%	5.63	13,608	5.35	Office Equipment - Depreciation	145,701	3.1%	5.64	146,752	(1,051)
-	0.0%	-	-	-	Office Equipment - Repairs & Maint	-	-	-	-	-
-	0.0%	-	-	-	Total Office Expenses	-	-	-	-	-

Bristol Hospice - Northwest

Income Statement

For the Twelve Months Ending December 31, 2016

Month Actual	% of Revenue	MTD Budget		Month Variance	YTD Actual	% of Revenue	YTD Budget		YTD Variance
		Actual PPD	Budget PPD				Actual PPD	Budget PPD	
1,513	0.3%	0.56	1,259	0.50	16,398	0.63	15,108	1,290	
-	0.0%	-	-	-	-	-	-	-	
-	0.0%	-	-	-	-	-	-	-	
2,000	0.4%	0.74	249	0.10	7,819	0.30	2,675	5,144	
2,691	0.5%	0.99	3,145	1.24	22,010	0.85	36,030	(14,020)	
900	0.2%	0.33	325	0.13	7,442	0.29	3,900	3,542	
4,449	0.9%	1.64	2,412	0.95	54,011	2.09	28,419	25,592	
-	0.0%	-	-	-	750	0.03	-	750	
-	0.0%	-	-	-	-	-	-	-	
1	0.0%	0.00	1	0.00	18	0.00	12	6	
1,270	0.2%	0.22	175	0.07	9,748	0.27	2,100	7,648	
-	0.0%	-	-	-	5,356	0.02	6,000	(645)	
1,359	0.3%	0.00	1,900	-	24,494	0.00	22,800	1,694	
-	0.0%	-	-	-	-	-	-	-	
-	0.0%	-	-	-	16,806	0.4%	16,808	(2)	
4,100	0.8%	1.51	9,187	3.61	20,585	0.80	98,109	(77,524)	
-	0.0%	-	-	-	2,325	0.09	-	2,325	
761	0.1%	0.28	1,534	0.60	8,918	0.34	16,457	(7,539)	
-	0.0%	-	21	0.01	1,096	0.04	252	844	
939	0.2%	0.04	875	-	10,823	0.03	10,500	323	
19,983	3.9%	6.30	21,083	7.20	208,598	5.78	259,170	(50,572)	

Other General Costs

Information Technology	254
Recruitment Expense	-
Employee Expense	-
Staff Education, Inservice & Meetings	1,751
Travel & Conference	(454)
Dues & Subscriptions	575
Professional Awareness	2,037
Accreditation & Licenses	-
Advisory Board Expense	-
Insurance - General	0
Insurance - Professional Liability	1,095
Legal & Accounting	(541)
Interest	-
Amortization - Start up Expense	-
Amortization - Organization Expense	-
Bad Debts	(5,087)
Charity Care	-
Other Purchased/Consulting Services	(773)
State Excise/Property Taxes	(21)
Miscellaneous & Other	64
Total Other General Costs	(1,100)

OTHER REVENUE/EXPENSE STATISTICS

Revenue by Payor Source									
Medicare	471,042	91.5%	185.30	431,006	181.02	40,036	4,463,794	182.02	(133,894)
Medicaid	15,986	3.1%	121.10	29,450	182.92	(13,464)	227,032	194.54	(85,612)
Other	15,911	3.1%	-	-	-	15,911	38,723	-	38,723
Total Service Revenue	502,939	97.7%	185.38	460,456	181.14	42,483	4,729,549	182.95	(180,783)
Net Room & Board Revenue	169	0.0%	0.06	(5,406)	(2.13)	5,575	(57,039)	(2.21)	541
Total Revenue	503,108	97.7%	185.44	-	-	48,058	4,672,511	180.75	(180,241)
Total Census by Payor									
Medicare	132		-	161	-	(29)	1,167	-	1,724
Medicaid	2,542		0	2,381	0	161	24,524	0	(557)
Insurance PPS	38		0	-	0	38	146	0	(1,029)
Insurance PFS	-		0	-	0	-	-	0	146
No Pay	1		0	-	0	1	-	0	-
Other	-		0	-	0	-	14	0	14

Bristol Hospice & Homecare-Northwest LLC

Income Statement

For the Twelve Months Ending December 31, 2017

Month Actual	% of Revenue	MTD Actual PPD	Month Budget	MTD Budget PPD	Month Variance		YTD Actual	% of Revenue	YTD PPD	YTD Budget	Budget PPD	YTD Variance
					0	0						
139		-	-	-	0	0	85		-	0	-	0
Average Length of Stay												
3,649		1,791.0	2,468	79.6	1,181	Hospice Days	40,600		111.2	27,823	76.2	12,777
-		-	6	0.2	(6)	Routine	-		-	72	0.2	(72)
5		-	6	0.2	(1)	Continuous Care	60		0.2	72	0.2	(12)
5.0		-	31	1.0	(26)	General Inpatient	83.0		0.2	365.0	1.0	(282)
3,659		1,791.0	2,511	81.0	1,148	Inpatient - Respite	40,743		111.6	28,332	77.6	12,411
						Total Days						
1,791.0		-	79.6	-	1,711.4	Patients	111.2		-	76.2	-	35.0
-		-	0.2	-	(0.2)	Routine	-		-	0.2	-	(0.2)
-		-	0.2	-	(0.2)	Continuous Care	0.2		-	0.2	-	(0.0)
-		-	1.0	-	(1.0)	General Inpatient	0.2		-	1.0	-	(0.8)
1,791.0		-	81.0	-	1,710.0	Inpatient - Respite	111.6		-	77.6	-	34.0
						Total Hospice Patients						
REVENUE												
Direct Patient Revenue												
39,474	0.0%	394.74	13,078	184.20	26,396	Routine Care	284,046	0.0%	223.83	146,301	182.42	137,745
673,121	0.0%	192.49	438,392	180.11	234,729	Medicaid	7,171,342	0.0%	185.07	4,906,030	178.67	2,265,312
-	0.0%	-	-	-	-	Medicare	29,026	0.0%	0.75	25,664	0.93	3,362
369	0.0%	0.11	2,275	0.93	(1,906)	Medicare Routine Revenue	7,200,368	0.0%	185.82	4,931,694	179.61	2,268,674
673,489	0.0%	192.59	440,667	181.05	232,822	NOE issues	7,141	0.0%	68.67	6,646	184.61	151,848
-	0.0%	-	-	-	-	SIA, other	158,494	0.0%	255.22	6,646	184.61	151,848
19,723	0.0%	318.11	569	189.67	19,154	Total Medicare	7,650,050	0.0%	188.42	5,084,641	182.75	2,565,409
732,687	0.0%	200.79	454,314	184.08	278,373	No Pay, Charity Care	-	0.0%	-	-	-	-
	0.0%	-	-	-	-	Other - Insurance, Private Pay	-	0.0%	-	-	-	-
	0.0%	-	-	-	-	Total Routine Care Revenue	-	0.0%	-	-	-	-
	0.0%	-	-	-	-	Continuous Care	-	0.0%	-	-	-	-
	0.0%	-	6,703	-	(6,703)	Medicaid	-	0.0%	-	78,333	-	(78,333)
	0.0%	-	-	-	-	Medicare	-	0.0%	-	-	-	-
	0.0%	-	6,703	-	(6,703)	Other	-	0.0%	-	-	-	-
	0.0%	-	-	-	-	Total Continuous Care Revenue	-	0.0%	-	78,333	1,087.96	(78,333)
	0.0%	-	-	-	-	General Inpatient Care	-	0.0%	-	-	-	-
1,534	0.0%	-	5,068	-	(3,534)	Medicaid	52,682	0.0%	-	59,231	-	(6,549)
-	0.0%	-	-	-	-	Medicare	-	0.0%	-	-	-	-
1,534	0.0%	306.73	5,068	844.67	(3,534)	Other	52,682	0.0%	878.04	59,231	822.65	(6,549)
	0.0%	-	-	-	-	Total General Inpatient Care Revenue	-	0.0%	-	-	-	-
	0.0%	-	-	-	-	Respite	-	0.0%	-	-	-	-
919	0.0%	-	5,792	-	(4,873)	Medicaid	9,573	0.0%	-	67,695	-	(58,122)
-	0.0%	-	-	-	-	Medicare	1,013	0.0%	-	-	-	1,013
919	0.0%	183.82	5,792	186.84	(4,873)	Other	10,586	0.0%	127.54	67,695	185.47	(57,109)
	0.0%	-	-	-	-	Total Respite Care Revenue	-	0.0%	-	-	-	-

735,139	0.0%	200.91	471,877	187.92	263,262	Total Service Revenue	7,713,318	0.0%	189.32	5,289,900	186.71	2,423,418
218,779	0.0%	-	142,606	-	76,173	Pass Through Revenue	2,747,694	0.0%	-	1,595,508	-	1,152,186
-	0.0%	-	-	-	-	Room and Board Revenue	-	0.0%	-	-	-	-
218,779	0.0%	59.79	142,606	56.79	76,173	Routine	2,747,694	0.0%	67.44	1,595,508	56.31	1,152,186
222,342	0.0%	-	150,111	-	72,231	HMSA	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Total Room and Board Revenue	2,769,944	0.0%	-	1,679,481	-	1,090,463
222,342	0.0%	-	150,111	-	72,231	Room and Board Expense	2,769,944	0.0%	-	1,679,481	-	1,090,463
(3,563)	0.0%	-	(7,505)	-	3,942	Routine	(22,249)	0.0%	-	(83,973)	-	61,724
\$731,577	0.0%	199.94	\$464,372	184.94	\$267,205	HMSA	\$7,691,069	0.0%	188.77	\$5,205,927	183.75	\$2,485,142
						Total Room and Board Expense						
206,032	0.0%	56.31	118,599	47.23	87,433	Direct Personnel	1,941,830	0.0%	47.66	1,350,783	47.68	591,047
656	0.0%	0.18	2,616	1.04	(1,960)	Skilled Nursing	15,944	0.0%	0.39	29,515	1.04	(13,571)
31,042	0.0%	8.48	20,179	8.04	10,864	Therapy	356,264	0.0%	8.74	229,976	8.12	126,288
30,721	0.0%	8.40	22,922	9.13	7,799	Medical Social Service	343,470	0.0%	8.43	264,267	9.33	79,204
7,888	0.0%	2.16	12,539	4.99	(4,652)	Home Health Aide	104,911	0.0%	2.57	141,482	4.99	(36,571)
23,157	0.0%	6.33	15,211	6.06	7,946	Physician Services	221,877	0.0%	5.45	146,848	5.18	75,029
1,413	0.0%	0.39	-	-	1,413	Spiritual Counseling	3,731	0.0%	0.09	-	-	3,731
300,909	0.0%	82.24	192,065	76.49	108,844	Dietary Counseling	2,988,027	0.0%	73.34	2,162,871	76.34	825,156
						Total Direct Personnel						
53,363	0.0%	14.58	40,437	16.10	12,926	Billable Medical Supplies, Pharmacy, & HME	585,060	0.0%	14.36	456,254	16.10	128,806
-	0.0%	-	142	0.06	(142)	Other Billable Direct Hospice Costs	3,534	0.0%	0.09	1,600	0.06	1,934
354,271	0.0%	96.82	232,644	92.65	121,627	Total Direct Costs	3,576,621	0.0%	87.78	2,620,725	92.50	955,896
\$377,305	0.0%	103.12	\$231,728	92.29	\$145,578	Gross Margin	\$4,114,447	0.0%	100.99	\$2,585,202	91.25	\$1,529,245
87,053	0.0%	23.79	100,275	39.93	(13,222)	INDIRECT COSTS	1,135,106	0.0%	27.86	1,164,794	41.11	(29,688)
8,031	0.0%	2.19	6,875	2.74	1,156	Indirect Personnel	78,709	0.0%	1.93	82,040	2.90	(3,331)
12,734	0.0%	3.48	15,333	6.11	(2,599)	Occupancy Cost	201,793	0.0%	4.95	173,293	6.12	28,500
24,352	0.0%	6.45	26,312	8.87	(1,959)	Office Expenses	214,593	0.0%	4.17	306,928	8.91	(92,335)
132,171	0.0%	35.92	148,794	57.65	(16,624)	Other Costs	1,630,201	0.0%	38.91	1,727,055	59.04	(96,853)
486,442	0.0%	132.74	381,439	150.30	105,003	Total Indirect Costs	5,206,823	0.0%	126.70	4,347,780	151.54	859,043
						Total Costs						
-	0.0%	-	-	-	-	OTHER INCOME	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Management Fees	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Donations	4,063	0.0%	-	-	-	-
999	0.0%	0.27	541	0.22	458	Interest Income	127,069	0.0%	-	-	-	4,063
-	0.0%	-	-	-	-	Consulting Income	131,132	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Other Income	\$ 2,615,378	0.0%	62.07	\$ 858,147	32.21	\$ 1,757,230
\$ 245,135	0.0%	67.20	\$ 82,933	34.64	\$ 162,201	Total Other Income	\$ 2,615,378	0.0%	62.07	\$ 858,147	32.21	\$ 1,757,230
						NET INCOME						
-	0.0%	-	1,685	-	(1,685)	Add Back:	17,519	0.0%	0.00	20,220	-	(2,701)
-	0.0%	-	-	-	-	Interest	6,494	0.0%	0.16	6,455	0.23	39
999	0.0%	0.27	541	0.22	458	Taxes	18,336	0.0%	-	18,336	-	(18,336)
-	0.0%	-	-	-	-	Depreciation	\$ 2,639,391	0.0%	69.82	\$ 903,158	32.44	\$ 1,736,233
\$ 246,134	0.0%	67.47	\$ 86,687	34.85	\$ 159,446	Amortization						
						EBITDA						

COST DETAIL

DIRECT OPERATING COSTS

15,471	4.23	-	15,471	15,471	188,410	0.0%	4.62	-	-	188,410	0.0%	-	-	188,410
14,933	4.08	7,566	7,367	Salaries - CAS	121,879	0.0%	2.99	90,792	3.20	31,087	0.0%	3.20	-	31,087
11,759	3.21	10,221	1,538	Salaries - Clinical Supervisor	95,066	0.0%	2.33	88,717	3.13	6,349	0.0%	3.13	-	6,349
-	-	-	-	Salaries - Nurse Practitioner	844	0.0%	0.02	-	-	844	0.0%	-	-	844
-	-	-	-	Salaries - QA and Intake	-	0.0%	-	-	-	-	0.0%	-	-	-
98,573	26.94	49,749	48,823	Salaries - Other	1,003,151	0.0%	-	-	-	-	0.0%	-	-	-
5,177	1.41	13,787	(8,610)	Salaries - RN	42,964	0.0%	24.62	575,666	20.32	427,485	0.0%	20.32	-	427,485
10,624	2.90	-	10,624	Salaries - RN, On Call	66,951	0.0%	1.05	165,401	5.84	(122,437)	0.0%	5.84	-	(122,437)
18,815	5.14	8,399	10,416	Salaries - LPN/LVN	136,610	0.0%	1.64	-	-	66,951	0.0%	-	-	66,951
8,783	2.40	4,111	4,673	Payroll Taxes	63,493	0.0%	3.35	95,590	3.37	41,020	0.0%	3.37	-	41,020
4,088	1.12	1,041	3,047	Employee Benefits	41,761	0.0%	1.56	49,407	1.74	14,086	0.0%	1.74	-	14,086
8,497	2.32	6,638	1,859	Workers Comp	88,641	0.0%	1.02	11,683	0.41	30,078	0.0%	0.41	-	30,078
-	-	-	-	Travel, Auto Allowance, and Mileage	9,133	0.0%	2.18	75,012	2.65	13,629	0.0%	2.65	-	13,629
421	0.12	1,076	(655)	Contract Agency Personnel	15,345	0.0%	0.22	-	-	9,133	0.0%	-	-	9,133
2,383	0.65	554	1,829	Nurse Recruiting Costs	15,418	0.0%	0.38	12,139	0.43	3,206	0.0%	0.43	-	3,206
-	-	-	-	Patient Transportation	-	0.0%	0.38	6,248	0.22	9,170	0.0%	0.22	-	9,170
-	-	-	-	Other Skilled Nursing Costs	-	0.0%	-	-	-	-	0.0%	-	-	-
199,523	54.53	103,142	96,382	Total Routine Care Nursing	1,889,667	0.0%	46.38	1,170,654	41.32	719,013	0.0%	41.32	-	719,013
-	-	-	-	Continuous Care	-	0.0%	-	-	-	-	0.0%	-	-	-
-	-	1,650	(1,650)	Salaries - Staff	-	0.0%	-	19,048	0.67	(19,048)	0.0%	0.67	-	(19,048)
-	-	111	(111)	Payroll Taxes	-	0.0%	-	1,320	0.05	(1,320)	0.0%	0.05	-	(1,320)
-	-	58	(58)	Employee Benefits	-	0.0%	-	722	0.03	(722)	0.0%	0.03	-	(722)
-	-	13	(13)	Workers Comp	-	0.0%	-	154	0.01	(154)	0.0%	0.01	-	(154)
-	-	93	(93)	Auto Allowance and Mileage	-	0.0%	-	1,094	0.04	(1,094)	0.0%	0.04	-	(1,094)
-	-	-	-	Contract Agency Personnel	-	0.0%	-	-	-	-	0.0%	-	-	-
-	-	1,924	(1,924)	Total Continuous Care	-	0.0%	-	22,338	0.79	(22,338)	0.0%	0.79	-	(22,338)
4,157	1.14	6,315	(2,158)	Inpatient Care Service	47,509	0.0%	1.17	73,634	2.60	(26,126)	0.0%	2.60	-	(26,126)
2,352	0.64	7,218	(4,866)	General Care	4,654	0.0%	0.11	84,157	2.97	(79,502)	0.0%	2.97	-	(79,502)
6,509	1.78	13,533	(7,024)	Respite Care	52,163	0.0%	1.28	157,791	5.57	(105,628)	0.0%	5.57	-	(105,628)
206,032	56.31	118,599	87,433	Total Inpatient Care Service	1,941,830	0.0%	47.66	1,350,783	47.68	591,047	0.0%	47.68	-	591,047
-	-	-	-	Total Skilled Nursing	-	0.0%	-	-	-	-	0.0%	-	-	-
-	-	-	-	Therapy	-	0.0%	-	-	-	-	0.0%	-	-	-
-	-	-	-	Salaries - Staff	-	0.0%	-	-	-	-	0.0%	-	-	-
-	-	-	-	Payroll Taxes	-	0.0%	-	-	-	-	0.0%	-	-	-
-	-	-	-	Employee Benefits	-	0.0%	-	-	-	-	0.0%	-	-	-
-	-	-	-	Workers Comp	-	0.0%	-	-	-	-	0.0%	-	-	-
-	-	-	-	Auto Allowance and Mileage	-	0.0%	-	-	-	-	0.0%	-	-	-
656	0.18	2,616	(1,960)	Contract Agency Personnel	15,944	0.0%	0.39	29,515	1.04	(13,571)	0.0%	1.04	-	(13,571)
656	0.18	2,616	(1,960)	Total Therapy	15,944	0.0%	0.39	29,515	1.04	(13,571)	0.0%	1.04	-	(13,571)
23,838	6.51	16,507	7,331	Medical Social Service	282,482	0.0%	6.93	187,078	6.60	95,404	0.0%	6.60	-	95,404
-	-	-	-	Salaries - Staff	-	0.0%	-	-	-	-	0.0%	-	-	-

2,755	0.0%	0.75	1,502	0.60	1,253	Payroll Taxes	0.60	17,025	0.60	8,212
2,163	0.0%	0.59	534	0.21	1,629	Employee Benefits	0.53	6,713	0.24	14,909
870	0.0%	0.24	330	0.13	540	Workers Comp	0.19	3,742	0.13	3,856
1,416	0.0%	0.39	1,305	0.52	111	Auto Allowance and Mileage	0.47	15,418	0.54	3,907
-	0.0%	-	-	-	-	Contract Agency Personnel	-	-	-	-
31,042	0.0%	8.48	20,179	8.04	10,864	Total Medical Social Service	8.74	229,976	8.12	126,288
23,647	0.0%	6.46	18,211	7.25	5,436	Home Health Aides	-	-	-	-
3,229	0.0%	0.88	1,657	0.66	1,572	Salaries - Staff	6.69	210,107	7.42	62,398
1,676	0.0%	0.46	1,119	0.45	557	Payroll Taxes	0.68	19,119	0.67	8,418
450	0.0%	0.12	145	0.06	305	Employee Benefits	0.36	13,316	0.47	1,453
1,720	0.0%	0.47	1,790	0.71	(70)	Workers Comp	0.19	1,688	0.06	6,026
-	0.0%	-	-	-	-	Auto Allowance and Mileage	0.51	20,037	0.71	909
30,721	0.0%	8.40	22,922	9.13	7,799	Contract Agency Personnel	-	-	-	-
-	0.0%	-	-	-	-	Total Home Health Aides	8.43	264,267	9.33	79,204
7,888	0.0%	2.16	12,539	4.99	(4,652)	Physician Services	-	-	-	-
7,888	0.0%	2.16	12,539	4.99	(4,652)	Contract Personnel	2.57	141,482	4.99	(36,571)
-	0.0%	-	-	-	-	Total Physician Services	2.57	141,482	4.99	(36,571)
17,783	0.0%	4.86	12,443	4.96	5,340	Spiritual Counseling	-	-	-	-
2,055	0.0%	0.56	1,132	0.45	923	Salaries - Staff	4.32	119,456	4.22	56,471
1,614	0.0%	0.44	403	0.16	1,211	Payroll Taxes	0.39	10,871	0.38	4,846
649	0.0%	0.18	249	0.10	400	Employee Benefits	0.33	4,286	0.15	9,180
1,057	0.0%	0.29	984	0.39	73	Workers Comp	0.12	2,390	0.08	2,343
-	0.0%	-	-	-	-	Auto Allowance and Mileage	0.30	9,845	0.35	2,190
23,157	0.0%	6.33	15,211	6.06	7,946	Contract Agency Personnel	-	-	-	-
-	0.0%	-	-	-	-	Total Spiritual Counseling	5.45	146,848	5.18	75,029
1,122	0.0%	0.31	-	-	1,122	Dietary Counseling	-	-	-	-
227	0.0%	0.06	-	-	227	Salaries - Staff	0.07	-	-	2,994
-	0.0%	-	-	-	-	Payroll Taxes	0.01	-	-	527
0	0.0%	0.00	-	-	0	Employee Benefits	-	-	-	-
64	0.0%	0.02	-	-	64	Workers Comp	0.00	-	-	-
-	0.0%	-	-	-	-	Auto Allowance and Mileage	0.00	-	-	49
-	0.0%	-	-	-	-	Other Dietary Counseling	0.00	-	-	90
1,413	0.0%	0.39	-	-	1,413	Contract Agency Personnel	0.00	-	-	71
-	0.0%	-	-	-	-	Total Dietary Counseling	0.09	-	-	3,731
300,909	0.0%	82.24	192,065	76.49	108,844	Total Direct Personnel	73.34	2,162,871	76.34	825,156
11,053	0.0%	3.02	8,581	3.42	2,472	Billable Medical Supplies, Pharmacy, & HME	-	-	-	-
19,892	0.0%	5.44	15,154	6.04	4,738	Medical Supplies	3.30	96,821	3.42	37,546
22,418	0.0%	6.13	16,702	6.65	5,716	Drugs & Biologicals	4.88	170,983	6.03	27,969
53,363	0.0%	14.58	40,437	16.10	12,926	Home Medical Equipment	6.18	188,450	6.65	63,291
-	0.0%	-	-	-	-	Total Billable Medical Supplies, Pharmacy, & HME	14.36	456,254	16.10	128,806
-	0.0%	-	-	-	-	Other Billable Direct Hospice Costs	-	-	-	-
-	0.0%	-	142	0.06	(142)	Infusion Services	0.01	-	-	316
-	0.0%	-	-	-	-	Laboratory & Diagnostics	0.08	1,600	0.06	1,619
-	0.0%	-	-	-	-	Other Ancillary Expenses	(0.00)	-	-	(0)
-	0.0%	-	142	0.06	(142)	Total Other Billable Direct Hospice Costs	0.09	1,600	0.06	1,934
34,845	0.0%	9.52	25,991	10.35	8,854	COST DETAIL	-	-	-	-
12,525	0.0%	3.42	7,875	3.14	4,650	INDIRECT COSTS	-	-	-	-
-	0.0%	-	-	-	-	Indirect Personnel	-	-	-	-
-	0.0%	-	-	-	-	Salaries - Administration	7.71	294,312	10.39	19,758
-	0.0%	-	-	-	-	Salaries - DPCS	3.44	94,500	3.34	45,709
-	0.0%	-	-	-	-	Salaries - Medical Administration	-	-	-	-

3,888	1.06	2,489	0.99	1,399	Salaries - Bereavement Counseling	11,289	0.0%	0.28	29,866	1.05	(18,577)
6,316	1.73	3,318	1.32	2,998	Salaries - Volunteer Coordination	49,835	0.0%	1.22	39,821	1.41	10,014
3,008	0.82	19,976	7.96	(16,968)	Salaries - Clerical Staff	-	0.0%	-	-	-	-
5,077	1.39	4,711	1.88	366	Salaries - Liaisons	45,026	0.0%	1.11	239,712	8.46	(194,686)
6,243	1.71	1,936	0.77	4,307	Payroll Taxes	49,688	0.0%	1.22	54,936	1.94	(5,247)
1,854	0.51	1,035	0.41	819	Employee Benefits	59,480	0.0%	1.46	23,477	0.83	36,003
3,163	0.86	2,267	0.90	896	Workers Compensation	3,824	0.0%	0.09	12,074	0.43	(8,250)
10,135	2.77	8,000	3.19	2,135	Auto Allowance, and Mileage	36,618	0.0%	0.90	26,146	0.92	10,471
-	-	-	-	-	Medical Director(s)	79,005	0.0%	1.94	96,000	3.39	(16,995)
-	-	-	-	-	Spiritual Counselor	-	0.0%	-	-	-	-
-	-	22,676	9.03	(22,676)	Contract Personnel	-	0.0%	-	-	-	-
87,053	23.79	100,275	39.93	(13,222)	Management Fees	346,063	0.0%	8.49	253,951	8.96	92,112
-	-	-	-	-	Total Indirect Personnel	1,135,106	0.0%	27.86	1,164,794	41.11	(29,688)
7,778	2.13	5,936	2.36	1,842	Occupancy Costs	74,586	0.0%	1.83	71,092	2.51	3,494
253	0.07	491	0.20	(238)	Rent	3,072	0.0%	0.08	5,892	0.21	(2,820)
-	-	448	0.18	(448)	Utilities	1,050	0.0%	0.03	5,056	0.18	(4,006)
8,031	2.19	6,875	2.74	1,156	Repairs & Maintenance	78,709	0.0%	1.93	82,040	2.90	(3,331)
-	-	-	-	-	Total Occupancy Costs	-	-	-	-	-	-
1,086	0.30	2,176	0.87	(1,090)	Office Expenses	20,328	0.0%	0.50	24,554	0.87	(4,226)
102	0.03	2,272	0.90	(2,170)	Stationary & Printing	16,029	0.0%	0.39	25,633	0.90	(9,604)
10,424	2.85	9,020	3.59	1,404	Office Supplies & Expense	151,174	0.0%	3.71	101,783	3.59	49,391
93	0.03	556	0.22	(463)	Telephone, Answering Service, Etc.	3,807	0.0%	0.09	6,275	0.22	(2,468)
234	0.06	239	0.10	(5)	Postage	5,196	0.0%	0.13	2,699	0.10	2,497
796	0.22	440	0.18	356	Office Equipment - Rental	5,176	0.0%	0.13	5,243	0.19	(67)
-	-	630	0.25	(630)	Office Equipment - Depreciation	82	0.0%	0.00	7,106	0.25	(7,024)
12,734	3.48	15,333	6.11	(2,599)	Office Equipment - Repairs & Maint	201,793	0.0%	4.95	173,293	6.12	28,500
-	-	-	-	-	Total Office Expenses	-	-	-	-	-	-
1,057	0.29	2,025	0.81	(968)	Other General Costs	20,837	0.0%	0.51	24,223	0.85	(3,386)
-	-	-	-	-	Information Technology	60	0.0%	0.00	-	-	60
-	-	-	-	-	Recruitment Expense	-	0.0%	-	-	-	-
-	-	801	0.32	(801)	Employee Expense	5,416	0.0%	0.13	9,037	0.32	(3,621)
750	0.21	2,692	1.07	(1,942)	Staff Education, Inservice & Meetings	17,327	0.0%	0.43	30,377	1.07	(13,050)
-	-	688	0.27	(688)	Travel & Conference	15,423	0.0%	0.38	7,763	0.27	7,660
2,658	0.73	5,131	2.04	(2,473)	Dues & Subscriptions	51,166	0.0%	1.26	57,885	2.04	(6,719)
6,000	1.64	141	0.06	5,859	Professional Awareness	7,175	0.0%	0.18	1,593	0.06	5,582
-	-	-	-	-	Accreditation & Licenses	-	0.0%	-	-	-	-
-	-	2	0.00	(2)	Advisory Board Expense	25	0.0%	0.00	24	0.00	1
1,148	0.31	583	0.23	565	Insurance - General	16,714	0.0%	0.21	6,996	0.25	9,718
-	-	104	0.04	(104)	Insurance - Professional Liability	8,320	0.0%	0.00	7,170	0.04	1,150
-	-	1,685	-	(1,685)	Legal & Accounting	21,582	0.0%	0.00	20,220	-	1,362
-	-	-	-	-	Interest	-	0.0%	-	-	-	-
-	-	1,528	-	(1,528)	Amortization - Start up Expense	-	0.0%	-	-	-	-
10,676	2.92	9,070	3.61	1,606	Amortization - Organization Expense	28,876	0.0%	0.71	18,336	3.59	(18,336)
-	-	-	-	-	Bad Debts	7,141	0.0%	0.18	101,581	-	(72,705)
-	-	857	0.34	257	Charity Care	6,349	0.0%	0.16	9,667	0.34	(3,318)
1,114	0.30	79	0.03	(79)	Other Purchased/Consulting Services	(1,950)	0.0%	-	948	0.03	(2,898)
949	0.06	926	0.04	23	State Excise/Property Taxes	10,133	0.0%	0.03	11,108	0.04	(975)
24,352	6.45	26,312	8.87	(1,959)	Miscellaneous & Other	214,593	0.0%	4.17	306,928	8.91	(92,335)
-	-	-	-	-	Total Other General Costs	-	-	-	-	-	-

OTHER REVENUE/EXPENSE STATISTICS

675,942	193.29	458,230	188.26	217,712	Revenue by Payor Source	7,262,624	0.0%	187.43	5,136,953	187.08	2,125,671
39,474	394.74	13,078	184.20	26,396	Medicare	284,046	0.0%	223.83	146,301	182.42	137,745
-	-	-	-	-	Medicaid	-	-	-	-	-	-

19,723	318.11	569	189.67	19,154	Other	0.0%	268.35	6,646	184.61	160,002
735,139	200.91	471,877	187.92	263,262	Total Service Revenue	0.0%	189.32	5,289,900	186.71	2,423,418
(3,563)	(0.97)	(7,505)	(2.99)	3,942	Net Room & Board Revenue	0.0%	(0.55)	(83,973)	(2.96)	61,724
731,577	199.94	464,372	184.94	267,205	Total Revenue	0.0%	188.77	5,205,927	183.75	2,485,142
Total Census by Payor										
100	-	71	-	29	Medicaid		-	802	-	467
3,497	0	2,434	0	1,063	Medicare		0	27,458	0	11,291
-	0	-	0	-	Insurance PPS		0	-	0	-
-	0	-	0	-	Insurance FFS		0	-	0	-
-	0	3	0	(3)	No Pay		0	36	0	68
62	0	3	0	59	Other		0	36	0	585

Bristol Hospice & Homecare-Northwest LLC

Income Statement

For the Twelve Months Ending December 31, 2018

Month Actual	% of Revenue	MTD Budget		Month Variance	Average Length of Stay	97						
		MTD Actual PPD	Month Budget			MTD Budget PPD	YTD PPD	YTD Budget	YTD Budget PPD	Prior Year YTD Actual		
3,909	-	126.1	4,050	130.6	Hospice Days	46,503	-	127.4	44,347	121.5	40,684	
-	-	-	6	0.2	Routine	-	-	-	72	0.2	-	
1	-	0.0	6	0.2	Continuous Care	25	-	0.1	72	0.2	60	
7.0	-	0.2	31	1.0	General Inpatient	63.0	-	0.2	365.0	1.0	(1)	
3,917	-	126.4	4,093	132.0	Inpatient - Respite	46,591	-	127.6	44,856	122.9	40,743	
-	-	-	-	-	Total Days	-	-	-	-	-	-	
126.1	-	-	130.6	(4.5)	Patients	127.4	-	-	121.5	-	111.5	
-	-	-	0.2	(0.2)	Routine	-	-	-	0.2	-	-	
0.0	-	-	0.2	(0.2)	Continuous Care	0.1	-	-	0.2	-	0.2	
0.2	-	-	1.0	(0.8)	General Inpatient	0.2	-	-	0.2	-	0.2	
126.4	-	-	132.0	(5.7)	Inpatient - Respite	127.6	-	-	122.9	-	(0.0)	
-	-	-	-	-	Total Hospice Patients	-	-	-	-	-	111.6	
REVENUE												
8,461	1.1%	211.52	25,936	185.26	Direct Patient Revenue	133,957	1.6%	198.46	284,781	184.56	284,046	
705,515	95.6%	185.27	713,524	183.85	Routine Care	8,289,097	96.7%	183.60	7,759,191	182.36	7,171,342	
-	0.0%	-	-	-	Medicaid	-	0.0%	-	-	-	-	
1,474	0.2%	0.39	4,285	1.10	Medicare	16,878	0.2%	0.37	46,985	1.10	29,026	
706,989	95.8%	185.66	717,809	184.95	NOE issues	8,305,975	96.9%	183.98	7,806,176	183.46	7,200,368	
-	0.0%	-	2,882	180.13	SIA, other	329	0.0%	17.30	30,349	183.93	7,141	
10,822	1.5%	156.83	10,374	185.25	Total Medicare	143,721	1.7%	191.63	110,097	183.80	158,494	
726,272	98.4%	185.79	757,001	186.91	No Pay, Charity Care	8,583,982	100.1%	184.59	8,231,403	185.61	7,650,050	
-	-	-	-	-	Other - Insurance, Private Pay	-	-	-	-	-	-	
-	-	-	-	-	Total Routine Care Revenue	-	-	-	-	-	-	
-	0.0%	-	-	-	Continuous Care	-	0.0%	-	-	-	-	
-	0.0%	-	6,703	(6,703)	Medicaid	-	0.0%	-	78,333	-	-	
-	0.0%	-	-	-	Medicare	-	0.0%	-	-	-	-	
-	0.0%	-	-	-	Other	-	0.0%	-	-	-	-	
-	0.0%	-	6,703	(6,703)	Total Continuous Care Revenue	-	0.0%	-	78,333	1,087.96	-	
-	0.0%	-	-	-	General Inpatient Care	-	0.0%	-	-	-	-	
778	0.1%	-	5,068	(4,290)	Medicaid	19,592	0.2%	-	59,231	-	52,682	
-	0.0%	-	-	-	Medicare	-	0.0%	-	-	-	-	
-	0.0%	-	-	-	Other	19,592	0.2%	-	59,231	-	52,682	
778	0.1%	777.58	5,068	844.67	Total General Inpatient Care Revenue	19,592	0.2%	783.69	59,231	822.65	52,682	
-	0.0%	-	-	-	Respite	-	0.0%	-	-	-	-	
1,344	0.2%	-	5,792	(4,448)	Medicaid	-	0.0%	-	-	-	-	
-	0.0%	-	-	-	Medicare	10,252	0.1%	-	67,695	-	9,573	
-	0.0%	-	-	-	Other	-	0.0%	-	-	-	1,013	
1,344	0.2%	192.01	5,792	186.84	Total Respite Care Revenue	10,252	0.1%	162.73	67,695	185.47	10,586	
728,593	98.7%	185.96	774,564	189.24	Total Service Revenue	8,613,827	100.5%	184.88	8,436,662	188.08	7,713,318	
-	-	-	-	-	Pass Through Revenue	-	-	-	-	-	-	
-	-	-	-	-	Room and Board Revenue	-	-	-	-	-	-	

258,879	35.1%	-	234,887	-	23,992	Routine	36.7%	-	2,556,391	-	2,747,694
-	0.0%	-	-	-	-	HMSA	0.0%	-	-	-	-
258,879	35.1%	66.09	234,887	57.39	23,992	Total Room and Board Revenue	36.7%	67.45	2,556,391	56.99	2,747,694
248,976	33.7%	-	247,255	-	1,721	Room and Board Expense	37.2%	-	2,690,896	-	2,769,944
-	0.0%	-	-	-	-	Routine	0.0%	-	-	-	-
248,976	33.7%	-	247,255	-	1,721	HMSA	0.0%	-	-	-	-
9,902	1.3%	-	(12,368)	-	22,270	Total Room and Board Expense	37.2%	-	2,690,896	-	2,769,944
5738,296	100.0%	188.48	\$762,196	186.22	(823,900)	Room & Board Revenue (Net)	-0.5%	-	(134,505)	-	(22,249)
						Net Patient Revenue	100.0%	183.97	\$8,302,157	185.08	\$7,691,069
DIRECT COSTS											
Direct Personnel											
194,859	26.4%	49.75	181,431	44.33	13,428	Skilled Nursing	27.2%	50.03	2,135,983	47.62	1,941,830
2,035	0.3%	0.52	1,952	0.48	83	Therapy	0.5%	0.94	21,397	0.48	15,944
33,465	4.5%	8.54	29,463	7.20	4,002	Medical Social Service	4.9%	8.95	349,158	7.78	356,264
37,463	5.1%	9.56	42,401	10.36	(4,937)	Home Health Aide	4.9%	8.99	499,776	11.14	343,470
4,778	0.6%	1.22	1,717	0.42	3,061	Physician Services	0.5%	0.95	19,863	0.44	104,911
22,273	3.0%	5.69	18,310	4.47	3,962	Spiritual Counseling	3.1%	5.78	216,990	4.84	221,877
600	0.1%	0.15	7	0.00	593	Dietary Counseling	0.1%	0.13	81	0.00	3,731
295,473	40.0%	75.43	275,281	67.26	20,192	Total Direct Personnel	41.2%	75.78	3,243,248	72.30	2,988,027
59,334	8.0%	15.15	58,857	14.38	477	Billable Medical Supplies, Pharmacy, & HME	9.0%	16.47	645,021	14.38	585,060
51	0.0%	0.01	427	0.10	(376)	Other Billable Direct Hospice Costs	0.1%	0.15	4,689	0.10	3,534
354,858	48.1%	90.59	334,565	81.74	20,293	Total Direct Costs	50.2%	92.40	3,892,958	86.79	3,576,621
\$383,438	51.9%	97.89	\$427,631	104.48	(\$44,193)	Gross Margin	49.8%	91.57	\$4,409,199	98.30	\$4,114,447
INDIRECT COSTS											
108,821	14.7%	27.78	98,006	23.94	10,816	Indirect Personnel	14.9%	27.50	1,137,526	25.36	1,135,106
6,478	0.9%	1.65	6,320	1.54	158	Occupancy Cost	0.9%	1.67	75,597	1.69	78,709
19,245	2.6%	4.91	20,020	4.89	(775)	Office Expenses	2.3%	4.30	219,499	4.89	201,793
23,363	3.1%	5.93	32,224	7.87	(8,861)	Other Costs	2.4%	4.42	356,140	7.94	214,593
157,907	21.4%	40.28	156,570	38.25	1,337	Total Indirect Costs	20.6%	37.88	1,788,762	39.88	1,630,201
512,764	69.4%	130.88	491,135	119.99	21,629	Total Costs	70.8%	130.28	5,681,720	126.67	5,206,823
OTHER INCOME											
-	0.0%	-	-	-	-	Management Fees	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Donations	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Interest Income	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Consulting Income	0.0%	-	-	-	4,063
-	0.0%	-	-	-	-	Other Income	0.0%	-	-	-	-
\$ 225,531	30.6%	57.61	\$ 271,061	66.23	(45,530)	Total Other Income	0.0%	-	-	-	127,069
						NET INCOME	29.2%	53.68	\$ 2,620,437	58.42	\$ 2,615,378
Add Back:											
-	0.0%	-	-	-	-	Interest	0.0%	-	-	-	17,519
-	0.0%	-	-	-	-	Taxes	0.0%	0.01	-	-	(1,950)
174	0.0%	0.04	131	0.03	43	Depreciation	0.0%	0.09	1,535	0.03	6,494
225,705	30.6%	57.65	\$ 271,192	66.26	(45,487)	Amortization	0.0%	-	-	-	-
						EBITDA	29.2%	53.78	\$ 2,621,972	58.45	\$ 2,637,441
Add Back:											

COST DETAIL

DIRECT OPERATING COSTS

Routine Care Nursing														
	Salaries - CAS	-	-	-	-	-	-	-	(1,401)	0.0%	-	-	-	-
14,880	Salaries - Clinical Supervisor	3.80	16,255	3.97	(1,375)		194,103	3.02	140,592	1.6%		4.33	188,410	
19,742	Salaries - Nurse Practitioner	5.04	15,639	3.82	4,103		183,247	4.81	224,268	2.6%		4.09	121,879	
-	Salaries - QA and Intake	-	-	-	-		-	-	-	0.0%		-	95,066	
-	Salaries - Other	-	-	-	-		-	-	-	0.0%		-	844	
100,935	Salaries - RN	25.77	77,873	19.03	23,063		926,510	27.10	1,262,661	14.7%		20.66	1,003,151	
-	Salaries - RN, On Call	2.00	21,216	5.18	(13,363)		253,344	2.06	95,758	1.1%		5.65	42,964	
7,853	Salaries - LPN/LVN	3.12	-	-	12,239		-	2.85	132,630	1.5%		-	66,951	
12,239	Payroll Taxes	3.98	11,867	2.90	3,705		141,350	3.26	151,945	1.8%		3.15	136,610	
15,572	Employee Benefits	1.70	8,072	1.97	(1,396)		83,155	2.05	95,653	1.1%		1.85	63,493	
6,676	Workers Comp	1.27	4,497	1.10	460		53,648	1.06	49,206	0.6%		1.20	41,761	
4,957	Travel, Auto Allowance, and Mileage	2.18	8,361	2.04	192		91,571	2.31	107,491	1.3%		2.04	88,641	
8,554	Contract Agency Personnel	-	1,734	0.42	(1,734)		19,005	0.25	11,529	0.0%		-	9,133	
-	Nurse Recruiting Costs	0.56	732	0.18	1,463		8,023	0.70	32,553	0.4%		0.42	15,345	
2,195	Patient Transportation	-	-	-	-		-	-	-	0.0%		-	15,418	
-	Other Skilled Nursing Costs	-	-	-	-		-	-	-	0.0%		-	-	
193,603	Total Routine Care Nursing	49.43	166,246	40.62	27,357		1,953,957	49.43	2,302,886	26.9%		43.56	1,889,667	
Continuous Care														
-	Salaries - Staff	-	1,544	0.38	(1,544)		19,740	-	-	0.0%		0.44	-	
-	Payroll Taxes	-	98	0.02	(98)		1,250	-	-	0.0%		0.03	-	
-	Employee Benefits	-	71	0.02	(71)		787	-	-	0.0%		0.02	-	
-	Workers Comp	-	37	0.01	(37)		470	-	-	0.0%		0.01	-	
-	Auto Allowance and Mileage	-	74	0.02	(74)		866	-	-	0.0%		0.02	-	
-	Contract Agency Personnel	-	-	-	-		-	-	-	0.0%		-	-	
-	Total Continuous Care	-	1,823	0.45	(1,823)		23,113	-	-	0.0%		0.52	-	
Inpatient Care Service														
946	General Care	0.24	6,236	1.52	(5,290)		74,158	0.55	25,738	0.3%		1.65	47,509	
310	Respite Care	0.08	7,126	1.74	(6,817)		84,755	0.05	2,557	0.0%		1.89	4,654	
1,256	Total Inpatient Care Service	0.32	13,362	3.26	(12,107)		158,912	0.61	28,295	0.3%		3.54	52,163	
194,859	Total Skilled Nursing	49.75	181,431	44.33	13,428		2,135,983	50.03	2,331,180	27.2%		47.62	1,941,830	
Therapy														
-	Salaries - Staff	-	-	-	-		-	-	-	0.0%		-	-	
-	Payroll Taxes	-	-	-	-		-	-	-	0.0%		-	-	
-	Employee Benefits	-	-	-	-		-	-	-	0.0%		-	-	
-	Workers Comp	-	-	-	-		-	-	-	0.0%		-	-	
-	Auto Allowance and Mileage	-	-	-	-		-	-	-	0.0%		-	-	
2,035	Contract Agency Personnel	0.52	1,952	0.48	83		21,397	0.94	43,994	0.5%		0.48	15,944	
2,035	Total Therapy	0.52	1,952	0.48	83		21,397	0.94	43,994	0.5%		0.48	15,944	
Medical Social Service														
27,006	Salaries - Staff	6.89	22,908	5.60	4,098		273,549	7.13	332,250	3.9%		6.10	282,482	
2,435	Payroll Taxes	0.62	1,879	0.46	557		22,433	0.65	30,360	0.4%		0.50	25,237	
1,599	Employee Benefits	0.41	1,872	0.46	(273)		21,668	0.46	21,510	0.3%		0.48	21,622	
650	Workers Comp	0.17	792	0.19	(142)		9,458	0.25	11,626	0.1%		0.21	7,598	

1,775	0.2%	0.45	2,012	0.49	(238)	Auto Allowance and Mileage	21,117	0.2%	0.45	22,051	0.49	19,325
-	0.0%	-	-	-	-	Contract Agency Personnel	-	0.0%	-	-	-	-
33,465	4.5%	8.54	29,463	7.20	4,002	Total Medical Social Service	416,863	4.9%	8.95	349,158	7.78	356,264
29,871	4.0%	7.63	33,455	8.17	(3,584)	Home Health Aides	339,451	4.0%	7.29	399,510	8.91	272,505
3,060	0.4%	0.78	2,743	0.67	317	Salaries - Staff	28,564	0.3%	0.61	32,759	0.73	27,537
1,641	0.2%	0.42	2,557	0.62	(916)	Payroll Taxes	21,181	0.2%	0.45	26,558	0.59	14,769
885	0.1%	0.23	991	0.24	(106)	Employee Benefits	6,115	0.1%	0.13	11,863	0.26	7,714
2,006	0.3%	0.51	2,654	0.65	(648)	Workers Comp	23,719	0.3%	0.51	29,086	0.65	20,945
37,463	0.0%	-	-	-	-	Auto Allowance and Mileage	-	0.0%	-	-	-	-
-	5.1%	9.56	42,401	10.36	(4,937)	Contract Agency Personnel	419,028	4.9%	8.99	499,776	11.14	343,470
4,778	0.6%	1.22	1,717	0.42	3,061	Total Home Health Aides	44,096	0.5%	0.95	19,863	0.44	104,911
4,778	0.6%	1.22	1,717	0.42	3,061	Physician Services	44,096	0.5%	0.95	19,863	0.44	104,911
17,974	2.4%	4.59	14,237	3.48	3,737	Contract Personnel	214,819	2.5%	4.61	170,001	3.79	175,927
1,621	0.2%	0.41	1,167	0.29	453	Total Physician Services	19,629	0.2%	0.42	13,941	0.31	15,717
1,064	0.1%	0.27	1,163	0.28	(99)	Spiritual Counseling	13,907	0.2%	0.30	13,466	0.30	13,466
432	0.1%	0.11	492	0.12	(60)	Salaries - Staff	7,517	0.1%	0.16	5,878	0.13	4,732
1,181	0.2%	0.30	1,250	0.31	(69)	Payroll Taxes	13,653	0.2%	0.29	13,704	0.31	12,035
-	0.0%	-	-	-	-	Employee Benefits	-	0.0%	-	-	-	-
22,273	3.0%	5.69	18,310	4.47	3,962	Workers Comp	269,525	3.1%	5.78	216,990	4.84	221,877
504	0.1%	0.13	-	-	504	Auto Allowance and Mileage	5,296	0.1%	0.11	-	-	2,994
46	0.0%	0.01	-	-	46	Contract Agency Personnel	445	0.0%	0.01	-	-	527
-	0.0%	-	-	-	-	Total Dietary Counseling	-	0.0%	-	-	-	-
21	0.0%	0.01	-	-	21	Dietary Counseling	21	0.0%	0.00	-	-	49
30	0.0%	0.01	-	-	30	Salaries - Staff	302	0.0%	0.01	-	-	90
-	0.0%	-	7	0.00	(7)	Payroll Taxes	-	0.0%	-	81	-	71
600	0.1%	0.15	7	0.00	593	Employee Benefits	6,063	0.1%	0.13	81	0.00	3,731
295,473	40.0%	75.43	275,281	67.26	20,192	Workers Comp	3,530,750	41.2%	75.78	3,243,248	72.30	2,988,027
12,276	1.7%	3.13	14,375	3.51	(2,099)	Total Direct Personnel	187,051	2.2%	4.01	157,537	3.51	134,367
24,211	3.3%	6.18	20,162	4.93	4,049	Billable Medical Supplies, Pharmacy, & HME	303,066	3.5%	6.50	220,959	4.93	198,952
22,848	3.1%	5.83	24,320	5.94	(1,472)	Medical Supplies	277,165	3.2%	5.95	266,525	5.94	251,741
59,334	8.0%	15.15	58,857	14.38	477	Drugs & Biologicals	767,282	9.0%	16.47	645,021	14.38	585,060
-	0.0%	-	56	0.01	(56)	Home Medical Equipment	3,888	0.0%	0.08	615	0.01	316
51	0.0%	0.01	371	0.09	(320)	Total Billable Medical Supplies, Pharmacy, & HME	3,116	0.0%	0.07	4,074	0.09	3,219
0	0.0%	0.00	-	-	0	Other Billable Direct Hospice Costs	(0)	0.0%	(0.00)	-	-	(0)
51	0.0%	0.01	427	0.10	(376)	Infusion Services	7,004	0.1%	0.15	4,689	0.10	3,534
29,547	4.0%	7.54	33,236	8.12	(3,689)	Laboratory & Diagnostics	-	0.0%	-	-	-	-
13,738	1.9%	3.51	10,887	2.66	2,851	Other Ancillary Expenses	-	0.0%	-	-	-	-
769	0.1%	0.20	-	-	769	Total Other Billable Direct Hospice Costs	-	0.1%	0.15	4,689	0.10	3,534
8,641	1.2%	2.21	5,255	1.28	3,386	INDIRECT COSTS	-	-	-	-	-	-
-	0.0%	-	-	-	-	INDIRECT COSTS	-	-	-	-	-	-
29,547	4.0%	7.54	33,236	8.12	(3,689)	INDIRECT COSTS	367,213	4.3%	7.88	396,948	8.85	314,070
13,738	1.9%	3.51	10,887	2.66	2,851	Indirect Personnel	127,597	1.5%	2.74	130,122	2.90	140,209
769	0.1%	0.20	-	-	769	Salaries - Administration	16,297	0.2%	0.35	-	-	11,289
8,641	1.2%	2.21	5,255	1.28	3,386	Salaries - Medical Administration	64,103	0.7%	1.38	62,756	1.40	49,835
-	0.0%	-	-	-	-	Salaries - Bereavement Counseling	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Salaries - Volunteer Coordination	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Salaries - Clerical Staff	-	0.0%	-	-	-	-

20,123	2.7%	5.14	15,965	3.90	4,158	Salaries - Liaisons	253,098	3.0%	5.43	190,641	4.25	45,026
5,113	0.7%	1.31	4,465	1.09	648	Payroll Taxes	61,565	0.7%	1.32	53,323	1.19	49,688
13,402	1.8%	3.42	12,960	3.17	441	Employee Benefits	169,607	2.0%	3.64	125,027	2.79	59,480
886	0.1%	0.23	1,331	0.33	(444)	Workers Compensation	19,676	0.2%	0.42	15,895	0.35	3,824
3,103	0.4%	0.79	3,907	0.95	(804)	Auto Allowance, and Mileage	37,338	0.4%	0.80	42,814	0.95	36,618
13,500	1.8%	3.45	10,000	2.44	3,500	Medical Director(s)	164,546	1.9%	3.53	120,000	2.68	79,005
-	0.0%	-	-	-	-	Spiritual Counselor	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Contract Personnel	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Management Fees	-	0.0%	-	-	-	-
108,821	14.7%	27.78	98,006	23.94	10,816	Total Indirect Personnel	1,281,041	14.9%	27.50	1,137,526	25.36	346,063
6,274	0.8%	1.60	6,021	1.47	253	Occupancy Costs	73,058	0.9%	1.57	72,063	1.61	74,586
204	0.0%	0.05	246	0.06	(42)	Rent	3,389	0.0%	0.07	2,952	0.07	3,072
-	0.0%	-	53	0.01	(53)	Utilities	1,134	0.0%	0.02	582	0.01	1,050
6,478	0.9%	1.65	6,320	1.54	158	Repairs & Maintenance	77,581	0.9%	1.67	75,597	1.69	78,709
4,488	0.6%	1.15	2,295	0.56	2,193	Office Expenses	23,461	0.3%	0.50	25,148	0.56	20,328
2,901	0.4%	0.74	1,471	0.36	1,430	Stationary & Printing	21,091	0.2%	0.45	16,124	0.36	16,029
11,144	1.5%	2.84	15,212	3.72	(4,068)	Office Supplies & Expense	143,339	1.7%	3.08	166,712	3.72	151,174
482	0.1%	0.12	356	0.09	126	Telephone, Answering Service, Etc.	5,684	0.1%	0.12	3,898	0.09	3,807
158	0.0%	0.04	546	0.13	(388)	Postage	3,974	0.0%	0.09	5,983	0.13	5,196
72	0.0%	0.02	131	0.03	(59)	Office Equipment - Rental	2,680	0.0%	0.06	1,535	0.03	5,176
-	0.0%	-	9	0.00	(9)	Office Equipment - Depreciation	301	0.0%	0.01	99	0.00	82
19,245	2.6%	4.91	20,020	4.89	(775)	Office Equipment - Repairs & Maint	200,531	2.3%	4.30	219,499	4.89	201,793
1,127	0.2%	0.29	2,724	0.67	(1,597)	Total Office Expenses	6,834	0.1%	0.15	32,268	0.72	20,837
-	0.0%	-	-	-	-	Other General Costs	-	0.0%	-	-	-	60
980	0.1%	0.25	485	0.12	495	Information Technology	20,408	0.2%	0.44	5,317	0.12	5,416
3,315	0.4%	0.85	1,579	0.39	1,736	Recruitment Expense	29,370	0.3%	0.63	17,301	0.39	17,327
-	0.0%	-	1,617	0.40	(1,617)	Employee Expense	16,516	0.2%	0.35	17,716	0.39	15,423
14,053	1.9%	3.59	5,249	1.28	8,804	Staff Education, Inservice & Meetings	67,786	0.8%	1.45	57,526	1.28	51,166
-	0.0%	-	160	0.04	(160)	Travel & Conference	1,140	0.0%	0.02	1,754	0.04	7,175
-	0.0%	-	-	-	-	Dues & Subscriptions	-	0.0%	-	-	-	-
2,419	0.3%	0.62	1,821	0.44	(2)	Professional Awareness	27,709	0.3%	0.59	22,628	0.50	16,714
-	0.0%	-	2	0.00	2	Accreditation & Licenses	160	0.0%	0.00	-	-	8,320
-	0.0%	-	-	-	-	Advisory Board Expense	-	0.0%	-	-	-	21,582
-	0.0%	-	-	-	-	Insurance - General	-	0.0%	-	24	0.00	25
-	0.0%	-	-	-	-	Insurance - Professional Liability	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Legal & Accounting	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Interest	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Amortization - Start up Expense	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Amortization - Organization Expense	-	0.0%	-	-	-	-
1,197	0.2%	0.31	736	0.18	(461)	Bad Debts	19,800	0.2%	0.42	162,898	3.63	28,876
51	0.0%	0.01	-	-	51	Charity Care	329	0.0%	0.01	30,349	0.68	7,141
220	0.0%	0.03	-	-	220	Other Purchased/Consulting Services	13,826	0.2%	0.30	8,359	0.19	6,349
23,363	3.1%	5.93	32,224	7.87	(8,861)	State Excise/Property Taxes	6,010	0.0%	0.01	-	-	(1,950)
-	-	-	-	-	-	Miscellaneous & Other	210,502	2.4%	4.42	356,140	7.94	214,593
-	-	-	-	-	-	Total Other General Costs	-	-	-	-	-	-

OTHER REVENUE/EXPENSE STATISTICS

709,111	96.0%	186.22	735,372	189.48	(26,261)	Revenue by Payor Source	8,335,820	97.3%	184.64	8,011,435	188.29	7,262,624
8,461	1.1%	211.52	25,936	185.26	(17,475)	Medicare	133,957	1.6%	198.46	284,781	184.56	284,046
10,822	1.5%	156.83	13,256	236.71	(2,434)	Medicaid	144,050	1.7%	192.07	140,446	234.47	166,648
728,393	98.7%	185.96	774,564	189.24	(46,171)	Other	8,613,827	100.5%	184.88	8,436,662	188.08	7,713,318
-	-	-	-	-	-	Total Service Revenue	-	-	-	-	-	-

	9,902	1.3%	2.53	(12,368)	(3.02)	22,270	Net Room & Board Revenue	(42,642)	-0.5%	(0.92)	(134,505)	(3.00)	(22,249)
	738,296	100.0%	188.48	762,196	186.22	(23,900)	Total Revenue	8,571,185	100.0%	183.97	8,302,157	185.08	7,691,069
	40	0	-	140	-	(100)	Medicaid	675	0	-	1,543	-	1,269
	3,808	0	0	3,881	0	(73)	Medicare	45,147	0	0	42,549	0	38,749
	-	0	0	-	0	-	Insurance PPS	-	0	0	-	0	-
	-	0	0	-	0	-	Insurance FFS	-	0	0	-	0	-
	69	0	0	16	0	(16)	No Pay	19	0	0	165	0	104
		0	0	56	0	13	Other	750	0	0	599	0	621

Total Census by Payer

Bristol Hospice & Homecare-Northwest LLC

Income Statement

For the Nine Months Ending September 30, 2019

Month Actual	% of Revenue	MTD Actual PPD	Month Budget	MTD Budget PPD	Month Variance	Average Length of Stay			YTD Variance			
						YTD Actual	% of Revenue	YTD PPD	YTD Budget	Budget PPD	YTD Variance	
72						74						
6,716		223.9	7,461	248.7	(745)	60,787	-	200.0	59,782	196.7	1,005	
-		-	3	0.1	(3)	2	-	0.0	30	0.1	(28)	
10.0		-	6	0.2	(6)	11	-	0.0	60	0.2	(49)	
6,726		224.2	7,500	250.0	(274)	60,844	-	200.1	60,175	197.9	669	
223.9		-	248.7	-	(24.8)	421.9	-	-	440.4	-	(18.4)	
-		-	0.1	-	(0.1)	0.0	-	-	0.2	-	(0.2)	
0.3		-	1.0	-	(0.7)	0.5	-	-	0.4	-	(0.4)	
224.2		-	250.0	-	(25.8)	422.4	-	-	442.9	-	(20.5)	
14,766	1.2%	250.27	23,583	187.17	(8,817)	183,334	1.6%	272.41	188,762	187.26	(5,428)	
1,211,116	97.8%	183.42	1,350,432	186.16	(139,316)	11,323,682	97.4%	189.90	10,821,366	185.90	502,316	
1,327	0.1%	0.20	2,660	0.37	(1,333)	14,742	0.1%	0.25	21,346	0.37	(6,604)	
1,212,442	97.9%	183.62	1,353,092	186.53	(140,650)	11,338,424	97.5%	190.15	10,842,712	186.27	495,712	
603	0.0%	150.64	603	-	0	2,379	0.0%	169.91	-	-	2,379	
26,512	2.1%	441.86	22,461	187.18	4,051	132,031	1.1%	250.53	178,938	186.98	(46,907)	
1,254,323	101.3%	186.77	1,399,136	187.53	(144,813)	11,656,168	100.2%	191.57	11,210,412	186.30	445,756	
-	0.0%	-	-	-	-	-	0.0%	-	-	-	-	
-	0.0%	-	562	-	(562)	676	0.0%	-	5,672	-	(4,996)	
-	0.0%	-	-	-	-	676	0.0%	-	-	-	-	
-	0.0%	-	562	187.33	(562)	676	0.0%	338.11	5,672	189.07	(4,996)	
-	0.0%	-	-	-	-	-	0.0%	-	-	-	-	
-	0.0%	-	6,177	-	(6,177)	8,746	0.0%	-	62,383	-	(53,637)	
-	0.0%	-	-	-	-	8,746	0.0%	-	-	-	-	
-	0.0%	-	6,177	1,029.50	(6,177)	8,746	0.1%	795.11	62,383	1,039.72	(53,637)	
-	0.0%	-	-	-	-	-	0.0%	-	-	-	-	
1,957	0.2%	-	22,460	-	(20,503)	7,632	0.1%	-	226,848	-	(219,216)	
-	0.0%	-	-	-	-	7,632	0.0%	-	-	-	-	
1,957	0.2%	195.68	22,460	748.67	(20,503)	7,632	0.1%	173.44	226,848	748.67	(219,216)	
1,256,280	101.4%	186.78	1,428,335	190.44	(172,055)	11,673,222	100.4%	191.85	11,505,315	191.20	167,907	

Pass Through Revenue
Room and Board Revenue

351,907	28.4%	-	446,613	-	(94,706)	Routine	3,283,272	28.2%	-	3,578,023	-	(294,751)
-	0.0%	-	-	-	-	HMSA	-	0.0%	-	-	-	-
351,907	28.4%	52.32	446,613	59.55	(94,706)	Total Room and Board Revenue	3,283,272	28.2%	53.96	3,578,023	59.46	(294,751)
369,509	29.8%	-	460,438	-	(90,929)	Room and Board Expense	3,328,189	28.6%	-	3,688,783	-	(360,594)
-	0.0%	-	-	-	-	Routine	-	0.0%	-	-	-	-
369,509	29.8%	-	460,438	-	(90,929)	HMSA	-	0.0%	-	-	-	-
(17,602)	-1.4%	-	(13,825)	-	(3,777)	Total Room and Board Expense	3,328,189	28.6%	-	3,688,783	-	(360,594)
\$1,238,677	100.0%	184.16	\$1,414,510	188.60	(\$175,833)	Room & Board Revenue (Net)	(44,917)	-0.4%	-	(110,760)	-	65,843
						Net Patient Revenue	\$11,628,304	100.0%	191.12	\$11,394,555	189.36	\$233,749
DIRECT COSTS												
308,657	24.9%	45.89	386,960	51.59	(78,302)	Direct Personnel	2,927,468	25.2%	48.11	3,223,516	53.57	(296,047)
1,838	0.1%	0.27	11,471	1.53	(9,633)	Skilled Nursing	50,586	0.4%	0.83	83,606	1.39	(33,020)
65,289	5.3%	9.71	52,361	6.98	12,928	Therapy	566,084	4.9%	9.30	426,799	7.09	139,284
43,550	3.5%	6.47	100,705	13.43	(57,156)	Medical Social Service	713,082	6.1%	11.72	772,596	12.84	(59,514)
8,599	0.7%	1.28	7,856	1.05	743	Home Health Aide	55,602	0.5%	0.91	63,032	1.05	(7,430)
30,463	2.5%	4.53	31,717	4.23	(1,254)	Physician Services	288,767	2.5%	4.75	256,992	4.27	31,776
324	0.0%	0.05	781	0.10	(457)	Spiritual Counseling	5,842	0.1%	0.10	7,786	0.13	(1,944)
458,720	37.0%	68.20	591,850	78.91	(133,131)	Dietary Counseling	4,607,430	39.6%	75.73	4,834,327	80.34	(226,897)
						Total Direct Personnel	1,087,144	9.3%	17.87	992,183	16.49	94,961
118,406	9.6%	17.60	123,662	16.49	(5,256)	Billable Medical Supplies, Pharmacy, & HME	11,468	0.1%	0.19	5,344	0.09	6,124
2,390	0.2%	0.36	739	0.10	1,651	Other Billable Direct Hospice Costs	5,706,043	49.1%	93.78	5,831,854	96.91	(125,811)
579,516	46.8%	86.16	716,251	95.50	(136,735)	Total Direct Costs	\$5,922,262	50.9%	97.34	\$5,562,701	92.44	\$359,561
\$659,161	53.2%	98.00	\$698,259	93.10	(\$39,097)	Gross Margin						
182,905	14.8%	27.19	154,662	20.62	28,244	INDIRECT COSTS	1,775,654	15.3%	29.18	1,317,101	21.89	458,553
13,001	1.0%	1.93	12,233	1.63	768	Indirect Personnel	156,125	1.3%	2.57	120,744	2.01	35,381
25,001	2.0%	3.72	32,602	4.35	(7,602)	Occupancy Cost	223,999	1.9%	3.68	256,737	4.27	(32,738)
52,557	4.2%	7.81	54,256	7.23	(1,699)	Office Expenses	404,203	3.5%	6.64	419,518	7.30	(15,315)
273,464	22.1%	40.66	253,753	33.83	19,712	Other Costs	2,559,981	22.0%	42.07	2,134,100	35.46	425,881
852,981	68.9%	126.82	970,004	129.33	(117,023)	Total Indirect Costs	8,266,024	71.1%	135.86	7,985,954	132.38	300,070
						Total Costs						
	0.0%	-	-	-	-	OTHER INCOME						
	0.0%	-	-	-	-	Management Fees						
	0.0%	-	-	-	-	Donations						
	0.0%	-	-	-	-	Interest Income						
	0.0%	-	-	-	-	Consulting Income						
	0.0%	-	-	-	-	Other Income						
	0.0%	-	-	-	-	Total Other Income						
\$ 385,697	31.1%	57.34	\$ 444,506	59.27	(\$58,809)	NET INCOME	\$ 3,362,281	28.9%	55.26	\$ 3,428,601	56.98	(\$66,320)
						Add Back:						
	0.0%	-	-	-	-	Interest						
	0.0%	-	-	-	-	Taxes						
370	0.0%	0.06	233	0.03	137	Depreciation	2,219	0.04	0.04	2,330	0.04	(111)
	0.0%	-	-	-	-	Amortization						
\$ 386,067	31.2%	57.40	\$ 444,739	59.30	(\$58,672)	EBITDA	\$ 3,364,500	28.9%	55.30	\$ 3,430,931	57.02	(\$66,431)

4,689	0.4%	0.70	3,433	0.46	1,256	Payroll Taxes	41,751	0.4%	0.69	28,010	0.47	(13,742)
3,623	0.3%	0.54	2,927	0.39	696	Employee Benefits	27,637	0.2%	0.45	23,887	0.40	(3,750)
872	0.1%	0.13	1,779	0.24	(907)	Workers Comp	7,890	0.1%	0.13	14,518	0.24	6,628
2,629	0.2%	0.39	2,985	0.40	(356)	Auto Allowance and Mileage	26,210	0.2%	0.43	23,911	0.40	(2,299)
65,289	5.3%	9.71	52,361	6.98	12,928	Contract Agency Personnel	566,084	0.0%	-	-	-	-
						Total Medical Social Service		4.9%	9.30	426,799	7.09	(139,284)
35,409	2.9%	5.26	79,019	10.54	(43,610)	Home Health Aides		6.1%	11.72	772,596	12.84	59,514
3,535	0.3%	0.53	6,749	0.90	(3,214)	Salaries - Staff	589,678	5.1%	9.69	605,964	10.07	16,286
1,811	0.1%	0.27	5,772	0.77	(3,961)	Payroll Taxes	52,736	0.5%	0.87	51,841	0.86	(894)
743	0.1%	0.11	3,497	0.47	(2,755)	Employee Benefits	24,733	0.2%	0.41	44,314	0.74	19,582
2,053	0.2%	0.31	5,668	0.76	(3,616)	Workers Comp	10,873	0.1%	0.18	26,866	0.45	15,993
	0.0%	-	-	-	(3,616)	Auto Allowance and Mileage	35,062	0.3%	0.58	43,611	0.72	8,549
43,550	3.5%	6.47	100,705	13.43	(57,156)	Contract Agency Personnel	713,082	0.0%	-	-	-	-
						Total Home Health Aides		6.1%	11.72	772,596	12.84	59,514
8,599	0.7%	1.28	7,856	1.05	743	Physician Services	55,602	0.5%	0.91	63,032	1.05	7,430
8,599	0.7%	1.28	7,856	1.05	743	Contract Personnel	55,602	0.5%	0.91	63,032	1.05	7,430
						Total Physician Services		0.5%	0.91	63,032	1.05	7,430
24,951	2.0%	3.71	24,978	3.33	(27)	Spiritual Counseling	235,971	2.0%	3.88	202,603	3.37	(33,367)
2,188	0.2%	0.33	2,079	0.28	108	Salaries - Staff	21,304	0.2%	0.35	16,866	0.28	(4,439)
1,691	0.1%	0.25	1,773	0.24	(83)	Payroll Taxes	14,076	0.1%	0.23	14,383	0.24	307
407	0.0%	0.06	1,078	0.14	(671)	Employee Benefits	4,027	0.0%	0.07	8,742	0.15	4,715
1,227	0.1%	0.18	1,808	0.24	(581)	Workers Comp	13,389	0.0%	0.22	14,398	0.24	1,009
	0.0%	-	-	-	(581)	Auto Allowance and Mileage	288,767	0.0%	-	-	-	-
30,463	2.5%	4.53	31,717	4.23	(1,254)	Contract Agency Personnel	288,767	2.5%	4.75	256,992	4.27	(31,776)
						Total Spiritual Counseling		2.5%	4.75	256,992	4.27	(31,776)
250	0.0%	0.04	693	0.09	(443)	Dietary Counseling	4,957	0.0%	0.08	6,909	0.11	1,952
19	0.0%	0.00	58	0.01	(39)	Salaries - Staff	450	0.0%	0.01	577	0.01	127
	0.0%	-	-	-	(39)	Payroll Taxes	-	0.0%	-	-	-	-
23	0.0%	0.00	30	0.00	(7)	Employee Benefits	212	0.0%	0.00	300	0.00	88
31	0.0%	0.00	-	-	31	Workers Comp	223	0.0%	0.00	-	-	(223)
	0.0%	-	-	-	(31)	Auto Allowance and Mileage	-	0.0%	-	-	-	-
	0.0%	-	-	-	(31)	Other Dietary Counseling	-	0.0%	-	-	-	-
	0.0%	-	-	-	(31)	Contract Agency Personnel	-	0.0%	-	-	-	-
324	0.0%	0.05	781	0.10	(457)	Total Dietary Counseling	5,842	0.1%	0.10	7,786	0.13	1,944
458,720	37.0%	68.20	591,850	78.91	(133,131)	Total Direct Personnel	4,607,430	39.6%	75.73	4,834,327	80.34	226,897
22,018	1.8%	3.27	32,461	4.33	(10,443)	Billable Medical Supplies, Pharmacy, & HME	232,596	2.0%	3.82	260,447	4.33	27,851
36,176	2.9%	5.38	46,875	6.25	(10,699)	Medical Supplies	439,834	3.8%	7.23	376,096	6.25	(63,738)
60,212	4.9%	8.95	44,326	5.91	15,886	Drugs & Biologicals	414,714	3.6%	6.82	355,640	5.91	(59,074)
118,406	9.6%	17.60	123,662	16.49	(5,256)	Home Medical Equipment	1,087,144	9.3%	17.87	992,183	16.49	(94,961)
						Total Billable Medical Supplies, Pharmacy, & HME		9.3%	17.87	992,183	16.49	(94,961)
161	0.0%	0.02	-	-	161	Other Billable Direct Hospice Costs	3,970	0.0%	0.07	-	-	(3,970)
2,230	0.2%	0.33	739	0.10	1,491	Infusion Services	7,498	0.1%	0.12	5,344	0.09	(2,154)
	0.0%	-	-	-	(1,491)	Laboratory & Diagnostics	-	0.0%	-	-	-	-
	0.0%	-	-	-	(1,491)	Other Ancillary Expenses	-	0.0%	-	-	-	-
2,390	0.2%	0.36	739	0.10	1,651	Total Other Billable Direct Hospice Costs	11,468	0.1%	0.19	5,344	0.09	(6,124)
49,129	4.0%	7.30	30,324	4.04	18,805	COST DETAIL	556,703	4.8%	9.15	271,110	4.51	(285,593)
24,295	2.0%	3.61	8,403	1.12	15,892	INDIRECT COSTS	232,361	2.0%	3.82	83,864	1.39	(148,497)
	0.0%	-	-	-	-	Indirect Personnel	-	0.0%	-	-	-	-
						Salaries - Administration	-		-	-	-	-
						Salaries - DPCS	-		-	-	-	-
						Salaries - Medical Administration	-		-	-	-	-

7,376	0.6%	1.10	6,348	0.85	1,028	Salaries - Bereavement Counseling	58,444	0.5%	0.96	55,030	0.91	(3,414)
4,655	0.4%	0.69	8,643	1.15	(3,989)	Salaries - Volunteer Coordination	48,928	0.4%	0.80	69,527	1.16	20,600
-	0.0%	-	-	-	(4,738)	Salaries - Clerical Staff	-	0.0%	-	-	-	-
34,869	2.8%	5.18	39,607	5.28	(1,554)	Salaries - Liaisons	317,402	2.7%	5.22	338,293	5.62	20,891
6,916	0.6%	1.03	7,070	0.94	(154)	Payroll Taxes	82,970	0.7%	1.36	61,105	1.02	(21,865)
30,107	2.4%	4.48	23,909	3.19	6,197	Employee Benefits	244,805	2.1%	4.02	179,200	2.98	(65,605)
940	0.1%	0.14	1,953	0.26	(1,013)	Workers Compensation	14,148	0.1%	0.23	17,048	0.28	2,901
3,858	0.3%	0.57	6,204	0.83	(2,346)	Auto Allowance, and Mileage	37,085	0.3%	0.61	49,923	0.83	12,838
20,760	1.7%	3.09	22,200	2.96	(1,440)	Medical Director(s)	182,810	1.6%	3.00	192,000	3.19	9,190
-	0.0%	-	-	-	-	Spiritual Counselor	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Contract Personnel	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Management Fees	-	0.0%	-	-	-	-
182,905	14.8%	27.19	154,662	20.62	28,244	Total Indirect Personnel	1,775,654	15.3%	29.18	1,317,101	21.89	(458,553)
11,593	0.9%	1.72	11,666	1.56	(73)	Occupancy Costs	148,236	1.3%	2.44	115,604	1.92	(32,632)
661	0.1%	0.10	297	0.04	364	Rent	4,267	0.0%	0.07	2,970	0.05	(1,297)
748	0.1%	0.11	770	0.04	478	Utilities	3,622	0.0%	0.06	2,170	0.04	(1,452)
13,001	1.0%	1.93	12,233	1.63	768	Repairs & Maintenance	156,125	1.3%	2.57	120,744	2.01	(35,381)
5,232	0.4%	0.78	3,094	0.41	2,138	Office Expenses	33,713	0.3%	0.55	24,824	0.41	(8,889)
2,588	0.2%	0.38	4,402	0.59	(1,814)	Stationery & Printing	30,379	0.3%	0.50	33,134	0.55	2,755
14,977	1.2%	2.23	23,378	3.12	(8,401)	Office Supplies & Expense	138,953	1.2%	2.28	184,654	3.07	45,701
1,402	0.1%	0.21	783	0.10	619	Telephone, Answering Service, Etc.	12,008	0.1%	0.20	6,282	0.10	(5,726)
413	0.0%	0.06	739	0.10	(326)	Postage	4,338	0.0%	0.07	5,932	0.10	1,594
370	0.0%	0.06	132	0.02	238	Office Equipment - Rental	1,814	0.0%	0.03	1,320	0.02	(494)
19	0.0%	0.00	74	0.01	(55)	Office Equipment - Depreciation	2,794	0.0%	0.05	591	0.01	(2,203)
25,001	2.0%	3.72	32,602	4.35	(7,602)	Office Equipment - Repairs & Maint	223,999	1.9%	3.68	256,737	4.27	32,738
465	0.0%	0.07	932	0.12	(467)	Total Office Expenses	23,865	0.2%	0.39	7,475	0.12	(16,390)
-	0.0%	-	-	-	-	Other General Costs	1,008	0.0%	0.02	-	-	(1,008)
1,083	0.1%	0.16	2,664	0.36	(1,581)	Information Technology	11,728	0.1%	0.19	21,376	0.36	9,648
2,190	0.2%	0.33	4,214	0.56	(2,024)	Recruitment Expense	34,086	0.3%	0.56	33,812	0.56	(274)
-	0.0%	-	2,722	0.36	(2,722)	Employee Expense	133,007	0.0%	0.09	21,841	0.36	16,639
13,027	1.1%	1.94	10,023	1.34	3,004	Staff Education, Insurance & Meetings	(920)	0.0%	(0.02)	2,215	0.04	3,135
(1,140)	-0.1%	(0.17)	276	0.04	(1,416)	Travel & Conference	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Dues & Subscriptions	69,381	0.6%	1.14	23,140	0.38	(46,241)
-	0.0%	-	-	-	-	Professional Awareness	-	0.0%	-	79	0.00	79
-	0.0%	-	-	-	-	Accreditation & Licenses	-	0.0%	-	-	-	-
9,441	0.8%	1.40	2,314	0.31	7,127	Advisory Board Expense	-	0.0%	-	-	-	-
-	0.0%	-	10	0.00	(10)	Insurance - General	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Insurance - Professional Liability	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Legal & Accounting	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Interest	-	0.0%	-	-	-	-
-	0.0%	-	-	-	-	Amortization - Start up Expense	-	0.0%	-	-	-	-
24,900	2.0%	3.70	27,717	3.70	(2,817)	Amortization - Organization Expense	69,300	0.6%	1.14	222,104	3.69	152,804
603	0.0%	0.09	-	-	603	Bad Debts	2,379	0.0%	0.04	-	-	(2,379)
1,838	0.1%	0.27	3,279	0.44	(1,441)	Charity Care	51,369	0.4%	0.84	24,803	0.41	(26,566)
-	0.0%	-	4	0.00	(4)	Other Purchased/Consulting Services	1,949	0.0%	0.03	40	0.00	(1,909)
-	0.0%	-	-	-	(101)	State Excise/Property Taxes	472	0.0%	0.01	1,010	0.02	538
52,557	4.2%	7.81	54,256	7.23	(1,699)	Miscellaneous & Other	404,203	3.5%	6.64	439,518	7.30	35,315
-	-	-	-	-	-	Total Other General Costs	-	-	-	-	-	-

OTHER REVENUE/EXPENSE STATISTICS

1,214,399	98.0%	183.92	1,382,291	190.56	Revenue by Payor Source	11,355,478	97.7%	186.63	11,137,615	185.09	(217,863)
14,766	1.2%	250.27	23,583	187.17	(167,892) Medicare	183,334	1.6%	3.01	188,762	3.14	5,428
-	-	-	-	-	(8,817) Medicaid	-	-	-	-	-	-

Exhibit 15
Cash Flow – Historical

Bristol Hospice Northwest
Statement of Cash Flows
Year Ended 12/31/2016

Operating Activities	
Net Income	\$ 798,603
Items not requiring operating cash flow	
Depreciation	5,464
Amortization	16,806
Changes in	
Patient accounts receivable	(220,728)
Other receivables	-
Accounts payable and accrued expenses	117,940
Other assets and liabilities	(5,655)
Net cash provided by operating activities	<u>712,430</u>
Investing Activities	
Purchase of property and equipment	(6,151)
Net Cash used in investing activities	<u>(6,151)</u>
Financing Activities	
Transfers of cash to parent company (Bristol Hospice, LLC)	(110,982)
Net cash used in financing activities	<u>(110,982)</u>
Increase in cash	595,297
Cash, Beginning of Year	316,863
Cash, End of Year	<u><u>\$ 912,160</u></u>

Bristol Hospice Northwest
Statement of Cash Flows
Year Ended 12/31/2017

Operating Activities	
Net Income	\$ 2,615,378
Items not requiring operating cash flow	
Depreciation	6,494
Amortization	-
Changes in	
Patient accounts receivable	(249,288)
Other receivables	-
Accounts payable and accrued expenses	(342,606)
Other assets and liabilities	(23,488)
Net cash provided by operating activities	<u>2,006,490</u>
Investing Activities	
Purchase of property and equipment	-
Net Cash used in investing activities	<u>-</u>
Financing Activities	
Transfers of cash to parent company (Bristol Hospice, LLC)	(2,318,968)
Net cash used in financing activities	<u>(2,318,968)</u>
Increase in cash	(312,478)
Cash, Beginning of Year	912,160
Cash, End of Year	<u><u>\$ 599,682</u></u>

Bristol Hospice Northwest
Statement of Cash Flows
Year Ended 12/31/2018

Operating Activities	
Net Income	\$ 2,496,494
Items not requiring operating cash flow	
Depreciation	3,998
Amortization	-
Changes in	
Patient accounts receivable	214,318
Other receivables	-
Accounts payable and accrued expenses	(13,293)
Other assets and liabilities	28,621
Net cash provided by operating activities	<u>2,730,137</u>
Investing Activities	
Purchase of property and equipment	-
Net Cash used in investing activities	<u>-</u>
Financing Activities	
Transfers of cash to parent company (Bristol Hospice, LLC)	<u>(3,100,807)</u>
Net cash used in financing activities	<u>(3,100,807)</u>
Increase in cash	(370,670)
Cash, Beginning of Year	599,682
Cash, End of Year	<u><u>\$ 229,012</u></u>

Bristol Hospice Northwest
Statement of Cash Flows
Ten Months Ended 10/31/2019

Operating Activities	
Net Income	\$ 3,362,281
Items not requiring operating cash flow	
Depreciation	2,219
Amortization	-
Changes in	
Patient accounts receivable	(1,706,475)
Other receivables	-
Accounts payable and accrued expenses	17,879
Other assets and liabilities	(28,199)
Net cash provided by operating activities	<u>1,647,705</u>
Investing Activities	
Purchase of property and equipment	-
Net Cash used in investing activities	<u>-</u>
Financing Activities	
Transfers of cash to parent company (Bristol Hospice, LLC)	(371,141)
Net cash used in financing activities	<u>(371,141)</u>
Increase in cash	1,276,564
Cash, Beginning of Year	229,012
Cash, End of Year	<u><u>\$ 1,505,576</u></u>

Exhibit 16
Balance Sheets – Historical

Bristol Hospice Northwest
Balance Sheet
December 31, 2016

<u>Account Description</u>	<u>Natural Account</u>	<u>Total</u>
Cash - Wells Fargo Bank	1110	204,019.21
Cash - Deposits in Transit	1154	708,140.38
Total Cash		<u>912,159.59</u>
A/R - Medicaid	1200	149,731.74
A/R - Medicare A	1230	538,053.23
A/R - Insurance	1270	46,051.17
A/R - Miscellaneous	1281	325,000.00
A/R - Miscellaneous (Patient Related)	1282	14,158.16
Allowance for Uncollectible	1290	(25,910.46)
Total Patient AR		<u>1,047,083.84</u>
Inter Company Receivable	1399	834,567.73
Total Intercompany Receivable		<u>834,567.73</u>
Prepaid Insurance	1470	5,495.32
Prepaid Rent/Lease	1480	5,746.16
Deposits - Leases	1640	12,172.82
Total Other Assets		<u>23,414.30</u>
Total Current Assets		<u>2,817,225.46</u>
Equipment	1750	19,544.81
Equipment - Computer Equipment	1751	4,345.58
Accum. Depr. - Equipment	1755	(13,572.01)
Accum. Depr. - Equipment - Computer Equipment	1756	(506.99)
Computer Software	1770	3,650.00
Accum. Depr. - Computer Softw	1775	(709.72)
Total Fixed Assets		<u>12,751.67</u>
Total Assets		<u><u>2,829,977.13</u></u>
Trade Accounts-Dft	2000	233,402.71
Accrued Expenses	2010	24,372.96
Accrued Interest Payable	2060	323.02
Accrued Health Insurance	2090	0.00
Salaries & Wages Payable	2100	65,943.05
Accrued Bonus Payable	2105	16,000.00
FED and FICA W/H Payable	2120	13,944.59
State W/H Payable	2150	(0.00)
Accrued PTO	2171	40,802.56
Garnishments Payable	2275	0.00
Due to HMI	2330	182,776.92
Total Payables		<u>577,565.81</u>
Inter-Company Payable	2399	(530,322.29)
Total Intercompany Payable		<u>(530,322.29)</u>
Total Current Liabilities		<u>47,243.52</u>
Equity		
Additional Paid in Capital	2909	1,991,500.00
Distribution/Contribution - Inter-Co	2941	(280,000.00)
Retained Earnings	2950	272,630.36
Current Earnings		798,603.25
Total Equity		<u>2,782,733.61</u>
Total Liabilities & Equity		<u><u>2,829,977.13</u></u>
Difference		

**Bristol Hospice Northwest
Balance Sheet
December 31, 2017**

<u>Account Description</u>	<u>Natural Account</u>	<u>Total</u>
Cash - Wells Fargo Bank	1110	599,681.54
Total Cash		<u>599,681.54</u>
A/R - Medicaid	1200	503,226.07
A/R - Medicare A	1230	760,788.84
A/R - Insurance	1270	50,959.49
A/R - Miscellaneous (Patient Related)	1282	48,378.68
Allowance for Uncollectible	1290	(66,981.38)
Total Patient AR		<u>1,296,371.70</u>
Inter Company Receivable	1399	(860,239.03)
Total Intercompany Receivable		<u>(860,239.03)</u>
Prepaid Insurance	1470	28,887.32
Prepaid Rent/Lease	1480	5,842.03
Deposits - Leases	1640	12,172.82
Total Other Assets		<u>46,902.17</u>
Total Current Assets		<u>1,082,716.38</u>
Equipment	1750	19,544.81
Equipment - Computer Equipment	1751	4,345.58
Accum. Depr. - Equipment	1755	(17,806.72)
Accum. Depr. - Equipment - Computer Equipment	1756	(1,448.52)
Computer Software	1770	3,650.00
Accum. Depr. - Computer Softw	1775	(2,027.78)
Total Fixed Assets		<u>6,257.37</u>
Total Assets		<u>1,088,973.75</u>
Trade Accounts-Dflt	2000	13,314.35
Accrued Expenses	2010	36,731.75
Accrued Bonus Payable	2105	8,000.00
FED and FICA W/H Payable	2120	106,888.53
FUTA Payable	2130	(0.00)
SUI Payable	2140	(0.00)
State W/H Payable	2150	(0.00)
Accrued PTO	2171	67,879.88
401(K) Payable	2180	(0.00)
Foundation W/H Payable	2200	20.00
Insurance Payable - Dental	2251	855.78
Insurance Payable - Accident	2260	556.76
Insurance Payable - ST/LT Disability	2270	778.76
Garnishments Payable	2275	(66.15)
Total Payables		<u>234,959.66</u>
Due to Parent/Subsidiary	2398	(305,661.16)
Total Intercompany Payable		<u>(305,661.16)</u>
Total Current Liabilities		<u>(70,701.50)</u>
Equity		
Distribution/Contribution - Inter-Co	2941	#####
Retained Earnings	2950	1,071,233.61
Current Earnings		<u>2,615,377.66</u>
Total Equity		<u>1,159,675.25</u>
Total Liabilities & Equity		<u>1,088,973.75</u>
Difference		(0.00)

**Bristol Hospice Northwest
Balance Sheet
December 31, 2018**

<u>Account Description</u>	<u>Natural Account</u>	<u>Total</u>
Cash - Wells Fargo Bank	1110	229,011.87
Total Cash		<u>229,011.87</u>
A/R - Medicaid	1200	270,830.88
A/R - Medicare A	1230	796,551.89
A/R - Private	1250	2,301.04
A/R - Insurance	1270	22,223.81
A/R - Miscellaneous (Patient Related)	1282	2,122.15
Allowance for Uncollectible	1290	(11,976.16)
Total Patient AR		<u>1,082,053.61</u>
Due from Parent/Subsidiary	1398	2,486,930.26
Total Intercompany Receivable		<u>2,486,930.26</u>
Prepaid Rent/Lease	1480	6,108.76
Deposits - Leases	1640	12,172.82
Total Other Assets		<u>18,281.58</u>
Total Current Assets		<u>3,816,277.32</u>
Equipment	1750	19,544.81
Equipment - Computer Equipment	1751	4,345.58
Accum. Depr. - Equipment	1755	(19,544.81)
Accum. Depr. - Equipment - Computer Equipment	1756	(2,390.08)
Computer Software	1770	3,650.00
Accum. Depr. - Computer Softw	1775	(3,345.85)
Total Fixed Assets		<u>2,259.65</u>
Total Assets		<u><u>3,818,536.97</u></u>
Trade Accounts-Dflt	2000	21.32
Accrued Expenses	2010	3,334.54
Salaries & Wages Payable	2100	139,502.00
FED and FICA W/H Payable	2120	12,567.00
Accrued PTO	2171	94,695.00
401(K) Payable	2180	3,975.54
HSA/FSA Payable	2265	14,386.21
Total Payables		<u>268,481.61</u>
Due to Parent/Subsidiary	2398	(106,113.63)
Total Intercompany Payable		<u>(106,113.63)</u>
Total Current Liabilities		<u>162,367.98</u>
Equity		
Retained Earnings	2950	1,159,675.25
Current Earnings		2,496,493.74
Total Equity		<u>3,656,168.99</u>
Total Liabilities & Equity		<u><u>3,818,536.97</u></u>

Bristol Hospice Northwest
Balance Sheet
October 31, 2019

<u>Account Description</u>	<u>Natural Account</u>	<u>Total</u>
Cash - Wells Fargo Bank	1110	1,505,575.87
Total Cash		<u>1,505,575.87</u>
A/R - Medicaid	1200	1,044,032.66
A/R - Medicare A	1230	1,738,975.98
A/R - Insurance	1270	42,649.99
A/R - Miscellaneous (Patient Related)	1282	(0.00)
Allowance for Uncollectible	1290	<u>(37,130.24)</u>
Total Patient AR		2,788,528.39
Due from Parent/Subsidiary	1398	<u>4,739,318.54</u>
Total Intercompany Receivable		4,739,318.54
Prepaid Rent/Lease	1480	34,307.96
Deposits - Leases	1640	<u>12,172.82</u>
Total Other Assets		<u>46,480.78</u>
Total Current Assets		<u>9,079,903.58</u>
Leasehold Improvements	1730	17,862.35
Accum. Depr. - Lease Impr	1735	(893.13)
Equipment	1750	19,544.81
Equipment - Computer Equipment	1751	4,345.58
Accum. Depr. - Equipment	1755	(19,544.81)
Accum. Depr. - Equipment - Computer Equipment	1756	(3,041.95)
Computer Software	1770	3,650.00
Accum. Depr. - Computer Softw	1775	<u>(3,649.96)</u>
Total Fixed Assets		18,272.89
Total Assets		<u>9,098,176.47</u>
Accrued Expenses	2010	31,268.00
Accrued PTO	2171	196,214.00
Foundation W/H Payable	2200	(130.00)
Vision Ins. Payable	2245	1,032.89
Insurance Payable - Life/AD&D	2250	4,712.76
Insurance Payable - Dental	2251	(3,839.86)
AD&D Insurance Payable - Aetna	2252	(375.75)
Critical Illness Plan Payable	2253	472.20
Hospital Indemnity Plan Payable	2254	223.69
Insurance Payable - Life/AD&D	2255	68.03
Identity Theft Plan Payable	2256	(41.73)
Insurance Payable - Accident	2260	(7,143.08)
HSA/FSA Payable	2265	66,556.14
Insurance Payable - ST/LT Disability	2270	<u>(2,656.54)</u>
Total Payables		286,360.75
Due to Parent/Subsidiary	2398	<u>1,793,365.73</u>
Total Intercompany Payable		1,793,365.73
Total Current Liabilities		<u>2,079,726.48</u>
Equity		
Retained Earnings	2950	3,656,168.99
Current Earnings		<u>3,362,281.00</u>
Total Equity		<u>7,018,449.99</u>
Total Liabilities & Equity		<u>9,098,176.47</u>
Difference		-

Exhibit 17

FTE's

Staff	Year 1		Year 2		Year 3	
	FTE	Contracted	FTE	Contracted	FTE	Contracted
RN	2.00	-	3.00	-	4.00	-
NP	0.10	-	0.10	-	0.30	-
LPN	-	-	-	-	-	-
Hospice Aid	2.00	-	3.00	-	4.00	-
Nursing Total	4.10	-	6.10	-	8.30	-
Executive Director	1.00	-	1.00	-	1.00	-
Medical Director	-	0.10	-	0.15	-	0.19
DNS	-	-	1.00	-	1.00	-
Business/Clerical	1.50	-	2.50	-	4.00	-
Admin Total	1.50	0.10	3.50	0.15	5.00	0.19
PT	-	0.10	-	0.10	-	0.10
OT	-	0.10	-	0.10	-	0.10
Speech Therapist	-	0.10	-	0.10	-	0.10
Med Social Work	1.00	-	1.00	-	2.00	-
Pastoral/ Other Counselor	1.00	-	1.00	-	1.08	-
Volunteers	-	1.00	-	1.00	-	1.00
All Others Total	2.00	1.30	2.00	1.30	3.08	1.30
Total Staffing	16.20	2.80	24.20	2.91	33.77	2.98

Exhibit 18
Training

Course List

Course Owner	Course ID	Course Code	Course Name	Course Type	Credit Hours
Relias Learning	302177	REL-ALL-0-EXCEL10ADV	2010 MS Excel: Advanced	Online Course	0.25
Relias Learning	302175	REL-ALL-0-EXCEL10BAS	2010 MS Excel: Basics	Online Course	0.5
Relias Learning	302176	REL-ALL-0-EXCEL10INT	2010 MS Excel: Intermediate	Online Course	0.5
Relias Learning	302186	REL-ALL-0-OUTLTK10BAS	2010 MS Outlook: Basics	Online Course	1.25
Relias Learning	302187	REL-ALL-0-OUTLTK10INT	2010 MS Outlook: Intermediate	Online Course	1.25
Relias Learning	302181	REL-ALL-0-OUTLTK10BAS	2010 MS Outlook: Basics	Online Course	1.25
Relias Learning	302182	REL-ALL-0-PPT10BAS	2010 MS PowerPoint: Basics	Online Course	2
Relias Learning	302170	REL-ALL-0-WORDD10BAS	2010 MS Word: Basics	Online Course	0.25
Relias Learning	302171	REL-ALL-0-WORDD10INT	2010 MS Word: Intermediate	Online Course	0.75
Relias Learning	302174	REL-ALL-0-EXCEL13ADV	2013 MS Excel: Advanced	Online Course	1.25
Relias Learning	302172	REL-ALL-0-EXCEL13BAS	2013 MS Excel: Basics	Online Course	1.75
Relias Learning	302173	REL-ALL-0-EXCEL13INT	2013 MS Excel: Intermediate	Online Course	1.5
Relias Learning	302185	REL-ALL-0-OUTLTK13ADV	2013 MS Outlook: Advanced	Online Course	1.25
Relias Learning	302183	REL-ALL-0-OUTLTK13BAS	2013 MS Outlook: Basics	Online Course	1
Relias Learning	302184	REL-ALL-0-OUTLTK13INT	2013 MS Outlook: Intermediate	Online Course	1.5
Relias Learning	302180	REL-ALL-0-PPT13ADV	2013 MS PowerPoint: Advanced	Online Course	2
Relias Learning	302178	REL-ALL-0-PPT13BAS	2013 MS PowerPoint: Basics	Online Course	3.25
Relias Learning	302179	REL-ALL-0-PPT13INT	2013 MS PowerPoint: Intermediate	Online Course	1.25
Relias Learning	302169	REL-ALL-0-WORDD13ADV	2013 MS Word: Advanced	Online Course	0.75
Relias Learning	302167	REL-ALL-0-WORDD13BAS	2013 MS Word: Basics	Online Course	1
Relias Learning	302168	REL-ALL-0-WORDD13INT	2013 MS Word: Intermediate	Online Course	1
Bristol Hospice	331929	BR-CC-2016-1	2018 Corporate Compliance Training/Refresher	Online Course	1.75
Relias Learning	569791	REL-ALL-0-DLHDE	A Day in the Life of Henry: A Dementia Experience	Online Course	0
Relias Learning	211954	REL-SC-HH-HIPAP	A HIPAA Primer for Home Health Managers	Online Course	0.25
Relias Learning	562050	REL-SRC-0-MMAAMSC-V2	A Meeting of the Minds: Assessing Mental Status	Online Course	0.5
Relias Learning	312140	REL-SRC-0-MMAAMSC	A Meeting of the Minds: Assessing Mental Status	Online Course	0.5
Relias Learning	545568	REL-SRC-0-SGPH-P-V2	Changes in the Mind: Assessing Mental Status	Online Course	1
Relias Learning	679000	REL-HOS-WB-SACH	A Study of the Grief Process for Health Professionals	Online Course	1.25
Relias Learning	336385	REL-SRC-0-ACOPD	A Systems Approach to QAPI in Hospices	Online Course	1.25
Relias Learning	330969	REL-SRC-0-AD	About Chronic Obstructive Pulmonary Disease	Online Course	1.25
Relias Learning	582030	REL-SRC-0-AEI-CPC-V2	About Diabetes	Online Course	1.25
Relias Learning	327512	REL-SRC-0-AHI	About End of Life: Communication	Online Course	1.25
Relias Learning	362681	REL-SRC-0-AHD	About Hearing Impairment	Online Course	0.5
Relias Learning	286498	REL-SRC-0-AIEFOAFM	About IVs, Enteral Feeding, and Other Alternatives	Online Course	1
Relias Learning	327089	REL-SRC-0-AMI	Feeding Methods	Online Course	1
Relias Learning	562032	REL-SRC-0-AMI-V2	About Management of Intravenous (IV) Devices	Online Course	1
Relias Learning	378110	REL-SRC-0-AN	About Management of Intravenous (IV) Devices	Online Course	1
Relias Learning	371451	REL-SRC-0-AO	About Norovirus	Online Course	1
Relias Learning	348648	REL-SRC-0-APD	About Osteoporosis	Online Course	1
Relias Learning	345381	REL-SRC-0-ARD	About Parkinson's Disease	Online Course	1
Relias Learning	327087	REL-SRC-0-ASDN	About Renal Disease	Online Course	1.25
Relias Learning	357576	REL-SRC-0-AS	About Specialized Diets and Nutrition	Online Course	1
Relias Learning	328100	REL-SRC-0-AVI	About Stroke	Online Course	1
Relias Learning	301885	REL-SRC-0-AWCA	About Visual Impairment	Online Course	0.5
Relias Learning	562035	REL-SRC-0-AWCA-V2	About Wound Care: Identification and Assessment	Online Course	1
Relias Learning	411544	REL-PAC-0-AN	About Wound Care: Identification and Assessment	Online Course	1
Relias Learning	567118	REL-SRC-0-AN-R1	Abuse & Neglect	Online Course	0.5
Relias Learning	312148	REL-SRC-0-APM	Abuse & Neglect Self-Paced	Online Course	0.5
Relias Learning	567120	REL-SRC-0-APM-R1	Accident Prevention and Management	Online Course	0.75
Relias Learning	497507	PSCC-ABO-ENCLARA	Accident Prevention and Management Self-Paced	Online Course	0.75
Relias Learning	318581	REL-RED-K5A	Achieving Better Outcomes through Deprescribing in Hospice	Online Course	1.25
Relias Learning	336384	REL-SRC-0-AJA	Activities - Thats Whats Happening	Online Course	1
Relias Learning	287737	REL-HOS-0-ADR	Activities: An Interdisciplinary Approach	Online Course	0.5
Relias Learning			Additional Development Requests	Online Course	0.5

Relias Learning	3908811	REL-SRC-CAEF	Administration of Enteral Feedings	Skills Checklist	0
Relias Learning	394923	REL-SRC-CAIF	Administration of IV Fluids	Skills Checklist	0
Relias Learning	378850	REL-SRC-CAMFT	Administration of Medications via a Feeding Tube	Skills Checklist	0
Relias Learning	394922	REL-SRC-CAMI	Administration of Medications via an IV	Skills Checklist	0
Relias Learning	494226	REL-VDR-SS_X0128	Administrative Support: Interacting Effectively with Colleagues	Online Course	0.5
Relias Learning	494195	REL-VDR-SS_X0127	Administrative Support: Working in Partnership with Your Boss	Online Course	0.5
McKesson Academy*	483878	McKMMMS_2017_April	Adult Tracheostomy Care - What You Should Know	Online Course	1
Relias Learning	577877	REL-SRC-AWD-ACPCSS	Advance Care Planning Communication Skills for Success: The Five Wishes Framework	Online Course	1
Relias Learning	530824	REL-SRC-AWD-ACPC	Advance Care Planning Conversations: The Five Wishes Framework	Online Course	1
Relias Learning	577878	REL-SRC-AWD-ACFPI	Advance Care Planning: Program Implementation with Five Wishes®	Online Course	1
Relias Learning	265287	REL-ALL-0-ADVDR	Advance Directives	Online Course	0.5
Relias Learning	464218	REL-RT-0-RN201C	Advanced Wound Dressings: Decision Making	Online Course	1.25
Relias Learning	464219	REL-RT-0-RN201D	Advanced Wound Dressings: Managing Bioburden	Online Course	1.25
Relias Learning	464216	REL-RT-0-RN201A	Advanced Wound Treatments: Part 1	Online Course	1.5
Relias Learning	464217	REL-RT-0-RN201B	Advanced Wound Treatments: Part 2	Online Course	1.5
Relias Learning	318996	REL-RED-M2A	Adverse Incidents - Florida	Online Course	1
Relias Learning	644063	REL-PAC-0-AIFLAF	Adverse Incidents - Florida AIF	Online Course	1
Relias Learning	318998	REL-RED-M2C	Adverse Incidents for Oklahoma	Online Course	1
Relias Learning	318605	REL-ALL-0-AFFACT	Affirmative Action	Online Course	0.5
Relias Learning	85478	REL-SC-0-IND-ALCCI	Aligning Goals and Priorities to Manage Time	Online Course	1
Relias Learning	494211	REL-VDR-SS_X0142	Alzheimer's Disease and Related Disorders: Activities	Online Course	0.5
Relias Learning	530833	REL-SRC-0-ADRDA	Alzheimer's Disease and Related Disorders: Activities	Online Course	1
Relias Learning	517458	REL-SRC-0-ADRDAOL	Alzheimer's Disease and Related Disorders: Activities of Daily Living	Online Course	1
Relias Learning	530829	REL-SRC-0-ADRDO	Alzheimer's Disease and Related Disorders: An Overview	Online Course	1
Relias Learning	530831	REL-SRC-0-ADRDBADM	Alzheimer's Disease and Related Disorders: Behavior and ADL Management	Online Course	1
Relias Learning	530830	REL-SRC-0-ADRDBM	Alzheimer's Disease and Related Disorders: Behavior Management	Online Course	1
Relias Learning	504219	REL-SRC-0-ADRDC	Alzheimer's Disease and Related Disorders: Communication	Online Course	1
Relias Learning	517459	REL-SRC-0-ADRDFEI	Alzheimer's Disease and Related Disorders: Family and Ethical Issues	Online Course	1
Relias Learning	530834	REL-SRC-0-ADRDMC	Alzheimer's Disease and Related Disorders: Medical Care	Online Course	1
Relias Learning	530835	REL-SRC-0-ADRDP	Alzheimer's Disease and Related Disorders: Psychosocial Care	Online Course	1
Relias Learning	530832	REL-SRC-0-ADRDPPE	Alzheimer's Disease and Related Disorders: The Physical Environment	Online Course	1
Relias Learning	529210	REL-SRC-0-ADRDT'S	Alzheimer's Disease and Related Disorders: Treatment Strategies	Online Course	1
Relias Learning	562029	REL-SRC-0-ADRDMVZ	Alzheimer's Disease and Related Disorders for Homecare Workers	Online Course	2
Relias Learning	562031	REL-SRC-0-AGH-VZ	An Administrator's Guide to Housekeeping	Online Course	1
Relias Learning	391728	REL-SRC-0-IAPP	An Interdisciplinary Approach to Fall Prevention	Online Course	1
Relias Learning	562027	REL-PAC-0-AOTD	An Overview of the Therapy Disciplines	Online Course	0.5
Relias Learning	238047	REL-ALL-0-AM	Anger Management	Online Course	0.5
Relias Learning	518200	REL-SRC-0-AIS	Antibiotic Stewardship	Online Course	1.25
Relias Learning	432123	REL-RT-0-RN251D	Anticoagulant and Antithrombotic Drugs and Interactions	Online Course	1.5
Relias Learning	699782	PSCC-ANTICOAGENCICARA	Anticoagulant Use in Hospice	Online Course	0.75
Relias Learning	494219	REL-VDR-SS_X0126	Applicant Screening: The First Step in Hiring the Best	Online Course	0.5
Relias Learning	104664	REL-C2L-US5-38100	Applying Elastic Stockings	Online Course	0.25
Relias Learning	561916	REL-PAC-0-AES	Applying Elastic Stockings	Online Course	0.25

McKesson Academy*	209544 webinar_mckmsms_06_2014	Approach to Treatment: The Role of Antidiabetic Therapy	Online Course	1
McKesson Academy*	282194 webinar_mckmsms_05_2015	Are you ready for the ICD-10 transition?	Online Course	1
Relias Learning	464728 REL-RT-0-RN236E	Arterial Insufficiency and Leg Ulcers	Online Course	1
Relias Learning	312123 REL-SRC-0-AUWVC	Arterial Ulcers and Recommended Wound Care	Online Course	1
McKesson Academy*	274280 webinar_mckmsms_04_2015	Assess and educate to prevent Rehospitalizations	Online Course	1
Relias Learning	406921 REL-SRC-CA1FT	Assessing an individual with a Feeding Tube	SkillsChecklist	0
Relias Learning	377930 REL-SRC-CAWVS	Assessing Bowel Sounds	SkillsChecklist	0
Relias Learning	377928 REL-SRC-CABRS	Assessing Breath Sounds	SkillsChecklist	0
Relias Learning	394799 REL-SRC-CAFVS	Assessing Fluid Volume Status	SkillsChecklist	0
Relias Learning	377931 REL-SRC-CAHS	Assessing Heart Sounds	SkillsChecklist	0
Relias Learning	377211 REL-PAC-0-POTGC-ABI	Assessment: Basic Injury	Pro-On-The-Go	0
Relias Learning	377210 REL-PAC-0-POTGC-AN	Assessment: Neurological	Pro-On-The-Go	0
Relias Learning	377212 REL-PAC-0-POTGC-API	Assessment: Post Head Injury	Pro-On-The-Go	0
Relias Learning	198192 REL-SRC-C1032	Assist Patient in and out of Shower	SkillsChecklist	0
Relias Learning	198196 REL-SRC-C1035	Assist Patient in and out of the Bathroom	SkillsChecklist	0
Relias Learning	198168 REL-SRC-C1005	Assist Patient to Fowler's Position	SkillsChecklist	0
Relias Learning	198167 REL-SRC-C1004	Assist Patient to Lateral Position	SkillsChecklist	0
Relias Learning	198171 REL-SRC-C1008	Assist Patient to Move to Head of Bed	SkillsChecklist	0
Relias Learning	198166 REL-SRC-C1003	Assist Patient to Supine Position	SkillsChecklist	0
Relias Learning	198175 REL-SRC-C1012	Assist to Chair	SkillsChecklist	0
Relias Learning	198190 REL-SRC-C1030	Assist to Eat	SkillsChecklist	0
Relias Learning	198181 REL-SRC-C1018	Assist with Range of Motion	SkillsChecklist	0
Relias Learning	198174 REL-SRC-C1011	Assist with Walker	SkillsChecklist	0
Relias Learning	198173 REL-SRC-C1010	Assist with Walking	SkillsChecklist	0
Relias Learning	561917 REL-SRC-0-AB	Assisting with Bathing	SkillsChecklist	0
Relias Learning	479183 REL-SRC-0-AWD	Assisting with Dressing	Online Course	0.25
Relias Learning	393825 REL-SRC-0-AMA	Assisting with Medication Administration	Online Course	0.5
Relias Learning	530836 REL-SRC-0-ASMF1	Assisting with Self-Administration of Medications: Florida Laws	Online Course	1
Relias Learning	460492 REL-SRC-0-ASMG	Assisting with Self-Administration of Medications: Guidelines	Online Course	1
Relias Learning	460491 REL-SRC-0-ASMMO	Assisting with Self-Administration of Medications: Medication Orders	Online Course	1
Relias Learning	437552 REL-SRC-0-ASMP	Assisting with Self-Administration of Medications: Procedure	Online Course	1
Relias Learning	437548 REL-SRC-0-ASMB	Assisting with Self-Administration of Medications: The Basics	Online Course	1
Relias Learning	486264 REL-HOS-WB-AMECCP	Auditing and Monitoring: Effectiveness of a Corporate Compliance Program	Online Course	1.25
Relias Learning	486265 REL-HOS-WB-AMHRA	Auditing and Monitoring: Hospice Risk Areas	Online Course	1.25
Relias Learning	528212 PSCC-AGSD-ENCLARA	Avoiding & Correcting Survey Deficiencies	Online Course	1
Relias Learning	357580 REL-SRC-0-AMRP	Avoiding Medication-Related Problems	Online Course	0.75
Relias Learning	198200 REL-SRC-C1043	Axillary Temperature	SkillsChecklist	0.5
Relias Learning	255268 REL-ALL-0-91PREV	Back Injury Prevention	Online Course	0.5
Relias Learning	562036 REL-SRC-0-BCROATX	Background Checks and the Rights of Older Adults	Online Course	1
Relias Learning	312129 REL-SRC-0-81THH	Bag Technique for Home Healthcare	Online Course	0.25
Relias Learning	494227 REL-VDR-SS_X0135	Basic Accounting Concepts for Non-financial Professionals	Online Course	0.5
Relias Learning	494220 REL-VDR-SS_X0137	Basic Budgeting for Non-financial Professionals	Online Course	0.5
Relias Learning	390919 REL-IDD-0-BCCMS	Basic Communication and Conflict Management Skills	Online Course	1.75
Relias Learning	544982 PSCC-BPM-ENCLARA	Basic Pain Management	Online Course	1.75
Relias Learning	464717 REL-RT-0-RN236A	Basic Principles of Wound Healing	Online Course	1.5
Relias Learning	255269 REL-ALL-0-BSUPSK	Basic Supervisory Skills	Online Course	1
McKesson Academy*	136436 webinar_mckmsms_02_2012	Basics of Enteral Nutrition	Online Course	1
Relias Learning	494196 REL-VDR-SS_X0156	Beating Procrastination by Boosting Your Creativity and Drive	Online Course	0.5
Relias Learning	370050 REL-ALL-0-W008	Beating Workplace Violence: Assess, Defend, and Survive	Online Course	1
Relias Learning	494207 REL-VDR-SS_X0151	Become a Great Listener	Online Course	0.5
Relias Learning	198193 REL-SRC-C1033	Bed Bath	SkillsChecklist	0
Relias Learning	198197 REL-SRC-C1037	Bedpan/Fracture Pan	SkillsChecklist	0

Relias Learning	198196	REL-SRC-C1036	Bedside Commode	Skills Checklist	0
Relias Learning	464248	REL-YDR-SS_X0154	Beginning Your Coaching Engagement	Online Course	0.5
Relias Learning	334721	REL-SRC-0-BH00A-V2	Behavioral Health Options for Older Adults	Online Course	2
Relias Learning	494199	REL-YDR-SS_X0157	Being an Effective Manager When Times Are Tough	Online Course	0.5
Relias Learning	494228	REL-YDR-SS_X0123	Being an Effective Team Member	Online Course	0.5
Mckesson Academy*	136428	webinar_mckms_10_2013	Best Practice Guidelines for Urinary Catheters	Online Course	1
Mckesson Academy*	457782	webinar_mckms_2017_February	Best Practice Principles-Incontinence-Associated Dermatitis: Moving Prevention Forward	Online Course	1
Relias Learning	318585	REL-RED-K7A	Best Practices for Activities Professionals	Online Course	1
Relias Learning	104336	REL-C2L-P1212	Biomedical Waste Management Training	Online Course	1
Relias Learning	255270	REL-ALL-0-BIOTER	Biometrics	Online Course	0.5
Relias Learning	480769	REL-RT-0-CR1T0DX	Blood Pressure Management: Core Competency for Cardiac Rehab	Online Course	1
Relias Learning	255271	REL-ALL-0-BBPAT1H	Bloodborne Pathogens	Online Course	0.5
Relias Learning	567106	REL-SRC-0-BBPAT1H-R1	Bloodborne Pathogens Self-Paced	Online Course	0.5
Relias Learning	235273	REL-ALL-0-BOUND	Boundaries	Online Course	0.5
Relias Learning	304300	REL-SRC-0-BRTSN	Brain Injury: Treatment Strategies for the Nurse	Online Course	1
Relias Learning	485436	BH-2017-04	Bristol Corporate Compliance Statement	Online Course	1
Bristol Hospice	273920	BRI-COM-1	Bristol Corporate Compliance Training for all Employees 2015	Online Course	0
Bristol Hospice	273941	BRI-Nam_1	Bristol Hospice - Namaste Training	Online Course	0
Bristol Hospice	381606	BH-Llason_2016	Bristol Hospice Liaison Training	Online Course	0
Bristol Hospice	420678	BH-2016-SPP	Bristol Hospice Suicide Prevention	Online Course	0
Bristol Hospice	255864	BRI-PO-Review	Bristol Policy Review - (1)	Online Course	0
Bristol Hospice	321347	BRI-GB-1115	Bristol Programs and Their Governing Bodies	Online Course	0
Bristol Hospice	331848	BH-GB-2016-1	Bristol Programs and Their Governing Bodies Training	Online Course	0
Bristol Hospice	703822	703822	Bristol-Healthwise Endura Interface	Online Course	0.5
Relias Learning	485223	REL-HOS-WB-BCCP1	Building the Corporate Compliance Program Infrastructure	Online Course	1.5
Relias Learning	255274	REL-ALL-0-BO1J	Bullying On The Job	Online Course	0.5
Relias Learning	318994	REL-RED-M1C	California Law - Reporting Elder and Dependent Adult Abuse	Online Course	0.5
Relias Learning	464758	REL-RT-0-R1724X	Capnography: What you Need to Know	Online Course	1
Relias Learning	104290	REL-C2L-P1148	Care Basics: Bathing the Dignified Patient	Online Course	1
Relias Learning	394798	REL-SRC-0CCVC	Care of a Central Venous Catheter	Skills Checklist	0
Relias Learning	377929	REL-SRC-0CPV	Care of a Peripherial IV	Skills Checklist	0
Relias Learning	575156	REL-SRC-C1050	Care of a Prosthesis	Skills Checklist	0
Relias Learning	575158	REL-SRC-CCOT	Care of a Tracheostomy	Skills Checklist	0
Relias Learning	575159	REL-SRC-C1048	Care of an Ostomy	Skills Checklist	0
Mckesson Academy*	85474	REL-SC-0-IAD-CCI	Care of the Cognitively Impaired	Online Course	1
Relias Learning	136563	webinar_mckms_02_2013	Care of the Patient with an Ostomy	Online Course	1
Relias Learning	318987	REL-RED-L2F	Care Planning and Implementation	Online Course	1.25
Relias Learning	348649	REL-SRC-0-CPLTC	Care Planning in Long Term Care	Online Course	1
Relias Learning	394921	REL-SRC-CCFT	Caring for a Feeding Tube	Skills Checklist	1
Relias Learning	346843	REL-PAL-0-CAPPF	Caring for Atypical Parkinson's Patients and Their Families	Online Course	1
Relias Learning	665252	REL-SRC-0-CLGBTRCNF	Caring for LGBT Residents in California Nursing Facilities	Online Course	1
Relias Learning	569790	REL-SRC-0-CNCP	Caring for Non-Communicative Patients	Online Course	1
Relias Learning	624960	REL-SRC-0-GOAMP	Caring for Older Adults: The Aging Process	Online Course	1.25
Relias Learning	396511	REL-PAL-0-CPEBND	Caring for Patients with End Stage Neurological Diseases	Online Course	1.5
Relias Learning	396515	REL-HOS-0-CFCHA	Certification Preparation Course for Hospice Aides	Online Course	3.5
Relias Learning	318559	REL-RED-12L	Challenging Behaviors in Dementia Care	Online Course	1
Relias Learning	198182	REL-SRC-C1019	Change Gown	Skills Checklist	1
Bristol Hospice	256543	BRI-level-2	Change in Level of Care	Online Course	0
Relias Learning	117316	REL-TRNKY-0-CHMGMT1	Change Management 1: Navigating the Dynamics of Change	Online Course	1.25
Relias Learning	117316	REL-TRNKY-0-CHMGMT2	Change Management 2: Leading the Implementation of Change	Online Course	1
Bristol Hospice	256003	Bri-OC-feb-20	Change of Level of Care (LOC) Decision Tree	Online Course	0
Mckesson Academy*	341686	webinar_mckms_02_2016	Changing Our Behavior: Being With Persons Living With Dementia	Online Course	1

Relias Learning	456565	REL-SRC-0-CCL-TC	Changing the Culture in Long Term Care	Online Course	1.25
Relias Learning	198180	REL-SRC-C1017	Check Skin	Skills Checklist	0
Relias Learning	529499	REL-ALL-0-CMRIA	Child Abuse for Mandatory Reporters - Iowa	Online Course	2
McKesson Academy*	291042	webinar_mckms_07_2015	Choosing the Right Incontinence Products: Build your Absorbent Product Knowledge & Understand What Sets Products Apart	Online Course	1
Relias Learning	494238	REL-YDR-SS-X0128	Clarity and Conciseness in Business Writing	Online Course	0.5
Relias Learning	312128	REL-SRC-0-CD	Constipation Difficile	Online Course	1
Relias Learning	605449	REL-MS-CMACSRC-USA-EN	CMAC Re-certification Review Course	Online Course	0.75
Bristol Hospice	375195	BL-B-HOS	CMS Dual Eligible	Online Course	0
Relias Learning	209092	REL-C2-1110-V2	Coaching for Better Performance	Online Course	1.75
Relias Learning	494213	REL-YDR-SS-X0121	Coaching Techniques that Drive Change	Online Course	0.5
Bristol Hospice	375218	COD-DOC-BH-2016	Coding and Documentation	Online Course	0
Relias Learning	37209	REL-PAC-0-POTGC-CSF	Collecting Specimens: Fecal	Pro-On-The-Go	0
Relias Learning	37204	REL-PAC-0-POTGC-CSV	Collecting Specimens: Performing a Venipuncture	Pro-On-The-Go	0
Relias Learning	37206	REL-PAC-0-POTGC-CSUC	Collecting Specimens: Urine via Catheter	Pro-On-The-Go	0
Relias Learning	37213	REL-PAC-0-POTGC-CSUC	Collecting Specimens: Urine via Clean Catch	Pro-On-The-Go	0
Relias Learning	37207	REL-PAC-0-POTGC-CSUSC	Collecting Specimens: Urine via Straight Cath	Pro-On-The-Go	0
Relias Learning	198189	REL-SRC-C1029	Comb Hair	Skills Checklist	0
McKesson Academy*	418455	McKMMS_2016_JUNE	Common Life Safety Code Deficiencies and Strategies for Compliance	Online Course	1
Relias Learning	482802	REL-SRC-0-CMISE	Common Medications and Their Side Effects	Online Course	1
Relias Learning	698265	REL-SRC-0-CMAI	Common Medications: Adions and Interactions	Online Course	1.25
Relias Learning	504218	REL-ALL-0-CMHCV	Common Mental Health Conditions in Veterans	Online Course	2.5
Relias Learning	391733	REL-SRC-0-CRD	Common Respiratory Disorders	Online Course	1
Relias Learning	494208	REL-YDR-SS-X0117	Communicating Vision to Your Employees	Online Course	0.5
Relias Learning	615990	REL-SRC-0-CPD	Communicating with People with Dementia	Online Course	1
Relias Learning	37216	REL-PAC-0-POTGC-CSWDS	Communicating with Someone Who Doesn't Speak	Pro-On-The-Go	0
Relias Learning	263759	REL-SRC-0-CHI	Communicating with the Hearing Impaired	Online Course	1
Relias Learning	71942	EL-COMM2-HR-TRNKY	Communication Essentials: Communication Style	Online Course	1
Relias Learning	71941	EL-COMM1-HR-TRNKY	Communication Essentials: Navigating Conversations	Online Course	1
Relias Learning	71943	EL-COMM2EL-HR-TRNKY	Communication Essentials: The Effective Listener	Online Course	1
Relias Learning	327148	REL-SRC-0-CCMS	Completing the CMS-485	Online Course	1
Bristol Hospice	273928	BRL-COM-2	Complicate Risks for Hospice Programs	Online Course	0
Relias Learning	394797	REL-SRC-CCCA	Components of a Cardiac Assessment	Skills Checklist	0
Relias Learning	408919	REL-SRC-CCGA	Components of a GI Assessment	Skills Checklist	0
Relias Learning	210301	REL-SRC-C1283	Components of a Respiratory Assessment	Skills Checklist	0
Relias Learning	377166	REL-PAC-0-POTGC-CMQTAM	Condition Management Quick Tips: Alzheimer's Management	Pro-On-The-Go	0
Relias Learning	377231	REL-PAC-0-POTGC-CMQTOM	Condition Management Quick Tips: COPD Management	Pro-On-The-Go	0
Relias Learning	377230	REL-PAC-0-POTGC-CMQTHM	Condition Management Quick Tips: Heart Failure Management	Pro-On-The-Go	0
Relias Learning	377232	REL-PAC-0-POTGC-CMQTFD	Condition Management Quick Tips: Parkinson's Disease	Pro-On-The-Go	0
Relias Learning	377167	REL-PAC-0-POTGC-CMQTSM	Condition Management Quick Tips: Seizure Management	Pro-On-The-Go	0
Relias Learning	377165	REL-PAC-0-POTGC-CMQTTBI	Condition Management Quick Tips: Traumatic Brain Injury	Pro-On-The-Go	0
Relias Learning	680901	REL-SRC-0-CM	Conducting an Abuse Investigation	Online Course	1.25
Relias Learning	562028	REL-ALL-0-CR	Conflict Resolution	Online Course	0.5
Relias Learning	396507	REL-PAL-0-CCPSI	Continuity of Care and Palliative Care in Serious Illness	Online Course	1
Relias Learning	391089	REL-SRC-0-CBGL	Controlled Blood Glucose Levels	Online Course	1
Relias Learning	567105	REL-PAC-0-CSSD	Controlled Substances: Implications for Drug Diversion, SUD, and Pain Management	Online Course	3.25
McKesson Academy*	375819	convalec-375819	Convatec Academy User Guide	Online Course	0

McKesson Academy*	375766	iconvatec-375766	ConvaTec Case Study: Foam Dressing* for a Non-Healing G-Ulcer Site Ulceration	Online Course	0
McKesson Academy*	375814	iconvatec-375814	ConvaTec White Paper: Modern Wound Dressings in Stage I Pressure Ulcers	Online Course	0
Relias Learning	394280	REL-SRC-0-CCHHCE	Coordination of Care in the Home Health Care Environment	Online Course	1
Relias Learning	396509	REL-SRC-0-CCHHRP	CCPD Care in the Home: Readmission Prevention	Online Course	1
Relias Learning	255277	REL-ALL-0-CCETH	Corporate Compliance and Ethics	Online Course	1
Relias Learning	487140	REL-HOS-WB-CCO	Corporate Compliance and QAPI	Online Course	1.25
Relias Learning	211955	REL-SC-HH-CCHHM	Corporate Compliance for Home Health Managers	Online Course	1.5
Relias Learning	211956	REL-SC-HH-CCHHS	Corporate Compliance for Home Health Staff	Online Course	1.25
Relias Learning	490045	REL-HOS-WB-CCET	Corporate Compliance: Education and Training	Online Course	1.25
Relias Learning	256278	REL-ALL-0-CCTB	Corporate Compliance: The Basics	Online Course	0.5
Relias Learning	485950	REL-HOS-WB-CAGSD	Corrective Actions and Government Self-Disclosures	Online Course	1.5
Relias Learning	346827	REL-CV-0-CRPR-V2	QPR Refresher	Online Course	1
Relias Learning	494204	REL-YDR-SS-X0125	Creating a Plan for Performance Management	Online Course	0.5
Relias Learning	278374	REL-SRC-0-CRFE	Creating a Restraint-Free Environment	Online Course	1.25
Relias Learning	318583	REL-RED-X8A	Creating And Managing A Successful Activities Program	Online Course	1
Relias Learning	377233	REL-PAC-0-FOTGC-CIT	Crisis Intervention Techniques	Pro-On-The-Go	0
Relias Learning	642528	REL-PAC-0-CEPA	Critical Element Pathway: Abuse	Pro-On-The-Go	0
Relias Learning	642557	REL-PAC-0-CEPAC	Critical Element Pathway: Accidents	Pro-On-The-Go	0
Relias Learning	642532	REL-PAC-0-CEPACT	Critical Element Pathway: Activities	Pro-On-The-Go	0
Relias Learning	642533	REL-PAC-0-CEPADL	Critical Element Pathway: Activities of Daily Living	Pro-On-The-Go	0
Relias Learning	642534	REL-PAC-0-CEPBE	Critical Element Pathway: Behavioral-Emotional	Pro-On-The-Go	0
Relias Learning	639650	REL-PAC-0-CEPBN	Critical Element Pathway: Beneficiary Notice	Pro-On-The-Go	0
Relias Learning	642556	REL-PAC-0-CEPBB1	Critical Element Pathway: Bladder and Bowel Incontinence	Pro-On-The-Go	0
Relias Learning	642536	REL-PAC-0-CEPCS	Critical Element Pathway: Communication and Sensory	Pro-On-The-Go	0
Relias Learning	642541	REL-PAC-0-CEPDEA	Critical Element Pathway: Death	Pro-On-The-Go	0
Relias Learning	642561	REL-PAC-0-CEPPC	Critical Element Pathway: Dementia Care	Pro-On-The-Go	0
Relias Learning	642537	REL-PAC-0-CEPDEN	Critical Element Pathway: Dental	Pro-On-The-Go	0
Relias Learning	642538	REL-PAC-0-CEPDA	Critical Element Pathway: Dialysis	Pro-On-The-Go	0
Relias Learning	642522	REL-PAC-0-CEPDD	Critical Element Pathway: Dining	Pro-On-The-Go	0
Relias Learning	642560	REL-PAC-0-CEPDIS	Critical Element Pathway: Discharge	Pro-On-The-Go	0
Relias Learning	642529	REL-PAC-0-CEPE	Critical Element Pathway: Environment	Pro-On-The-Go	0
Relias Learning	642551	REL-PAC-0-CEPEG	Critical Element Pathway: Extended Survey	Pro-On-The-Go	0
Relias Learning	642539	REL-PAC-0-CEPG	Critical Element Pathway: General	Pro-On-The-Go	0
Relias Learning	642540	REL-PAC-0-CEPEOL	Critical Element Pathway: Hospice and End of Life	Pro-On-The-Go	0
Relias Learning	642535	REL-PAC-0-CEPHOSP	Critical Element Pathway: Hospitalization	Pro-On-The-Go	0
Relias Learning	642552	REL-PAC-0-CEPH	Critical Element Pathway: Hydration	Pro-On-The-Go	0
Relias Learning	642523	REL-PAC-0-CEPPCI	Critical Element Pathway: Infection Prevention, Control, and Immunization	Pro-On-The-Go	0
Relias Learning	642524	REL-PAC-0-CEPK	Critical Element Pathway: Kitchen Administration	Pro-On-The-Go	0
Relias Learning	642525	REL-PAC-0-CEPMA	Critical Element Pathway: Medication Administration	Pro-On-The-Go	0
Relias Learning	642549	REL-PAC-0-CEPMS	Critical Element Pathway: Medication Storage	Pro-On-The-Go	0
Relias Learning	642558	REL-PAC-0-CEPNE	Critical Element Pathway: Neglect	Pro-On-The-Go	0
Relias Learning	642542	REL-PAC-0-CEPN	Critical Element Pathway: Nutrition	Pro-On-The-Go	0
Relias Learning	642543	REL-PAC-0-CEPPM	Critical Element Pathway: Pain Management	Pro-On-The-Go	0
Relias Learning	642550	REL-PAC-0-CEPPASARR	Critical Element Pathway: PASARR	Pro-On-The-Go	0
Relias Learning	642551	REL-PAC-0-CEPPF	Critical Element Pathway: Personal Funds	Pro-On-The-Go	0
Relias Learning	642544	REL-PAC-0-CEPPR	Critical Element Pathway: Physical Restraints	Pro-On-The-Go	0
Relias Learning	642554	REL-PAC-0-CEPPMROM	Critical Element Pathway: Positioning, Mobility, and ROM	Pro-On-The-Go	0
Relias Learning	642545	REL-PAC-0-CEPPU	Critical Element Pathway: Pressure Ulcer	Pro-On-The-Go	0
Relias Learning	642527	REL-PAC-0-CEPQD	Critical Element Pathway: QAA and QAPI	Pro-On-The-Go	0
Relias Learning	642546	REL-PAC-0-CEPPR	Critical Element Pathway: Rehab and Restorative	Pro-On-The-Go	0

Relias Learning	6425591	REL-PAC-Q-CEPRA	Critical Element Pathway: Resident Assessment	Pro-On-The-Go	0
Relias Learning	6425261	REL-PAC-Q-CEPRC	Critical Element Pathway: Resident Council	Pro-On-The-Go	0
Relias Learning	6425471	REL-PAC-Q-CEPREPC	Critical Element Pathway: Respiratory Care	Pro-On-The-Go	0
Relias Learning	6425301	REL-PAC-Q-CEPSCS	Critical Element Pathway: Sufficient and Competent Staff	Pro-On-The-Go	0
Relias Learning	6425531	REL-PAC-Q-CEPTF	Critical Element Pathway: Tube Feeding	Pro-On-The-Go	0
Relias Learning	6425481	REL-PAC-Q-CEPUM	Critical Element Pathway: Unnecessary Medications	Pro-On-The-Go	0
Relias Learning	6425535	REL-PAC-Q-CEPUCUTI	Critical Element Pathway: Urinary Catheter or UTI	Pro-On-The-Go	0
Relias Learning	1047581	REL-C2L-1130	Critical Issues in Aging and Sexuality for Long-Term Care Professionals	Online Course	1
Relias Learning	5618981	REL-C2L-1130-V2	Critical Issues in Aging and Sexuality for Long-Term Care Professionals	Online Course	1.25
Relias Learning	6396449	REL-HEN-Q-2225-V2	Cultural Competence and Humility in Palliative Care	Online Course	1.25
Relias Learning	357579	REL-SRC-Q-CQHC	Cultural Competence in Home Care	Online Course	1
Relias Learning	394917	REL-HOS-Q-CCEOLRS	Cultural Considerations at End-of-Life: Religion and Spirituality	Online Course	1
Relias Learning	1460561	REL-CDWMCQ-COMF-Q	Cultural Diversity in Home Health	Online Course	1.25
Relias Learning	2119641	REL-SC-HH-CULDIY	Current Trends of Rehabilitation in Hospice and Palliative Care	Online Course	0.5
Relias Learning	4659171	REL-PAL-Q-CTRHPC	Customer Service	Online Course	1.5
Relias Learning	2552729	REL-ALL-Q-CSEFRV	Customer Service Essentials Self-Paced	Online Course	0.5
Relias Learning	4986339	REL-SRC-Q-CSE-R1	Customer Service in Dining Rooms	Online Course	0.5
Relias Learning	6295661	REL-SRC-Q-CSDR	Customer Service in Home Health	Online Course	1
Relias Learning	2140391	REL-SC-HH-CUSFRV	Dangerous Medications	Online Course	0.5
Relias Learning	3936261	REL-SRC-Q-DM	Dealing with Difficult Stomachs	Online Course	1
McKesson Academy*	136401	webinar_mckmsns_03.2015	Dealing with Hospice Wheelchairs	Online Course	1
Relias Learning	487139	REL-HOS-WB-DHW	Defensive Driving: The Basics	Online Course	1
Relias Learning	238046	REL-CV-Q-DDTB	Delirium at the End-of-Life	Online Course	1
Relias Learning	497502	PSQC-DEL-ENCLARA	Delirium, Dementia, and Depression	Online Course	1
Relias Learning	272565	REL-SRC-Q-DDD	Delivering Feedback	Online Course	1
Relias Learning	494205	REL-VDR-SS_X0114	Dementia at the End-of-Life	Online Course	0.5
Relias Learning	497501	PSQC-DC-ENCLARA	Dementia Care: CMS Hand in Hand Module 1: Understanding the World of Dementia: The Person and Disease	Online Course	1
Relias Learning	7127281	REL-PAC-CMS-HH	Dementia Care: CMS Hand in Hand Module 2: Being with a Person with Dementia: Listening and Speaking	Online Course	1
Relias Learning	7206441	REL-PAC-CMS-HH2	Dementia Care: CMS Hand in Hand Module 3: Being with a Person with Dementia: Actions and Reactions	Online Course	1
Relias Learning	7206451	REL-PAC-CMS-HH3	Dementia Care: CMS Hand in Hand Module 4: Being with a Person with Dementia: Making a Difference	Online Course	1
Relias Learning	7206461	REL-PAC-CMS-HH4	Dementia Care: CMS Hand in Hand Module 5: Preventing and Responding to Abuse	Online Course	1
Relias Learning	7206471	REL-PAC-CMS-HH5	Dementia Care: Coaching and Completing Activities of Daily Living	Online Course	1
Relias Learning	1042881	REL-C2L-P1146	Dementia Care: Helping Families and Friends	Online Course	1
Relias Learning	3121301	REL-SRC-Q-DOCHF	Dementia Care: Managing Challenging Behaviors	Online Course	0.5
Relias Learning	2865031	REL-SRC-Q-DCMCSB	Dementia Care: Music & Art Interventions	Online Course	1
Relias Learning	2783751	REL-SRC-Q-DQMA	Dementia Care: Preventing Catastrophic Reactions	Online Course	1
Relias Learning	3121311	REL-SRC-Q-DQPCR	Dementia Care: Staying Busy with Activities for Residents with Memory Problems	Online Course	1
Relias Learning	3075071	REL-SRC-Q-DCSB	Dementia Care: Normal Aging vs. Dementia/Alzheimers	Online Course	0.75
Relias Learning	3121291	REL-SRC-Q-DCNAD	Dementia: Nursing Evaluation and Care	Online Course	0.5
Relias Learning	6506001	REL-PAC-Q-DNEC	Dependent Adult Abuse for Mandatory Reporters - Iowa	Online Course	1.25
Relias Learning	4986311	REL-ALL-Q-DAAMRI	Depression in Older Adults	Online Course	2
Relias Learning	3486471	REL-SRC-Q-DOA	Depression in Older Adults: The Basics	Online Course	1
Relias Learning	4656641	REL-SRC-Q-DOAB		Online Course	1

Relias Learning	685975 REL-HEN-227-V2	Depression in the Dying	Online Course	1
Relias Learning	139099 REL-HEN-227	Depression in the Dying	Online Course	1.2
McKesson Academy*	136404 webinar_mckemr_07.2013	Dermatolences: Impact of pH on Chronic Wounds	Online Course	1
Relias Learning	494214 REL-VDR-SS_X0161	Detecting and Dealing with Performance Problems	Online Course	0.5
British Hospice	246505 REL-PROCI	Determining Relatedness to Process Flow	Online Course	0
Relias Learning	494229 REL-VDR-SS_X0153	Developing a Successful Team	Online Course	0.5
Relias Learning	683032 REL-PAC-0-DEPCW	Developing an Effective Plan of Care for Wounds	Online Course	1.25
Relias Learning	456558 REL-SRC-0-DIIPC	Developing an Interdisciplinary, Individualized Plan of Care	Online Course	1.25
Relias Learning	624961 REL-PAC-0-FACAMT	Developing and Using the Facility Assessment	Online Course	1
Relias Learning	494215 REL-VDR-SS_X0145	Developing Your Business Ethics	Online Course	0.5
Relias Learning	312148 REL-SRC-0-DE	Devices and Equipment	Online Course	0.75
Relias Learning	311001 REL-AM-DB581C	Diabetes and Chronic Kidney Disease	Online Course	1.5
Relias Learning	289712 REL-AM-DB289B	Diabetes and CVD	Online Course	1.5
Relias Learning	289711 REL-AM-DB289A	Diabetes and CVD: Metabolic Syndrome	Online Course	1.5
Relias Learning	289713 REL-AM-DB289C	Diabetes and High Blood Pressure	Online Course	1.5
Relias Learning	289714 REL-AM-DB289D	Diabetes and Other Co-Morbid Conditions	Online Course	1.5
Relias Learning	657520 REL-PAC-0-DOCMC	Diabetes Management: Core Competency for Cardiac Rehab	Online Course	1
Relias Learning	460774 REL-RT-0-CR710FX	Diabetic Foot Ulcers	Online Course	1.5
Relias Learning	464731 REL-RT-0-FRN236G	Diets: Not Just for Weight Loss	Online Course	1
Relias Learning	85590 REL-SC-0-NUTR-D-NJWL	Difficult People: Can't Change Them, so Change Yourself	Online Course	0.5
Relias Learning	494239 REL-VDR-SS_X0130	Difficult People: Strategies to Keep Everyone Working Together	Online Course	0.5
Relias Learning	494240 REL-VDR-SS_X0131	Disaster Preparedness Essentials	Online Course	0.5
Relias Learning	318505 REL-RED-A1C	Disaster Preparedness Essentials Self-Paced	Online Course	0.5
Relias Learning	567119 REL-SRC-0-DPE-RT	Discharge from the Medicare Hospice Benefit - A compliance guide for hospice providers.	Online Course	0
British Hospice	545521 BH-NHPO-DC	Discrimination in the Workplace: What Supervisors Need to Know	Online Course	1.25
Relias Learning	318607 REL-ALL-0-DWUSUP	Disease-Specific Hospice Eligibility Determination and Documentation Series	Online Course	3.5
Relias Learning	312142 REL-HOS-0-DSHEDD	Disease-Specific Hospice Eligibility Determination and Documentation Series- Palmetto	Online Course	3.5
Relias Learning	312143 REL-HOS-0-DSHEDDP	DIME: BIPAP	Pro-On-The-Go	0
Relias Learning	377186 REL-PAC-0-PO7GC-DB	DIME: CPAP	Pro-On-The-Go	0
Relias Learning	377183 REL-PAC-0-PO7GC-DC	DIME: O2 Administration via a Mask	Pro-On-The-Go	0
Relias Learning	377186 REL-PAC-0-PO7GC-DOAM	DIME: O2 Administration via Nasal Cannula	Pro-On-The-Go	0
Relias Learning	377189 REL-PAC-0-PO7GC-DOANC	DIME: TENS Unit	Pro-On-The-Go	0
Relias Learning	377190 REL-PAC-0-PO7GC-DTU	Documentation and Reimbursement in Wound Care	Online Course	1
Relias Learning	464719 REL-RT-0-RN236C	Documentation for Supervisors	Online Course	1
Relias Learning	256314 REL-ALL-0-DOCCSUP	Documentation that Prevents Fraud and Abuse	Online Course	0.5
Relias Learning	318990 REL-RED-L2H	Documenting Activities of Daily Living (ADLs)	Online Course	0.25
Relias Learning	307511 REL-SRC-0-DADL	Documenting Technical and Clinical Eligibility in Hospice	Online Course	1
Relias Learning	520451 REL-PAC-WB-DTGEH	Domestic Violence 2 Hour FL Required Training	Online Course	2
Relias Learning	562040 REL-SRC-0-DVZFR1-VZ	Domestic Violence and Children	Online Course	1.25
Relias Learning	348632 REL-SRC-0-DVC	Drape and Undrape	SkillsChecklist	0
Relias Learning	198177 REL-SRC-C1014	Dressing A Dependent Patient	SkillsChecklist	0
Relias Learning	198183 REL-SRC-C1020	Drive Medical - General Use Seat & Back Cushion	Online Course	0
McKesson Academy*	495236 Dme-495236	Drive Medical - Group 1 and Group 2 Support Surface	Online Course	0
McKesson Academy*	495263 Dme-495263	Drive Medical - Wheelchair eligibility flow chart	Online Course	0
McKesson Academy*	495270 Dme-495270			0

Relias Learning	432122	REL-RT-0-5N25TC	Drug Interactions and Toxicity with Acetaminophen and Nonsteroidal Anti-Inflammatory Drugs	Online Course	1.5
Relias Learning	1791LV101		Drugs in the Workplace	Online Course	1
Relias Learning	394796	REL-SR-C-0-DMEH	Durable Medical Equipment in the Home	Online Course	1
Relias Learning	562039	REL-SR-C-0-DMH-V2	Dysphagia Management for the Home Health Nurse	Online Course	1
Relias Learning	104017	REL-C2L-1256	Dysphagia: An Interdisciplinary Approach	Online Course	1
Relias Learning	391730	REL-SR-C-0-ETCT	Edema Types, Causes, & Treatment	Online Course	1
Relias Learning	255280	REL-ALL-0-EFFCOM	Effective Communication	Online Course	0.25
Relias Learning	348637	REL-SR-C-0-ECN	Effective Communication for Nurses	Online Course	0.5
Relias Learning	417094	REL-ALL-0-ECOMSUP	Effective Communication for Supervisors	Online Course	1.25
Relias Learning	567108	REL-SR-C-0-EFFCOM-R1	Effective Communication Self-Paced	Online Course	0.25
Relias Learning	377234	REL-PAC-0-POTGGC-ERSB	Effective Responses to Self-Injurious Behavior	Pro-On-The-Go	0
Relias Learning	494241	REL-VDR-SS_X0124	Effective Team Communication	Online Course	0.5
Relias Learning	255324	REL-ALL-0-PROFW	Effective Workplace Writing	Online Course	0.25
Relias Learning	494230	REL-VDR-SS_X0139	Effectively Directing and Delegating as a Manager	Online Course	0.5
Relias Hospice	255548	Elect. discharge 2-2015	Election and Discharge of Hospice Care	Online Course	0.5
Relias Hospice	294385	EOBRe2015	Election of Hospice Medicare Benefits and Patient Authorization	Online Course	0.5
Relias Learning	255281	REL-ALL-0-ELSTY	Electrical Safety	Online Course	0.25
Relias Learning	211960	REL-SC-HH-ELCCSF	Electrical Safety in the Home	Online Course	0.5
Relias Learning	498841	REL-SR-C-0-ESB-R1	Electrical Safety: The Basics Self-Paced	Online Course	0.25
Relias Hospice	281332	BR-QAB	Electronic OAB	Online Course	0
Relias Learning	348649	REL-PAL-ELNEC-COMPON	ELNEC Core Module 1: Introduction to Palliative Care Nursing	Online Course	1
Relias Learning	348644	REL-PAL-ELNEC-COMPMPFC	ELNEC Core Module 2: Pain Management in Palliative Care	Online Course	1.75
Relias Learning	357582	REL-PAL-ELNEC-CMSMFC	ELNEC Core Module 3: Symptom Management in Palliative Care	Online Course	1.5
Relias Learning	357584	REL-PAL-ELNEC-CMIEPC	ELNEC Core Module 4: Ethical Issues in Palliative Care	Online Course	1
Relias Learning	390675	REL-PAL-ELNEC-CMCPCFC	ELNEC Core Module 5: Cultural Considerations in Palliative Care	Online Course	1
Relias Learning	390674	REL-PAL-ELNEC-CMCPC	ELNEC Core Module 6: Communication in Palliative Care	Online Course	1.25
Relias Learning	390676	REL-PAL-ELNEC-CMLGB	ELNEC Core Module 7: Loss, Grief and Bereavement	Online Course	1.25
Relias Learning	390673	REL-PAL-ELNEC-CMFIH	ELNEC Core Module 8: Final Hours of Life	Online Course	1
Relias Learning	397337	REL-PAL-ELNEC-COMPCCON	ELNEC Critical Care Module 1: Palliative Care in Critical Care Nursing	Online Course	1
Relias Learning	397338	REL-PAL-ELNEC-COMPPI	ELNEC Critical Care Module 2: Pain Management	Online Course	1
Relias Learning	397339	REL-PAL-ELNEC-COMSMI	ELNEC Critical Care Module 3: Symptom Management	Online Course	1
Relias Learning	397340	REL-PAL-ELNEC-COMEI	ELNEC Critical Care Module 4: Ethical Issues	Online Course	1
Relias Learning	397341	REL-PAL-ELNEC-COMCSC	ELNEC Critical Care Module 5: Cultural and Spiritual Considerations	Online Course	1
Relias Learning	397342	REL-PAL-ELNEC-COMC	ELNEC Critical Care Module 6: Communication	Online Course	1
Relias Learning	397343	REL-PAL-ELNEC-COMLGB	ELNEC Critical Care Module 7: Loss, Grief and Bereavement	Online Course	1.5
Relias Learning	397344	REL-PAL-ELNEC-COMFIH	ELNEC Critical Care Module 8: Final Hours	Online Course	1
Relias Learning	281228	REL-PAL-ELNEC-GER1	ELNEC Geriatric Module 1: Principles of Palliative Care	Online Course	2
Relias Learning	281235	REL-PAL-ELNEC-GER2	ELNEC Geriatric Module 2: Geriatric Palliative Care	Online Course	1.25
Relias Learning	281230	REL-PAL-ELNEC-GER3	ELNEC Geriatric Module 3: Syndrome and Symptom Assessment and Management	Online Course	2.75
Relias Learning	281229	REL-PAL-ELNEC-GER4	ELNEC Geriatric Module 4: Pain Assessment & Management	Online Course	1.5
Relias Learning	281232	REL-PAL-ELNEC-GER5	ELNEC Geriatric Module 5: Cultural & Spiritual Considerations	Online Course	1.25
Relias Learning	281231	REL-PAL-ELNEC-GER6	ELNEC Geriatric Module 6: Ethics and Goals of Care	Online Course	1.5
Relias Learning	281233	REL-PAL-ELNEC-GER7	ELNEC Geriatric Module 7: Communication	Online Course	1.25

Relias Learning	281234	REL-PAL-ELNEC-GER8	ELNEC Geriatric Module 8: Loss, Grief & Bereavement	Online Course	1.25
Relias Learning	281236	REL-PAL-ELNEC-GER9	ELNEC Geriatric Module 9: Final Days	Online Course	1.25
Relias Learning	543887	REL-PAL-ELNEC-ENGCS	ELNEC Nursing Communication Case Studies	Online Course	2
Relias Learning	281198	REL-PAL-ELNEC-PED1	ELNEC Pediatric Module 1: Introduction to Pediatric Palliative Nursing Care	Online Course	1.25
Relias Learning	281199	REL-PAL-ELNEC-PED2	ELNEC Pediatric Module 2: Perinatal and Neonatal Palliative Care	Online Course	1.5
Relias Learning	281200	REL-PAL-ELNEC-PED3	ELNEC Pediatric Module 3: Communication in Pediatric Palliative Care	Online Course	1
Relias Learning	281202	REL-PAL-ELNEC-PED4	ELNEC Pediatric Module 4: Ethical/Legal Issues in Pediatric Palliative Care	Online Course	1
Relias Learning	281203	REL-PAL-ELNEC-PED5	ELNEC Pediatric Module 5: Cultural and Spiritual Considerations in Pediatric Palliative Care	Online Course	0.75
Relias Learning	281204	REL-PAL-ELNEC-PED6	ELNEC Pediatric Module 6: Pain Management in Pediatric Palliative Care	Online Course	1.5
Relias Learning	281205	REL-PAL-ELNEC-PED7	ELNEC Pediatric Module 7: Symptom Management	Online Course	1.25
Relias Learning	281207	REL-PAL-ELNEC-PED8	ELNEC Pediatric Module 8: Loss, Grief, and Bereavement in Pediatric Palliative Care	Online Course	1.25
Relias Learning	281208	REL-PAL-ELNEC-PED9	ELNEC Pediatric Module 9: Care at the Time of Death in Pediatric Palliative Care	Online Course	1.25
Relias Learning	537627	REL-SRRC-0-EMHC	Emergency Management in Home-Based Care	Online Course	0.5
Relias Learning	576936	REL-ALL-0-EPHP	Emergency Preparedness for Healthcare Providers	Online Course	1.5
Relias Learning	318966	REL-VDR-SS_X0094	Employee and Labor Relations Unions and Collective Bargaining	Online Course	1.5
Relias Learning	346609	REL-ALL-0-ALCUSE-V2	Employee Wellness - Alcohol Use: How Much is Too Much?	Online Course	0.25
Relias Learning	346610	REL-ALL-0-DOH-V2	Employee Wellness - Dental and Oral Health	Online Course	0.25
Relias Learning	346611	REL-ALL-0-PPREV-V2	Employee Wellness - Diabetes Prevention	Online Course	0.25
Relias Learning	346612	REL-ALL-0-EINTEL-V2	Employee Wellness - Emotional Intelligence: Awareness	Online Course	0.25
Relias Learning	346613	REL-ALL-0-EINTELEF-V2	Employee Wellness - Emotional Intelligence: Feeling & Thinking	Online Course	0.25
Relias Learning	346615	REL-ALL-0-HEB-V2	Employee Wellness - Healthy Eating on a Budget	Online Course	0.25
Relias Learning	346616	REL-ALL-0-HS-V2	Employee Wellness - Healthy Sleep	Online Course	0.25
Relias Learning	346614	REL-ALL-0-HDPREV-V2	Employee Wellness - Heart Disease Prevention	Online Course	0.25
Relias Learning	346617	REL-ALL-0-IPF-V2	Employee Wellness - Importance of Physical Fitness	Online Course	0.25
Relias Learning	346618	REL-ALL-0-MM-V2	Employee Wellness - Making the Most of Your Memory	Online Course	0.25
Relias Learning	346622	REL-ALL-0-SUPD-V2	Employee Wellness - Safe Use of Prescription Medications: Part 1	Online Course	0.25
Relias Learning	346623	REL-ALL-0-SUPD2-V2	Employee Wellness - Safe Use of Prescription Medications: Part 2	Online Course	0.25
Relias Learning	346619	REL-ALL-0-SECG-V2	Employee Wellness - Side Effects of Care Giving	Online Course	0.25
Relias Learning	346620	REL-ALL-0-SMCESS-V2	Employee Wellness - Smoking Cessation: Ready, Set, Quit!	Online Course	0.25
Relias Learning	346621	REL-ALL-0-STRMGT-V2	Employee Wellness - Stress Management	Online Course	0.25
Relias Learning	346624	REL-ALL-0-TMGMT-V2	Employee Wellness - Time Management	Online Course	0.25
Relias Learning	346625	REL-ALL-0-WGTMGMT-V2	Employee Wellness - Weight Management	Online Course	0.25
Relias Learning	346626	REL-ALL-0-WLBAL-V2	Employee Wellness - Work-Life Balance	Online Course	0.25
Relias Learning	357574	REL-SRRC-0-ECTA	Empowering Clients Through ADLs	Online Course	0.25
Relias Learning	631547	REL-SRRC-0-ERA	Empowering Residents through ADLs	Online Course	1
Relias Learning	192822	REL-SRRC-C1039	Empty Urinary Drainage Bag	Skills Checklist	0
Relias Learning	104255	REL-C2L-P1097	End of Life Care: Examining our Attitudes about Death	Online Course	1
Relias Learning	307510	REL-SRRC-0-ELGTAD	End of Life Care: Tell Me About Death	Online Course	1
Relias Learning	336393	REL-SRRC-0-ELGLDD	End of Life: Grief, Loss, Death, and Dying	Online Course	1
Relias Learning	711309	REL-PAC-0-ESRD	End Stage Renal Disease (ESRD) Overview, Management, and Nutrition	Online Course	1.25
Relias Learning	85429	REL-SC-0-LEAD-EDF	Enhancing the Dining Experience	Online Course	1

Relias Learning	327090	REL-SRC-0-EVAP	Enriching Your Activities Program	Online Course	1
Relias Learning	494221	REL-VDR-SS_X0162	Ensuring Onboarding Success	Online Course	1
Relias Learning	37222	REL-PAC-0-POTGC-EFFB	Enteral Feeding: Bolus Feedings	Pro-On-The-Go	0.5
Relias Learning	377160	REL-PAC-0-POTGC-EFF	Enteral Feeding: Flushing	Pro-On-The-Go	0
Relias Learning	377178	REL-PAC-0-POTGC-EFGF	Enteral Feeding: Gravid Feeding	Pro-On-The-Go	0
Relias Learning	377179	REL-PAC-0-POTGC-EFPAF	Enteral Feeding: Pump-Assisted Feeding	Pro-On-The-Go	0
Relias Learning	377177	REL-PAC-0-POTGC-EFSC	Enteral Feeding: Site Care	Pro-On-The-Go	0
Relias Learning	377176	REL-PAC-0-POTGC-EFVP	Enteral Feeding: Verifying Tube Placement	Pro-On-The-Go	0
Relias Learning	255315	REL-ALL-0-ERGOFF	Ergonomics: Office	Online Course	0.25
Relias Learning	662788	REL-PAC-0-ETDM	Essential Tools for Diabetes Management	Online Course	1.5
Relias Learning	579849	REL-HOS-0-EIDRHP	Essentials of ICD-10-CM Diagnosis Reporting for Hospice Providers	Online Course	1.25
Relias Learning	318963	REL-VDR-SS_X0089	Essentials of Interviewing and Hiring Behavioral Interview Techniques	Online Course	1
Relias Learning	318964	REL-VDR-SS_X0090	Essentials of Interviewing and Hiring Conducting an Effective Interview	Online Course	1
Relias Learning	318985	REL-VDR-SS_X0093	Essentials of Interviewing and Hiring Preparing to Interview	Online Course	1
Relias Learning	432125	REL-PAL-0-EQPC	Ethical Considerations for Palliative Care	Online Course	1
Relias Learning	318563	REL-RED-12N	Ethical Considerations in Dementia Care	Online Course	0.5
Relias Learning	455567	REL-SRC-0-EDMN	Ethical Decision Making for Nurses	Online Course	1
Relias Learning	255283	REL-ALL-0-EDMTB	Ethical Decision Making: The Basics	Online Course	0.5
Relias Learning	357575	REL-HOS-0-EFCP	Ethical Foundations of the Conditions of Participation (CoPs)	Online Course	1
Relias Learning	172946	REL-C2L-1313AD	Ethics and Boundaries in Healthcare (1313AD)	Online Course	3
Relias Learning	514742	REL-ALL-0-EJNT	Ethics and Jurisprudence for Nurses in Texas	Online Course	2
Relias Learning	679133	REL-HEN-0-2226-V2	Ethics for Hospice and Palliative Care Services	Online Course	1.25
Relias Learning	103954	REL-C2L-1167	Ethics for Licensed Nursing Home Administrators	Online Course	1.5
Relias Learning	394919	REL-PAL-0-EEICSW	Ethics in End of Life Care for Social Workers	Online Course	2.25
Relias Learning	370760	REL-HOS-0-EAFCM	Ethics: Addressing Family Conflict and Mediation	Online Course	1
Relias Learning	372147	REL-HOS-0-EFBEDM	Ethics: Professional Boundaries and Ethical Decision Making	Online Course	1
Relias Learning	289795	REL-AM-PR277A	Exercise Testing and Prescription for the Patient with Respiratory Disease	Online Course	1.5
Relias Learning	479196	REL-PAL-0-EHPF	Explaining Hospice to Patients and Families	Online Course	1
Relias Learning	318577	REL-RED-K3A	Extended Congregate Care Part I	Online Course	1
Relias Learning	318578	REL-RED-K3B	Extended Congregate Care Part II	Online Course	1
Relias Learning	456559	REL-HOS-0-FFEH	Face-to-Face Encounters for Hospice	Online Course	1
Relias Learning	494218	REL-VDR-SS_X0134	Facing Contradiction in Customer Service	Online Course	0.5
Relias Learning	494242	REL-VDR-SS_X0141	Facing the Management Challenges of Difficult Behavior and Diverse Teams	Online Course	0.5
Relias Learning	319002	REL-RED-M5A	Families - Oh My	Online Course	1
Relias Learning	657522	REL-HEN-0-2227-V2	Family Challenges of Illness	Online Course	1.25
Relias Learning	318993	REL-RED-M10A	Fast Forward This is YOU at 80	Online Course	1
Relias Learning	198191	REL-SRC-C1031	Feeding	Skills Checklist	0
Relias Learning	343185	REL-SRC-0-FMM	Fever: Nursing Management	Online Course	0.5
Relias Learning	494231	REL-VDR-SS_X0136	Financial Statement Analysis for Non-financial Professionals	Online Course	0.5
Relias Learning	356445	REL-PAL-0-FMMS	Finding Meaning in the Mdst of Suffering	Online Course	1
Relias Learning	192819	REL-SRC-C1023	Fingernail Care	Skills Checklist	0
Relias Learning	498642	REL-SRC-0-FPR-R1	Fire Prevention and Response Self-Paced	Online Course	0.5
Relias Learning	216373	REL-CV-0-FSTB	Fires Safety	Online Course	0.5
Relias Learning	319008	REL-RED-Q1B	Fire Safety Essentials	Online Course	0.5
Relias Learning	217495	REL-CV-0-FSEP	Fire Safety Evacuation Procedures Skills Checklist	Skills Checklist	0
Relias Learning	255331	REL-ALL-0-FS9ASIC	Fire Safety: The Basics	Online Course	0.5
Relias Learning	255284	REL-ALL-0-FRSTAD	First Aid Refresher	Online Course	1
Relias Learning	451697	MckMMS_2017_JAN	Five Star Rating - How to Improve Your Rating	Online Course	1
Relias Learning	562042	REL-SRC-0-FSQR5-V2	Five-Star Quality Rating System	Online Course	1.25
Relias Learning	610337	REL-PAC-0-FLAORDH	Florida Alzheimer's Disease or Related Disorders (Nursing Home/Hospice)	Online Course	3

Relias Learning	610335	REL-PAC-0-FLADRD1	Florida Assisted Living Alzheimer's Disease and Related Disorders: Level 1	Online Course	4
Relias Learning	610336	REL-PAC-0-FLADRD2	Florida Assisted Living Alzheimer's Disease and Related Disorders: Level II	Online Course	4
Relias Learning	530841	REL-ALL-0-FLRN	Florida Laws and Rules for Nurses	Online Course	2
Relias Learning	368170	REL-SRC-0-FLSRP0	Florida LPNs in a Supervisory Role Part One	Online Course	7
Relias Learning	408989	REL-SRC-0-FLSRP1	Florida LPNs in a Supervisory Role Part Two	Online Course	8
Relias Learning	408991	REL-SRC-0-FLSRP2	Florida LPNs in a Supervisory Role Part Three	Online Course	8
Relias Learning	408990	REL-SRC-0-FLSRP3	Florida LPNs in a Supervisory Role Part Four	Online Course	8
Relias Learning	318609	REL-ALL-0-FLASJP	FLSA: What Supervisors Need to Know	Online Course	1
Relias Learning	312138	REL-SRC-0-FLPJM	Fluid and Electrolyte Imbalances: Prevention and Management	Online Course	0.75
Relias Learning	318610	REL-ALL-0-FLMLASJP	FMLA: What Supervisors Need to Know	Online Course	1
Relias Learning	561902	REL-SRC-0-SFSW	Food Safety for Food Service Workers	Online Course	2
Relias Learning	562025	REL-SRC-0-SFS	Food Safety Fundamentals	Online Course	1
Relias Learning	211963	REL-SRC-HH-FES-S	Food Safety in the Home	Online Course	0.5
Relias Learning	615391	REL-SRC-0-CTS	Fostering Critical Thinking Skills	Online Course	1
Relias Learning	211957	REL-SRC-HH-FVVAHH-BFS	Fraud, Waste, and Abuse for Home Health Billing and Field Staff	Online Course	0.5
Relias Learning	211958	REL-SRC-HH-FVVAHH-M	Fraud, Waste, and Abuse for Home Health Management	Online Course	0.5
Relias Learning	104517	REL-C2L-USS-11420	Fraud, Waste, and Abuse for Management	Online Course	1
Relias Learning	479192	REL-HOS-0-FTTSTD	From Touchy to Touching: Straight Talk About the Diving Process	Online Course	1
Relias Learning	625376	REL-PAC-0-GCRFC	Geriatric Care: Risk Factors and Chronic Conditions	Online Course	1
Relias Learning	318587	REL-RED-K8A	Get Out Of The Way Its Time To Eat	Online Course	1
Mckesson Academy*	418472	MckMMS_2016_AUGUST	Getting To The Root (Cause) With OAPI	Online Course	1
Relias Hoslice	682832	BH-2018-GJP	GIP NHPCO Resource	Online Course	0
Relias Learning	498654	REL-SRC-0-GCBB	Giving a Complete Bed Bath	Online Course	0.25
Relias Learning	377235	REL-PAC-0-POTGC-GM	Glucose Monitoring	Pre-On-The-Go	0
Relias Learning	236049	REL-ALL-0-GBDIW	Got Bugs? Dealing with Infestation	Online Course	0.5
Relias Learning	624962	REL-HOS-HFA-GASICD	Grief After Self-Inflicted Causes of Death	Online Course	1.75
Relias Learning	348633	REL-SRC-0-GH	Grief and the Holidays	Online Course	0.5
Relias Learning	353773	REL-PAL-0-GLTCB	Grief, Loss, and Transition: Caring for the Bereaved	Online Course	1.25
Mckesson Academy*	315268	webinar_mckmms_10.29.2015	Hand Hygiene: In Outpatient Settings	Online Course	1
Relias Learning	245659	REL-ALL-0-HHB	Hand Hygiene: The Basics	Online Course	0.25
Relias Learning	566221	REL-SRC-0-HHB-R1	Hand Hygiene: The Basics Self-Faced	Online Course	0.25
Relias Learning	287796	REL-SRC-0-HAB	Handling Aggressive Behaviors	Online Course	0.5
Relias Learning	494232	REL-VDR-SS_X0152	Handling Team Conflict	Online Course	0.5
Relias Learning	198185	REL-SRC-C1001	Handwashing	Skills Checklist	0
Bristol Hoslice	705475	705475	Handwashing - Cloned 10/8/201	Skills Checklist	0
Mckesson Academy*	315265	webinar_mckmms_10.20.2015	Hard and Soft Surfaces in Healthcare Settings	Online Course	1
Relias Learning	255268	REL-ALL-0-HCSDS	Hazardous Chemicals: SDS	Online Course	0.5
Relias Learning	567110	REL-SRC-0-HCSDS-R1	Hazardous Chemicals: SDS Self-Paced	Online Course	0.5
Relias Learning	255286	REL-ALL-0-HCTB	Hazardous Chemicals: The Basics	Online Course	0.5
Relias Learning	562047	REL-SRC-0-HLRTXP1	HCSSA Licensing Rules - Texas - Part 1	Online Course	2
Relias Learning	623679	REL-SRC-0-HLRTXP2	HCSSA Licensing Rules - Texas - Part 2	Online Course	2
Relias Learning	561901	REL-SRC-0-HLRTX	HCSSA Licensing Rules for Hospice - Texas	Online Course	2
Mckesson Academy*	418447	MckMMS_2016_September	Health Policy Update - Policy Trends Impacting Healthcare	Online Course	1
Mckesson Academy*	298355	webinar_mckmms_09.01.2015	Healthcare Liters: Do They Really Impact Patient Care?	Online Course	1
Bristol Hoslice	543214	BH-ADMIT-HW	HealthyWise Admission Process 2017	Online Course	0
Bristol Hoslice	543590	BH-LIVE/DCV2-HW	HealthyWise Live Discharge Version 2	Online Course	0
Relias Learning	500574	REL-SRC-0-HFA-V2	Heart Failure Management	Online Course	1
Relias Learning	198179	REL-SRC-C1016	Heel or Elbow Protectors	Skills Checklist	0
Relias Learning	211965	REL-SRC-HH-MWBHCS	Helping Families Manage Wandering Behaviors In the Home	Online Course	0.5
Relias Learning	666816	REL-HOS-HFA-HMD	Helping Mounters Deal with Jealousy, Guilt, and Shame in Bereavement	Online Course	1.5
Relias Learning	498650	REL-SRC-0-HABC	Hepatitis: The ABCs	Online Course	2.25
Relias Learning	354558	REL-HOS-HFA-AHHEL	HFA: Artificial Nutrition and Hydration at the End of Life	Online Course	2

Relias Learning	354560	REL-HOS-HFA-BKRNPDG	HFA: Beyond Küber-Ross: New Perspectives on Death, Dying and Grief	Online Course	2.5
Relias Learning	354559	REL-HOS-HFA-LWGBAD	HFA: Living with Grief Before and After the Death	Online Course	3
Relias Learning	354561	REL-HOS-HFA-SELC	HFA: Spiritually and End-of-Life Care	Online Course	3
Relias Learning	312147	REL-SRC-0-CFSPG	HH Conditions of Participation, Survey Protocols and Interpretive Guidelines (G-Tags)	Online Course	1.25
Relias Learning	211953	REL-SC-HH-UMMB	HH Understanding the Meaning Behind Behaviors	Online Course	0.5
Relias Learning	498632	REL-ALL-0-HP1AE	High Performing Teams: Achieving Excellence	Online Course	1
Relias Learning	71945	EL-HP72-HR-TRNKY	High Performing Teams: Aligning and Developing Your Team	Online Course	1
Relias Learning	71944	EL-HP71-HR-TRNKY	High Performing Teams: Building an Effective Team	Online Course	1
Relias Learning	377214	REL-PAC-0-OTGC-HP	Hip Fracture Protocols	Pod-On-The-Go	0
Relias Learning	213634	REL-SC-HH-HIPAAISM	HIPAA and Social Media for Home Health	Online Course	0.5
Relias Learning	255289	REL-ALL-0-HSOCM	HIPAA Do's and Don'ts: Electronic Communication and Social Media	Online Course	0.5
Relias Learning	587112	REL-SRC-0-HSOCMARI	HIPAA Do's and Don'ts: Electronic Communication and Social Media Self-Paced	Online Course	0.5
Relias Learning	319004	REL-RED-NSB	HIPAA Essentials	Online Course	0.5
Relias Learning	240337	REL-CV-0-HIPAA	HIPAA Overview	Online Course	0.75
Relias Learning	255290	REL-ALL-0-HPRIV	HIPAA Privacy	Online Course	0.5
Relias Learning	567111	REL-SRC-0-HPRIV-R1	HIPAA Privacy Self-Paced	Online Course	0.5
Relias Learning	255291	REL-ALL-0-HSEC	HIPAA Security	Online Course	0.5
Relias Learning	255332	REL-ALL-0-HBASIC	HIPAA: The Basics	Online Course	0.5
Relias Learning	567109	REL-SRC-0-HBASIC-R1	HIPAA: The Basics Self-Paced	Online Course	0.5
Relias Learning	468838	BH-HISUPDATE	HIS April 1st update 2017	Online Course	0
Relias Learning	482622	HIS-TIPS-ARIL192017	HIS Tips April 19 2017	Online Course	0
Relias Learning	315851	BH-104	Hitting The Mark! General Inpatient Care Eligibility, Documentation and Compliance	Online Course	0
Relias Learning	494243	REL-VDR-SS_X0749	Hitting the Recruitment Bull's-eye	Online Course	0.5
Relias Learning	357573	REL-SRC-0-HAFL	HIV and AIDS - Florida Laws	Online Course	1
Relias Learning	333715	REL-ALL-0-HIVA-V2	HIV: Advanced	Online Course	1.25
Relias Learning	238050	REL-ALL-0-HIVB	HIV: Basic	Online Course	1.25
Relias Learning	432309	REL-SRC-0-HHCCD	Home Health Care OASIS-C2	Online Course	0.5
Relias Learning	709177	REL-SRC-0-HHCCD	Home Health Care OASIS-D	Online Course	0.5
Relias Learning	301880	REL-SRC-0-HHCCR	Home Health Care Payment and Reimbursement	Online Course	0.5
Relias Learning	562046	REL-SRC-0-HHPC-V2	Home Health PPS and OASIS-C2	Online Course	1.25
Relias Learning	707342	REL-SRC-0-HHPCD	Home Health PPS and OASIS-D	Online Course	1.25
Relias Learning	562046	REL-SRC-0-HHRR-V2	Home Health Required Notices	Online Course	1
Relias Learning	357578	REL-SRC-0-HHCEO	Home Health: Coverage, Eligibility, and Physician Orders	Online Course	1
Relias Learning	566220	REL-SRC-0-HHAD-V2	Hospice and Advanced Dementia	Online Course	1
Relias Learning	305204	REL-HOS-0-HAICD	Hospice Assessment Tools and Comparative Documentation	Online Course	1
Relias Learning	85514	REL-SC-0-HOS-HC-IPC	Hospice Care - Introduction to Palliative Care	Online Course	1
Relias Learning	367677	CON-ONM-2016	Hospice Care Consultant Compliance Training	Online Course	0
Relias Learning	298542	REL-SRC-0-HCOMSEL	Hospice Care: Managing Symptoms at the End of Life	Online Course	1
Relias Learning	479203	REL-HOS-WB-HCOMBPO	Hospice Case Management for Best Patient Outcomes	Online Course	1.25
Relias Learning	646833	REL-HOS-WB-HDP1	Hospice Data - Part 1: What Is It, Where Does It Come From, and What Does It Mean?	Online Course	1.25
Relias Learning	646834	REL-HOS-WB-HDP2	Hospice Data - Part 2: How to Make It Work For Not Against, Your Hospice	Online Course	1.25
Relias Learning	479190	REL-HOS-0-HLITCC	Hospice in Long Term Care: Care Coordination	Online Course	1.25
Relias Learning	479187	REL-HOS-0-HLITCCSCH	Hospice in Long Term Care: Comfort, Pain, and Symptom Control in Hospice	Online Course	1
Relias Learning	479189	REL-HOS-0-HLITCCPC	Hospice in Long Term Care: Hospice Philosophy of Care	Online Course	1
Relias Learning	231385	REL-SRC-0-HLITCRR	Hospice in Long Term Care: Regulatory Requirements	Online Course	1
Relias Learning	644064	REL-HOS-0-HR	Hospice Referrals	Online Course	1.25
Relias Learning	316207	webinar_mckmsms_10.23.2015	Hot Topics in Infection Prevention and Control	Online Course	1

Relias Learning	682786	REL-PAC-0-HKPRC	Housekeeping Procedures In Residential Care Settings	Online Course	1
Relias Learning	286597	REL-SRC-0-HSRED	How to be Survey Ready Every Day	Online Course	1
Relias Learning	432129	REL-SRC-0-HGBR	How to Give a Back Rub	Online Course	0.25
Relias Learning	460443	REL-RT-0-CR260A	How to Interpret the Results and Form an Exercise Rx for Cardiac Rehab Patient	Online Course	1
Relias Learning	393623	REL-SRC-0-HMFR	How to Measure Pulse and Respiration	Online Course	0.25
Mckesson Academy*	254479	webinar_mckms_02.01.2015	How to meet the challenges of Infection Prevention in Extended Care	Online Course	1
Relias Learning	286495	REL-SRC-0-HPPDC	How to Provide Proper Denture Care	Online Course	0.5
Relias Learning	432131	REL-SRC-0-HSFH	How to Shave Facial Hair	Online Course	0.25
Relias Learning	561919	REL-PAC-0-HTBP	How to Take a Blood Pressure	Online Course	0.25
Relias Learning	432128	REL-SRC-0-HTOT	How to Take an Oral Temperature	Online Course	0.25
Relias Learning	591795	REL-ALL-0-HTHPF	Human Trafficking for Healthcare Professionals for Florida	Online Course	2
Relias Learning	511455	REL-ALL-0-HTFL	Human Trafficking: Forced Labor	Online Course	1
Relias Learning	511454	REL-ALL-0-HTSE	Human Trafficking: Sexual Exploitation	Online Course	1
Bristol Hospice	337696	BH-Coding-ICD10-1	ICD10: How Are We Doing?	Online Course	0
Relias Learning	635307	REL-PAC-0-US-LTCICD1018	ICD-10-CM/LTC US - 2018	MDSRAI	3.5
Relias Learning	635325	REL-PAC-0-US-LTCICD10R18	ICD-10-CM/LTC US: Rehab - 2018	MDSRAI	2.75
Relias Learning	317217	REL-PAC-0-POTGC-HPDSS	Identifying and Handling a Person with Drug Seeking Behaviors	Pre-On-The-Go	0
Relias Learning	561807	REL-AM-NU571B-V2	Identifying and Managing Malnutrition	Online Course	1.25
Relias Learning	561958	REL-HHS-0-PPAN-V2	Identifying And Preventing Child Abuse And Neglect	Online Course	1.5
Relias Learning	256494	REL-SRC-0-ID	Immobility Dangers	Online Course	1
Relias Learning	255292	REL-ALL-0-ICWIM	Impaired Co-Workers: Identification and Management	Online Course	0.5
Relias Learning	377932	REL-SRC-CIP	Impaired Pats	SkillsChecklist	0
Relias Learning	494217	REL-VDR-SS X0166	Implementing and Sustaining Change	Online Course	0.5
Relias Learning	498658	REL-SRC-0-IEAP	Implementing Engaging Activity Programs	Online Course	1
Bristol Hospice	270433	BH-Related-2	Importance of Using Terminal Prognosis	Online Course	0
Relias Learning	420379	REL-ALL-0-IEEW	Improving Employee Engagement In the Workplace	Online Course	1
Mckesson Academy*	136559	webinar_mckms_01.01.2013	Incontinence Associated Dermatitis	Online Course	1
Mckesson Academy*	455281	webinar_mckms_02.01.2017	Incontinence Associated Dermatitis: Moving Forward	Online Course	0
Mckesson Academy*	209538	webinar_mckms_08.28.2014	Incontinence Skin Care and How THERA™ Can Help	Online Course	1
Relias Learning	318985	REL-RED-12D	Increasing Resident Voice	Online Course	1.25
Relias Learning	494200	REL-VDR-SS X0148	Individual Behavior in Organizations	Online Course	0.5
Relias Learning	240338	REL-CV-0-IC	Infection Control	Online Course	0.75
Relias Learning	348650	REL-SRC-0-ICP	Infection Control and Prevention	Online Course	1
Relias Learning	498656	REL-SRC-0-ICPR-R1	Infection Control and Prevention	Online Course	0.75
Relias Learning	318525	REL-RED-E3C	Infection Control Essentials	Online Course	0.5
Relias Learning	537276	REL-SRC-0-IJHC	Infection Control In Home Care	Online Course	0.75
Relias Learning	377218	REL-PAC-0-POTGC-ICAP	Infection Control: Airborne Precautions	Pre-On-The-Go	0
Relias Learning	377236	REL-PAC-0-POTGC-ICCP	Infection Control: Contact Precautions	Pre-On-The-Go	0
Relias Learning	377237	REL-PAC-0-POTGC-ICDP	Infection Control: Droplet Precautions	Pre-On-The-Go	0
Relias Learning	103863	REL-C2L-1340	Infection Control: New York State Mandatory Course	Online Course	4
Relias Learning	255333	REL-ALL-0-ICBASIC	Infection Control: The Basics	Online Course	0.25
Relias Learning	566222	REL-SRC-0-ICBASIC-R1	Infection Control: The Basics Self-Paced	Online Course	0.25
Relias Learning	255293	REL-ALL-0-INFLZA	Influenza	Online Course	0.25
Relias Learning	498643	REL-SRC-0-IP-R1	Influenza Prevention Self-Paced	Online Course	0.5
Relias Learning	661899	REL-HOS-HFA-TIMGG	Innovative Techniques In Managing Grief Groups	Online Course	1.75
Relias Learning	377928	REL-SRC-CIPV	Inserting a Peripheral IV	SkillsChecklist	0
Relias Learning	255319	REL-ALL-TRNKY-IP	Inspiring Performance: Motivating and Managing for Results	Online Course	1
Bristol Hospice	375464	INS-VER-BH	Insurance Verification	Online Course	0
Mckesson Academy*	312318	webinar_mckms_10.15.2015	Integration of an Antimicrobial Stewardship Program In Extended Care	Online Course	1
Bristol Hospice	705481	705481	Interface Training 2	Online Course	0.25

Relias Learning	2552294	REL-ALL-0ANTECH	Interviewing Techniques	Online Course	1
Relias Learning	485222	REL-HOS-WB-ICCP	Introduction to Corporate Compliance Programs	Online Course	1.5
Relias Learning	286500	REL-SRC-0-IHC	Introduction to Hospice Care	Online Course	1
Relias Learning	85459	REL-SC-0-LEAD-LMLTC	Introduction to Linen Management in Long Term Care	Online Course	1
Relias Learning	432119	REL-RT-0-NU559C	Introduction to The Low FODMAP Diet	Online Course	1.25
Relias Learning	211961	REL-SC-HH-EA	Investigating Employee Accidents in Home Health	Online Course	0.5
Relias Learning	394292	REL-SRC-0-IEI	Investigating Employee Incidents	Online Course	1
Relias Learning	377158	REL-PAC-0-POTGC-IMCCD	IV Management: Changing a CVC Dressing	Pro-On-The-Go	0
Relias Learning	377181	REL-PAC-0-POTGC-IMCNC	IV Management: Changing Needleless Connection Devices	Pro-On-The-Go	0
Relias Learning	377225	REL-PAC-0-POTGC-IMDI	IV Management: Discontinuing an IV	Pro-On-The-Go	0
Relias Learning	377161	REL-PAC-0-POTGC-IMC	IV Management: Flushing a CVC	Pro-On-The-Go	0
Relias Learning	377223	REL-PAC-0-POTGC-IMHMF	IV Management: Hanging IV Medications or Fluids	Pro-On-The-Go	0
Relias Learning	377182	REL-PAC-0-POTGC-IMP	IV Management: Implanted Ports	Pro-On-The-Go	0
Relias Learning	377224	REL-PAC-0-POTGC-IMI	IV Management: Initiating an IV	Pro-On-The-Go	0
Relias Learning	377185	REL-PAC-0-POTGC-IMBSC	IV Management: Obtaining a Blood Sample from a CVC	Pro-On-The-Go	0
Relias Learning	377187	REL-PAC-0-POTGC-IMPOR	IV Management: PICC and CVC Removal	Pro-On-The-Go	0
Relias Learning	494233	REL-VDR-SS_X0118	Key Elements of Business Execution	Online Course	0.5
Mckesson Academy*	223992	webinar_mckmsn_10.09.2014	Keys to Staffing Success: Proven Tips to Improve Quality, Care & Costs	Online Course	1
Relias Learning	464183	REL-RT-0-NU552E	Laboratory Assessment: Cardiovascular Disease, Diabetes, and Metabolic Syndrome	Online Course	1.25
Relias Learning	318612	REL-ALL-0-LADSFY	Ladder Safety	Online Course	0.25
Relias Learning	238052	REL-ALL-0-LA	LateX Allergy	Online Course	0.5
Relias Learning	498633	REL-ALL-0-LFLC	Leadership Fundamentals: Leading as a Coach	Online Course	0.5
Relias Learning	868761	EL-LEAD2-HR-TNNKY	Leadership Fundamentals: Management vs. Leadership	Online Course	1
Relias Learning	498634	REL-ALL-0-LFRL	Leadership Fundamentals: Relationship-Centric Leadership	Online Course	1
Relias Learning	479210	REL-SRC-0-LITGH	Leadership in Long-Term Care: The How	Online Course	2.25
Relias Learning	456568	REL-SRC-0-LITCW	Leadership in Long-Term Care: The Why	Online Course	1.5
Relias Learning	494244	REL-VDR-SS_X0119	Leading a Cross-Functional Team	Online Course	0.5
Relias Learning	494234	REL-VDR-SS_X0167	Leading Your Team through Change	Online Course	0.5
Relias Learning	348631	REL-SRC-0-LAD	Legal Aspects of Documentation	Online Course	1
Relias Learning	562048	REL-SRC-0-LADHC-VZ	Legal Aspects of Documentation for Home Care	Online Course	1
Relias Learning	494222	REL-VDR-SS_X0159	Leveraging Emotional Intelligence	Online Course	0.5
Relias Learning	357572	REL-SRC-0-LSCB	Life Safety Code Basics	Online Course	0.75
Relias Learning	103942	REL-CZL-P1123	Life Skills Series: Managing Time in Your Busy Life	Online Course	1
Relias Learning	663534	REL-PAC-0-LMD	Lifestyle Modification for Diabetes	Online Course	1.5
Relias Learning	65461	REL-SC-0-LEAD-LMLTC-C	Linen Management in Long Term Care: Inventory and Control	Online Course	1
Relias Learning	65458	REL-SC-0-LEAD-LMLTC-	Linen Management in Long Term Care: Personal Laundry and General Laundry Housekeeping Issues	Online Course	1
Relias Learning	PLQLHI		Linen Management in Long Term Care: The Wash and Drying Cycle	Online Course	1
Relias Learning	85460	REL-SC-0-LEAD-LMLTC-WDC	Linen Management in Long Term Care: The Wash and Drying Cycle	Online Course	1
Relias Learning	637847	REL-HOS-HFA-LWG	Living with Grief: When Grief is Complicated	Online Course	2.25
Relias Learning	255295	REL-ALL-0-LOT0	Lockout/Tagout	Online Course	0.25
Relias Learning	498644	REL-SRC-0-LTAE-R1	Lockout/Tagout for Affected Employees	Online Course	0.25
Relias Learning	610342	REL-PAC-0-LADTAR4	Louisiana Dementia Training: ARCS/SCU-4	Online Course	0.25
Relias Learning	610341	REL-PAC-0-LADTAR8	Louisiana Dementia Training: ARCS/SCU-4	Online Course	0.25
Relias Learning	610343	REL-PAC-0-LADTAR2	Louisiana Dementia Training: ARCS/SCU-4	Online Course	0.25
Relias Learning	610339	REL-PAC-0-LADTAR3	Louisiana Dementia Training: ARCS/SCU-4	Online Course	0.25
Relias Learning	610338	REL-PAC-0-LADTAR8	Louisiana Dementia Training: NF/SCU-4	Online Course	0.25
Relias Learning	610340	REL-PAC-0-LADTAR4	Louisiana Dementia Training: NF/SCU-8	Online Course	0.25
Relias Learning	619162	REL-PAC-0-LADTAR4	Louisiana Dementia Training: NF-4A	Online Course	0.25
Relias Learning	619162	REL-PAC-0-LADTAR4	Louisiana Dementia Training: NF-4B	Online Course	0.25
Relias Learning	635282	REL-PAC-0-US-LTOBNI8	LTC US: Beneficiary Notices - 2018	MDSRAI	1.25

Relias Learning	635277	REL-PAC-0-US-1TCRES18	LTC US: Respiratory Therapy - 2018	MDSRAI	1
Relias Learning	635305	REL-PAC-0-US-1TCCB18	LTC US: Understanding Consolidated Billing - 2018	MDSRAI	1.5
Relias Learning	322474	REL-SRC-0-MOULTC	Maintenance Operations in Long-Term Care	Online Course	1
Relias Learning	198195	REL-SRC-C1022	Make an Occupied Bed	SkillsChecklist	0
Relias Learning	198194	REL-SRC-C1021	Make an Unoccupied Bed	SkillsChecklist	0
Relias Learning	396513	REL-PAL-0-MVLPc	Make of Yourself a Light: Professional Caring	Online Course	1.25
Relias Learning	494223	REL-VDR-SS_X0143	Make the Time You Need: Get Organized	Online Course	0.5
Relias Learning	289747	REL-AM-NU262B	Malnutrition and Wounds: Malnutrition and	Online Course	1.5
Relias Learning	71989	EL-MFL-LEAD-HR-TRNKY	Common Geriatric Syndromes	Online Course	1.25
Relias Learning	71988	EL-MFL-LEAD-HR-TRNKY	Management Fundamentals for the Emerging Leader	Online Course	1
Relias Learning	71990	EL-MFWORK-HR-TRNKY	Management Fundamentals: Setting the Stage for Success	Online Course	1.25
Relias Learning	479185	REL-PAC-AAHRAHAKCD	Management of Cardiac Devices in Hospice and Palliative Care Patients	Online Course	1.25
Bristol Hospice	289550	BH-103	Management of End-Stage Heart Failure (Endra Power Point)	Online Course	0
Relias Learning	353838	REL-PAL-0-MPSUNI	Management of Pain & Symptoms Using Non-Pharmacologic Interventions	Online Course	1.5
Bristol Hospice	255532	CHC 02_18_15	Managing Continuous Home Care	Online Course	0.5
Relias Learning	494245	REL-VDR-SS_X0140	Managing Employee Development	Online Course	0.5
Relias Learning	494201	REL-VDR-SS_X0120	Managing for Cross-functionally	Online Course	0.5
Relias Learning	628620	REL-HOS-WB-MHCCS	Managing Hospice Complaints and Complaint Surveys	Online Course	1.25
Relias Learning	494202	REL-VDR-SS_X0138	Managing Motivation during Organizational Change	Online Course	0.5
Relias Learning	494203	REL-VDR-SS_X0168	Managing Multigenerational Employees	Online Course	0.5
Relias Learning	567463	PSCC-MPRO-ENCLARA	Managing Pain During a Time of Rising Opioid Abuse and Regulatory Changes	Online Course	1
Relias Learning	498657	REL-SRC-0-MPPCP	Managing Pain from a Palliative Care Perspective	Online Course	1.25
Relias Learning	318925	REL-VDR-SS_X0047	Managing the Dismissal of an Employee	Online Course	1
Relias Learning	213635	REL-SC-HH-MH-LETD	Managing the Home Health Employee on Transitional Duty	Online Course	0.5
Relias Learning	318983	REL-RED-L2B	Managing the RAJ Framework for Success	Online Course	0.75
Relias Learning	693623	REL-SRC-0-MUW	Managing Urinary Incontinence in Women	Online Course	1
Relias Learning	479202	REL-HOS-0-MHBSH	Marketing Hospice: The Best Kept Secret in Healthcare	Online Course	1
Mckesson Academy*	375719	medtronics_mckmsms	MAASD Template Quick Guide	Online Course	0
Mckesson Academy*	297365	webinar_mckmsms_08.07.2015	Mckesson Quality One Demo	Online Course	1
Mckesson Academy*	509695	webinar_mckmsms_06.20.17	Mckesson Specialty Dressings Overview	Online Course	0
Relias Learning	635362	REL-PAC-0-US-3-0IB18	MDS 3.0 US: 01 Intro and Basics - 2018	MDSRAI	0.75
Relias Learning	650060	REL-PAC-0-US-RVCS18	MDS 3.0 US: 01 RUG IV Classification System - 2018	MDSRAI	2
Relias Learning	635246	REL-PAC-0-US-3-0SECA18	MDS 3.0 US: 01 Section A - 2018	MDSRAI	1
Relias Learning	635363	REL-PAC-0-US-3-0OBRA18	MDS 3.0 US: 02 OBRA - 2018	MDSRAI	1.25
Relias Learning	650061	REL-PAC-0-US-RIVAR18	MDS 3.0 US: 02 RUG IV Assessment	MDSRAI	2
Relias Learning	635346	REL-PAC-0-US-3-0SECB18	MDS 3.0 US: 02 Section B - 2018	MDSRAI	0.75
Relias Learning	635365	REL-PAC-0-US-3-0CAACP18	MDS 3.0 US: 03 CAA and Care Plans - 2018	MDSRAI	2
Relias Learning	635347	REL-PAC-0-US-3-0SECC18	MDS 3.0 US: 03 Section C - 2018	MDSRAI	1
Relias Learning	635245	REL-PAC-0-US-3-0INT18	MDS 3.0 US: 04 Interview - 2018	MDSRAI	0.5
Relias Learning	635348	REL-PAC-0-US-3-0SECD18	MDS 3.0 US: 04 Section D - 2018	MDSRAI	0.75
Relias Learning	635349	REL-PAC-0-US-3-0SECE18	MDS 3.0 US: 05 Section E - 2018	MDSRAI	1
Relias Learning	635364	REL-PAC-0-US-3-0SUB18	MDS 3.0 US: 05 Submissions - 2018	MDSRAI	1
Relias Learning	635350	REL-PAC-0-US-3-0SECF18	MDS 3.0 US: 06 Section F - 2018	MDSRAI	0.5
Relias Learning	635351	REL-PAC-0-US-3-0SECG18	MDS 3.0 US: 07 Section G - 2018	MDSRAI	1
Relias Learning	635352	REL-PAC-0-US-3-0SECG18	MDS 3.0 US: 08 Section GG - 2018	MDSRAI	1
Relias Learning	635352	REL-PAC-0-US-3-0SECH18	MDS 3.0 US: 09 Section H - 2018	MDSRAI	0.75
Relias Learning	635353	REL-PAC-0-US-3-0SECI18	MDS 3.0 US: 10 Section I - 2018	MDSRAI	0.5

Relias Learning	635354	REL-PAC-0-US-3-0SECJ18	MDS 3.0 US: 11 Section J - 2018	MDSRAI	1
Relias Learning	635355	REL-PAC-0-US-3-0SECK18	MDS 3.0 US: 12 Sections K & L - 2018	MDSRAI	0.75
Relias Learning	635356	REL-PAC-0-US-3-0SECM18	MDS 3.0 US: 13 Section M - 2018	MDSRAI	1.25
Relias Learning	635357	REL-PAC-0-US-3-0SECN18	MDS 3.0 US: 14 Section N - 2018	MDSRAI	0.75
Relias Learning	635358	REL-PAC-0-US-3-0SECO18	MDS 3.0 US: 15 Section O - 2018	MDSRAI	1.25
Relias Learning	635359	REL-PAC-0-US-3-0SECP18	MDS 3.0 US: 16 Section P - 2018	MDSRAI	0.5
Relias Learning	635360	REL-PAC-0-US-3-0SECQ18	MDS 3.0 US: 17 Section Q - 2018	MDSRAI	0.75
Relias Learning	635361	REL-PAC-0-US-3-0SECR18	MDS 3.0 US: 18 Section R - 2018	MDSRAI	0.75
Relias Learning	635362	REL-PAC-0-US-3-0SECZ18	MDS 3.0 US: 19 Section Z - 2018	MDSRAI	0
Relias Learning	635278	REL-PAC-0-US-3-0QDLS18	MDS 3.0 US: Documenting ADLs - 2018	MDSRAI	1
Relias Learning	635280	REL-PAC-0-US-3-0QMMDS18	MDS 3.0 US: QMs and the MDS - 2018	MDSRAI	2
Relias Learning	635304	REL-PAC-0-US-3-0RVR18	MDS 3.0 US: RUG IV for Rehab - 2018	MDSRAI	2.25
Relias Learning	635328	REL-PAC-0-US-3-0QRP18	MDS 3.0 US: SNF Quality Reporting Program - 2018	MDSRAI	1
Relias Learning	198201	REL-SRC-C1044	Measuring Blood Pressure	SkillsChecklist	0
Relias Learning	198199	REL-SRC-C1041	Measuring Pulse and Respiration	SkillsChecklist	0
Relias Learning	192823	REL-SRC-C1040	Measuring Weight	SkillsChecklist	0
Relias Learning	331308	REL-HOS-0-MRDUE	Med D and Relatedness Determinations: Understanding the Essentials	Online Course	0.5
Relias Learning	391738	REL-SRC-0-MDR	Medical Device Reporting	Online Course	1
Relias Learning	498649	REL-SRC-0-MEP	Medical Errors Prevention	Online Course	1
Relias Learning	418452	McKXMS 2016 MAY	Medical Grade Honey and Debridement	Online Course	2
Relias Learning	528213	PSCC-MHOSP-ENCLARA	Medical Marijuana and its Use in Hospice	Online Course	1
Relias Learning	318991	REL-RED-L2J	Medical Necessity	Online Course	1
Relias Learning	318992	REL-RED-L2K	Medical Necessity for the Front Line Caregiver	Online Course	1
Relias Learning	391734	REL-SRC-0-MRDQLCMA	Medical Record Documentation & Legal Information for Certified Nursing Assistants	Online Course	0.5
Relias Learning	378671	REL-ALL-0-MRDJFCNA	Medical Record Documentation & Legal Information for Florida Certified Nursing Assistants	Online Course	1
Relias Learning	432135	REL-SRC-0-MWDH	Medical Waste Disposal in the Home	Online Course	0.5
Relias Hospice	673880	BH-2018-MedicareDatabase	Medicare Database Training-BH	Online Course	0
Relias Learning	635326	REL-PAC-0-US-LTTCMC118	Medicare LTC US: 01 Medicare 1 - Intro - 2018	MDSRAI	0.5
Relias Learning	635327	REL-PAC-0-US-LTTCMC218	Medicare LTC US: 02 Medicare 2 - Eligibility - 2018	MDSRAI	1
Relias Learning	635328	REL-PAC-0-US-LTTCMC318	Medicare LTC US: 03 Medicare 3 - Skilled Services - 2018	MDSRAI	1
Relias Learning	635331	REL-PAC-0-US-LTTCMC418	Medicare LTC US: 04 Medicare 4 - Documentation - 2018	MDSRAI	1
Relias Hospice	375493	MSP-BH	Medicare Secondary Payer	Online Course	0
Relias Learning	301884	REL-SRC-0-MJB8	Medicare: Back to the Basics	Online Course	0.5
Relias Learning	432137	REL-HOS-0-MFHB	Medicare: Features of the Hospice Benefit	Online Course	1.25
Relias Learning	312135	REL-SRC-0-MAACE	Medication Administration: Avoiding Common Errors	Online Course	0.5
Relias Learning	377172	REL-PAC-0-POTGC-MADMA	Medication Administration: Drawing Medication from an Ampule	Pro-On-The-Go	0
Relias Learning	377173	REL-PAC-0-POTGC-MAU	Medication Administration: Inhaler Use	Pro-On-The-Go	0
Relias Learning	377184	REL-PAC-0-POTGC-MAI	Medication Administration: Injections	Pro-On-The-Go	0
Relias Learning	375739	REL-PAC-0-POTGC-MAIP	Medication Administration: IV Push	Pro-On-The-Go	0
Relias Learning	377175	REL-PAC-0-POTGC-MAJ	Medication Administration: Nebulizer	Pro-On-The-Go	0
Relias Learning	377174	REL-PAC-0-POTGC-MAK	Medication Administration: Oral	Pro-On-The-Go	0
Relias Learning	390337	REL-PAC-0-POTGC-MAO	Medication Administration: Via Feeding Tube	Pro-On-The-Go	0
Relias Learning	318530	REL-RED-G1A	Medication Management in Assisted Living-Part I	Online Course	1
Relias Learning	318532	REL-RED-G1B	Medication Management in Assisted Living-Part II	Online Course	1
Relias Learning	318534	REL-RED-G1C	Medication Management in Assisted Living-Part III	Online Course	1
Relias Learning	318536	REL-RED-G1D	Medication Management in Assisted Living-Part IV	Online Course	1
Relias Learning	390677	REL-SRC-0-MRH	Medication Reconciliation in the Home	Online Course	1

Relias Learning	7142381PSSCC-MEDREL-ENCLARA		Medication Relatedness Determinations and Hospice Formulates: Understanding the Essentials	Online Course	0.75
Relias Learning	1841781REL-HHS-0-MSOPD		Medications Related to Schizophrenia and Other Psychotic Disorders	Online Course	1
Mckesson Academy*	3757071medronic1_mckrms		Medronic Study: Disposable Underpads to Increase Safe Skin Practices	Online Course	0
Mckesson Academy*	3757081medronic2_mckrms		Medronic: ACT Program for Continence Management	Online Course	0
Mckesson Academy*	3757111medronic3_mckrms		Medronic: Impact of Underpads on Pressure Ulcer and Continence Associated Dermatitis	Online Course	0
Mckesson Academy*	3757131medronic4_mckrms		Medronic: Pressure Ulcer Reduction and Elimination	Online Course	0
Relias Learning	464196 REL-RT-0-PR214F		Meeting the Oxygen Needs of Your Patients	Online Course	1.5
Relias Learning	396510 REL-SRC-0-MSCCSP		Mental Status Changes: A Clinical and Spiritual Perspective	Online Course	1.25
Relias Learning	2725631REL-SRC-0-MAH1		Modifying Activities for the Hearing Impaired	Online Course	0.5
Relias Learning	4876991REL-HOS-WB-MOEL		Monitoring the OIG Exclusion List	Online Course	1.75
Relias Learning	4321211REL-RT-0-RN251B		Mood Stabilizing Drugs and Interactions	Online Course	1.5
Relias Learning	4942091REL-VDR-SS_X0116		Motivating Your Employees	Online Course	0.5
Relias Learning	4647181REL-RT-0-RN2368		Multidisciplinary Involvement in Various Wound Settings	Online Course	1.5
Relias Learning	2552961REL-ALL-0-MIDRO		Multi-drug Resistant Organisms (MDROs)	Online Course	1.5
Relias Learning	3270881REL-SRC-0-MS		Multiple Sclerosis	Online Course	1
Relias Learning	3149341REL-PAL-0-MTFCAT		Music Therapy and Other Creative Arts Therapies	Online Course	1.25
Relias Learning	5620491REL-SRC-0-MIM-V2		Myocardial Infarction Management	Online Course	1.25
Relias Learning	5254901REL-HHS-0-NEDRC		Navigating the Ethics of Dual Relationships for Clinicians	Online Course	2
Mckesson Academy*	4290921MckKMS_2016_October3		Needlestick Injury Prevention: Strategies To Protect Staff From Infection and Keep Practices Compliant to Regulatory Requirements	Online Course	1
Mckesson Academy*	4184661MckKMS_2016_JULY		Negative Pressure Wound Therapy: The Basics	Online Course	1
Relias Learning	5620531REL-SRC-0-NURWC-V2		Neuropathic Ulcers and Recommended Wound Care	Online Course	1
Relias Learning	3486421REL-PAL-0-NBEWKML		New to Bereavement? Everything You Wanted to Know in 60 Minutes or Less	Online Course	0.75
Bristol Hospice	2547391NHF-CO-discharge		NHPCO Discharge Document Teaching	Online Course	0
Bristol Hospice	2704471BR1-Nine		Nine Minutes to Understand What to Expect in 2015	Online Course	0
Bristol Hospice	3755041NOE-BH		Notice Of Election Process	Online Course	0
Bristol Hospice	2704241BR1-NOE		Notice of Elections	Online Course	0
Relias Learning	4358101REL-CV-0-NCCIDD		Nursing Care for Children with Intellectual and Developmental Disabilities	Online Course	1
Relias Learning	3970841REL-SRC-0-NDHD		Nursing Documentation of Healthcare Data	Online Course	1
Relias Learning	5143531REL-PAC-0-NLSS		Nursing Leadership and Supervisory Skills Path Assessment	LearningAssessment	0
Relias Learning	4201031REL-CV-0-NPA		Nursing Pediatric Assessment	Online Course	1.25
Relias Learning	3486381REL-SRC-0-NHYR		Nutrition & Hydration: Your Responsibilities	Online Course	0.75
Relias Learning	4791981REL-HOS-0-NHEL		Nutrition and Hydration at the End of Life	Online Course	0.75
Mckesson Academy*	1363981webinar_mckrms_12.19.2013		Nutrition Assessment in the Geriatric Patient	Online Course	1
Relias Learning	5618061REL-AM-NUE571A-V2		Nutrition Focused Physical Assessment	Online Course	1.25
Relias Learning	4792111REL-SRC-0-NHPISHW		Nutrition in the Healing of Pressure Injuries and Slow Healing Wounds	Online Course	2
Relias Learning	4607671REL-RT-0-CR710BX		Nutrition Management: Core Competency for Cardiac Rehab	Online Course	1.25
Relias Learning	5620521REL-PAC-0-NISHW		Nutritional Impact on Slow Healing Wounds	Online Course	1
Relias Learning	3575681REL-SRC-0-NIAD		Nutritional Interventions for Alzheimer's Disease	Online Course	1
Relias Learning	6440611REL-SRC-BT-OWMC		OASIS Module 1: Introduction to OASIS	Online Course	0.75
Relias Learning	6635281REL-SRC-BT-OMPFLAI		OASIS Module 2: Patient Tracking through Living Arrangements Items	Online Course	1
Relias Learning	6635291REL-SRC-BT-OWMSISI		OASIS Module 3: Sensory and Integumentary Status Items	Online Course	1

Relias Learning	663530	REL-SRC-BT-OMRSNSI	OASIS Module 4: Respiratory Status through Neuro/Emotional/Behavioral Status Items	Online Course	0.5
Relias Learning	663531	REL-SRC-BT-OMATNI	OASIS Module 5 ADL/IADLs and Therapy Need Items	Online Course	1
Relias Learning	663532	REL-SRC-BT-OMMPCJ	OASIS Module 6: Medications and Plan of Care Items	Online Course	0.75
Relias Learning	663533	REL-SRC-BT-OMTDI	OASIS Module 7: Transfer and Discharge Items	Online Course	1
Relias Learning	432143	REL-SRC-0-OCPM	OASIS-C2 and Process Measures	Online Course	1.25
Relias Learning	432139	REL-SRC-0-OCRC	OASIS-C2: Resumption of Care	Online Course	1
Relias Learning	432138	REL-SRC-0-OCRTB	OASIS-C2: The Basics	Online Course	1
Relias Learning	704725	REL-SRC-BT-ODATNI	OASIS-D: ADL/IADLs and Therapy Need Items	Online Course	1
Relias Learning	704726	REL-SRC-BT-ODDI	OASIS-D: Introduction to OASIS	Online Course	1
Relias Learning	704727	REL-SRC-BT-ODM	OASIS-D: Medications	Online Course	0.5
Relias Learning	704728	REL-SRC-BT-ODPTLI	OASIS-D: Patient Tracking through Living Arrangements Items	Online Course	1
Relias Learning	704729	REL-SRC-BT-ODRSNSI	OASIS-D: Respiratory Status through Neuro/Emotional/Behavioral Status Items	Online Course	0.5
Relias Learning	704730	REL-SRC-BT-ODSISI	OASIS-D: Sensory and Integumentary Status Items	Online Course	0.5
Relias Learning	704731	REL-SRC-BT-ODTDI	OASIS-D: Transfer and Discharge Items	Online Course	1
Relias Learning	464194	REL-RT-0-PP214D	Obesity Related Respiratory Disease and Pulmonary Hypertension	Online Course	1
Relias Learning	391736	REL-SRC-0-ORD	Observation, Reporting, and Documentation	Online Course	1
Relias Learning	464193	REL-RT-0-PP214C	Obstructive Lung Disease Versus Restrictive Lung Disease	Online Course	1.5
Relias Learning	390679	REL-SRC-0-OBBCVC	Obtaining Blood from a Central Venous Catheter	SkillsChecklist	0
Relias Learning	377238	REL-PAC-0-PO7GC-OBM	Occult Blood Monitoring	Pro-On-The-Go	0
Relias Learning	438706	REL-ALL-0-ONPA	Ohio Nurse Practice Act	Online Course	1
Relias Learning	255327	REL-ALL-TRNKY-OBOD	On-Boarding and Culture Development	Online Course	1
Relias Learning	298547	REL-SRC-0-OOA	One-to-One Activities	Online Course	0.5
Relias Learning	198188	REL-SRC-C1028	Oral Care for Unconscious Patient	SkillsChecklist	0
Relias Learning	104587	REL-C2L-USS-20720	Oral Hygiene - Unconscious Individual	Online Course	0.5
Relias Learning	581909	REL-PAC-0-OHUI	Oral Hygiene - Unconscious Individual	Online Course	0.25
Relias Learning	498853	REL-SRC-0-OHABF	Oral Hygiene: Assisting with Brushing and Flossing	Online Course	0.25
Relias Learning	192824	REL-SRC-C1042	Oral Temperature	SkillsChecklist	0
Relias Learning	506283	REL-SRC-0-OHSICPC	Orientation for Home-Based Services: Infection Control and Patient Care	Online Course	1.5
Relias Learning	503832	REL-SRC-0-OHSSC	Orientation for Home-Based Services: Safety and Compliance	Online Course	1.5
Relias Learning	456563	REL-HOS-0-OHC	Orientation to Hospice Care	Online Course	0.5
Relias Learning	255276	REL-ALL-0-CONFSP	OSHA: Confined Space	Online Course	0.25
Relias Learning	577476	REL-SRC-0-OC	Ostomy Care	Online Course	0.5
Relias Learning	377208	REL-PAC-0-PO7GC-OC	Ostomy Care: Colostomy	Pro-On-The-Go	0
Relias Learning	394526	REL-HOS-0-OHCP	Overview of Hospice Conditions of Participation	Online Course	1
Relias Learning	479188	REL-HOS-0-OHSLTOR	Overview of Hospice Services for Long Term Care Residents	Online Course	0.75
McKesson Academy*	270822	webinar_mckmsns_04_10_2015	Overview of Interact	Online Course	1
Relias Learning	346636	REL-SRC-0-OAP	Overview of the Aging Process	Online Course	1.5
Relias Learning	255298	REL-ALL-0-OXXSTY	Oxygen Safety	Online Course	0.25
Relias Learning	567114	REL-SRC-0-OXYSFTY-R1	Oxygen Safety Self-Paced	Online Course	0.25
Relias Learning	357591	REL-SRC-0-PYR	PACE - Reporting Requirements	Online Course	0.25
Relias Learning	394793	REL-SRC-0-PIIIBD	PACE and Medicare Part D	Online Course	0.5
Relias Learning	384797	REL-SRC-0-PCPG	PACE: Care Planning Guidance	Online Course	0.25
Relias Learning	384792	REL-SRC-0-PGA	PACE: Grievances and Appeals	Online Course	0.75
Relias Learning	394794	REL-SRC-0-PPPR	PACE: Participant Bill of Rights	Online Course	0.25
Relias Learning	242354	REL-SRC-0-PPM	Pain Assessment and Management	Online Course	0.25
Relias Learning	514351	REL-PAC-0-PACG	Palliative Approach to Geriatric Care Path Assessment	Online Course	2
Relias Learning	456560	REL-PAL-0-PCHF	Palliative Care for Heart Failure	LearningAssessment	0
Relias Learning	482383	REL-PAL-0-PHC	Palliative vs. Hospice Care	Online Course	1
Relias Learning	581922	REL-PAC-AHPM-PWC	Palliative Wound Care	Online Course	1.25
McKesson Academy*	315238	webinar_mckmsns_10_24_2015	Pandemic Influenza	Online Course	1

Relias Learning	389468	REL-SRC-0-PDCP1	Parkinson's Disease: Cognitive and Psychological Interventions	Online Course	1
Relias Learning	362679	REL-SRC-0-PROT	Particulate Respirators and OSHA Fit Testing	Online Course	0.25
Relias Learning	321660	REL-RED-V-PWAY-RH10001	Pathway Retrospectivalization Series: Part 01	Online Course	1
Relias Learning	321661	REL-RED-V-PWAY-RH10002	Operational and Clinical Leadership	Online Course	1
Relias Learning	321662	REL-RED-V-PWAY-RH10003	Pathway Retrospectivalization Series: Part 02	Online Course	1.5
Relias Learning	321663	REL-RED-V-PWAY-RH10004	Strategies to Meet the Challenges	Online Course	1
Relias Learning	321664	REL-RED-V-PWAY-RH10005	Pathway Retrospectivalization Series: Part 03 Clinical Readiness	Online Course	1
Relias Learning	321665	REL-RED-V-PWAY-RH10006	Pathway Retrospectivalization Series: Part 04 Strategic Alliances	Online Course	1
Relias Learning	321666	REL-RED-V-PWAY-RH10007	Pathway Retrospectivalization Series: Part 05 Introduction to Clinical Components	Online Course	1
Relias Learning	321667	REL-RED-V-PWAY-RH10008	Pathway Retrospectivalization Series: Part 06 Heart Failure	Online Course	1
Relias Learning	321668	REL-RED-V-PWAY-RH10009	Pathway Retrospectivalization Series: Part 07 Pneumonia	Online Course	1
Relias Learning	321669	REL-RED-V-PWAY-RH10010	Pathway Retrospectivalization Series: Part 08 Acute Myocardial Infarction	Online Course	1
Relias Learning	321689	REL-RED-V-PWAY-RH10010	Pathway Retrospectivalization Series: Part 09 Introduction to INTERACT	Online Course	1
Relias Learning	304034	REL-SRC-0-PRHCH	Plan Development	Online Course	1
McKesson Academy*	206329	webinar_mckrms_08_12.2014	Patient Rights: Home Care and Hospice	Online Course	0.25
McKesson Academy*	136400	webinar_mckrms_12.20.2013	Patient Safety: The Role of Gentle Tapes	Online Course	1
Relias Learning	530527	REL-CV-0-PH	Prevention	Online Course	1
Relias Learning	198186	REL-SRC-C1026	Pediatric Habilitation	Skills Checklist	1
Relias Learning	198187	REL-SRC-C1027	Performing Denture Care	Skills Checklist	0
Relias Learning	318648	REL-SRC-0-POC	Performing Oral Care	Skills Checklist	0
Relias Learning	198194	REL-SRC-C1034	Perineal and Catheter Care	Online Course	0.5
Relias Learning	286512	REL-SRC-0-PVD	Perineal Care	Skills Checklist	0
Relias Learning	545579	REL-SRC-0-PVD-VZ	Peripheral Vascular Disease	Online Course	1
Relias Learning	494210	REL-VDR-SS_X0158	Peripheral Vascular Disease	Online Course	1
Relias Learning	255335	REL-ALL-0-PPE	Personal Power and Credibility	Online Course	0.5
Relias Learning	343695	REL-SRC-0-POCOC	Personal Protective Equipment	Online Course	0.25
Relias Learning	104008	REL-CZ1-1245	Person-Centered Care and Culture Change	Online Course	1
McKesson Academy*	479207	REL-HOS-0-PEL	Personnel Administration	Online Course	2
McKesson Academy*	136402	webinar_mckrms_12.21.2013	Perspectives at End of Life	Online Course	0.5
Relias Learning	348643	REL-PAL-0-PPMCP	Perspectives in Palliative Wound Care	Online Course	1
Relias Learning	635345	REL-PAC-0-US-3-0PHQ18	Pharmacologic Pain Management for the Clinical Professional	Online Course	2
Relias Learning	494197	REL-VDR-SS_X0122	PHQ-9 3.0 US: PHQ-9 -2018	MDSRM	0.5
Relias Learning	494216	REL-VDR-SS_X0155	Planning an Effective Performance Appraisal	Online Course	0.5
Relias Learning	500578	REL-SRC-0-PRM-VZ	Planning for Skills Needs and Managing Performance	Online Course	0.5
McKesson Academy*	136426	webinar_mckrms_12.22.2013	Pneumonia and Bronchitis Management	Online Course	0.75
Relias Learning	405227	REL-SRC-0-P	PointRight: Success Strategies to Reduce Retrospectivalizations & Meet OAPI Guidelines	Online Course	1
Relias Learning	432120	REL-RT-0-RN251A	Polypharmacy	Online Course	1
Relias Learning	198189	REL-SRC-C1006	Polypharmacy and Drug Interactions	Online Course	1.5
Relias Learning	198170	REL-SRC-C1007	Position Patient in Supine to Semi-Fowler's Position	Skills Checklist	0
Relias Learning	494217	REL-VDR-SS_X0150	Position Patient in Supine to Sit on Edge of Bed	Skills Checklist	0
Relias Learning	494208	REL-VDR-SS_X0170	Positive Atmosphere: Establishing a Positive Work Environment	Online Course	0.5
Relias Learning	494212	REL-VDR-SS_X0171	Positive Atmosphere: Establishing an Engaged Workforce	Online Course	0.5
Relias Learning	377162	REL-PAC-0-POIGH-PMC	Positive Atmosphere: How Organizational Learning Drives Positive Change	Online Course	0.5
Relias Learning	432127	REL-SRC-0-PC	Post-Mortem Care	Pro-On-The-Go Online Course	0
Relias Learning	320557	REL-ALL-0-PPANINF	Preparing for Pandemic Influenza	Online Course	1

Relias Learning	562056 REL-SRC-0-PIAP-V2		Pressure Injury Assessment, Interventions, and Prevention	Online Course	1
Relias Learning	514352 REL-PAC-0-PUPM		Pressure Injury Prevention Path Assessment	LearningAssessment	0
McKesson Academy*	418473 McKdms_2018_OCTOBER		PRESSURE INJURY STAGING - NEW NPJAP	Online Course	1
Relias Learning	390671 REL-SRC-0-PIUP		Terminology and Definitions	Online Course	1
Bristol Hospice	285910 BRI-103		Pressure Injury/Ulcer Prevention	Online Course	1
Relias Learning	286506 REL-SRC-0-PRE		Pre-Survey Prep Checklist	Online Course	0
Relias Learning	419812 REL-SRC-0-PARLTC		Preventing and Responding to Elopement	Online Course	1
Relias Learning	498635 REL-SRC-0-PBJHR1		Preventing Avoidable Rehospitalization in Long Term Care	Online Course	1
Relias Learning	340034 REL-SRC-0-PCFI		Preventing Back Injuries	Online Course	0.5
Relias Learning	211959 REL-SC-HH-PCFI		Preventing Constipation and Facial Impaction	Online Course	0.5
McKesson Academy*	287295 webinar_mckdms_06.23.2015		Preventing Constipation and Facial Impaction for Home Health	Online Course	0.5
McKesson Academy*	136429 webinar_mckdms_12.24.2013		Preventing Deydration in the Elderly	Online Course	1
Relias Learning	211962 REL-SC-HH-PHW-S		Preventing Harassment in the Workplace for Home Health Staff	Online Course	0.5
Relias Learning	214098 REL-SC-HH-PHW-M		Preventing Harassment in the Workplace for Home Health Supervisors	Online Course	0.5
Relias Learning	572942 REL-SRC-0-PMIEAE		Preventing Medical Errors and Adverse Events	Online Course	1
Relias Learning	318570 REL-RED-JSB		Preventing Medical Errors in Senior Care Facilities	Online Course	2
Relias Learning	498660 REL-SRC-0-PIIU		Preventing Pressure Injuries/Ulcers	Online Course	0.75
Relias Learning	285299 REL-ALL-0-PTIF		Preventing Slips, Trips and Falls	Online Course	0.25
Relias Learning	319006 REL-RED-P7B		Preventing Slips, Trips, and Falls Essentials	Online Course	0.5
Relias Learning	329019 REL-SRC-0-PUHAR		Preventing Unnecessary Hospital Admissions and Readmissions	Online Course	0.5
Relias Learning	320224 REL-SRC-0-PUTI		Preventing Urinary Tract Infections	Online Course	0.25
Relias Learning	301136 REL-SRC-0-PRRA		Preventing, Recognizing, and Reporting Abuse	Online Course	0.75
McKesson Academy*	240236 webinar_mckdms_12.11.2014		Prevention, Assessment and Treatment Guidelines for Skin Tears	Online Course	1
Relias Learning	190652 REL-ALL-0-POEE		Principles of Effective eLearning	Online Course	1
Relias Learning	368182 REL-SRC-0-PCNCE		Privacy and Confidentiality for Non-HIPAA Covered Entities	Online Course	0.25
Relias Learning	272564 REL-SRC-0-PMW		PRN Medication Management	Online Course	1.5
Relias Learning	377228 REL-PAC-0-POTGC-PB		Professional Boundaries	Pre-On-The-Go	0
Relias Learning	396514 REL-SRC-0-PRBSM		Professional Boundaries and Stress Management	Online Course	1.5
Relias Learning	104604 REL-C2L-USS-23100		Professionalism in the Workplace	Online Course	1
Bristol Hospice	271065 Bri-Prog		Prognosis & Relatedness	Online Course	1
Relias Learning	479184 REL-PAL-0-PEL		Prognostication in End of Life	Online Course	0
Relias Learning	669143 REL-PAC-0-PROPOS		Proper Positioning	Online Course	1
Relias Learning	580349 REL-SRC-0-PRC		Prosthetic Care	Online Course	1
Relias Learning	548527 REL-SRC-0-PPRHH		Protecting Patient Rights in Home Health	Online Course	0.25
Relias Learning	432136 REL-HOS-0-PPRH		Protecting Patient Rights in Hospice	Online Course	0.5
Relias Learning	417722 REL-SRC-0-PRRALF		Protecting Resident Rights in Assisted Living Facilities	Online Course	1
Relias Learning	394295 REL-SRC-0-PRRNF		Protecting Resident Rights in Nursing Facilities	Online Course	1
Relias Learning	567122 REL-SRC-0-PRRNF-R1		Protecting Resident Rights in Nursing Facilities Self-Paced	Online Course	1
Relias Learning	211289 REL-SC-0-PVYAH		Protecting Yourself Against Hepatitis A, B, and C	Online Course	1
Relias Learning	198172 REL-SRC-C1009		Protective Devices	SkillsChecklist	0
Relias Learning	494235 REL-VDR-SS_X0133		Providing Effective Internal Customer Service	Online Course	0.5
Relias Learning	393621 REL-SRC-0-PHQDCO		Providing High Quality Dementia Care - An Overview	Online Course	1
Relias Learning	379720 REL-SRC-0-PNFC		Providing Nail and Foot Care	Online Course	0.25
Relias Learning	348641 REL-PAL-0-POCCCLAD		Providing Optimal Care and Comfort at the End of Life: Alzheimer's Disease	Online Course	1.5
Relias Learning	686409 REL-SRC-0-PMULTC-V3		Psychotropic Medication Use in the Long Term Care Setting	Online Course	1
Relias Learning	393622 REL-SRC-0-PMAB		Psychotropic Medications: Antipsychotics and Beyond	Online Course	1

Relias Learning	293868	REL-AM-PR25AS	Pulmonary Rehab: Case Based Learning for Restrictive and Obstructive Lung Disease Series	Online Course	9
Relias Learning	289803	REL-AM-PR254C	Pulmonary Rehab: Restrictive and Obstructive Lung Disease-Cystic Fibrosis/Bronchiectasis	Online Course	1.5
Relias Learning	289805	REL-AM-PR254E	Pulmonary Rehab: Restrictive and Obstructive Lung Disease-Obesity-Related Lung Disease	Online Course	1.5
Relias Learning	289804	REL-AM-PR254D	Pulmonary Rehab: Restrictive and Obstructive Lung Disease-Pulmonary Fibrosis	Online Course	1.5
Relias Learning	289802	REL-AM-PR254B	Pulmonary Rehab: Restrictive and Obstructive Lung Disease-Pulmonary Rehabilitation and Asthma	Online Course	1.5
Relias Learning	289806	REL-AM-PR254F	Pulmonary Rehab: Restrictive and Obstructive Lung Disease-Systemic Sclerosis/Pulmonary Hypertension	Online Course	1.5
Relias Learning	289801	REL-AM-PR254A	Pulmonary Rehabilitation and Chronic Obstructive Pulmonary Disease (COPD)	Online Course	1.5
Relias Learning	635344	REL-PAC-0-US-3-0PUSH18	PUSH 3.0 US- PUSH- 2018	MDSRAI	0.5
Relias Learning	192818	REL-SRC-1002	Put on and Remove Gloves	Skills Checklist	0
Relias Learning	343205	QAB-PE-2016	QAB Education Paper	Online Course	0
Relias Learning	432141	REL-SRC-0-QHH	QAPI for Home Health	Online Course	0.5
Relias Learning	136424	webinar_mkxms_12.26.2013	QAPI Operationalized	Online Course	1
Relias Learning	348646	REL-SRC-0-QAPI	Quality Assurance and Performance Improvement (QAPI)	Online Course	1
Relias Learning	343184	REL-SRC-0-QAPIHC	Quality Assurance and Performance Improvement in Home Care	Online Course	0.75
Relias Learning	304538	webinar_mkxms_10.2016	Quality Improvement Solutions to Improve Resident Outcomes	Online Course	1
Relias Learning	261887	REL-ALL-0-QITB	Quality Improvement: The Basics	Online Course	0.5
Relias Learning	334961	webinar_mkxms_01_15.2016	Quality Staffing Strategies in 2016	Online Course	1
Relias Learning	388788	QTR-Compliance-BH	Quarterly HL Compliance Assurance	Online Course	0
Relias Learning	635248	REL-PAC-0-US-3-0PAC18	RAQ 3.0 US- RAQ - 2018	MDSRAI	1
Relias Learning	247723	webinar_mkxms_10.14.2015	Raising Awareness: New Enteral Feeding Connectors	Online Course	1
Relias Learning	377215	REL-PAC-0-POTGC-RM1E	Range of Motion: Lower Extremities	Pro-On-The-Go	0
Relias Learning	394286	REL-SRC-0-RRAF	Rapid Review: Administration of Enteral Feedings	Online Course	0.25
Relias Learning	394289	REL-SRC-0-RRAF	Rapid Review: Administration of IV Fluids	Online Course	0.25
Relias Learning	378637	REL-SRC-0-RRAFMT	Rapid Review: Administration of Medications via a Feeding Tube	Online Course	0.25
Relias Learning	394287	REL-SRC-0-RRAMI	Rapid Review: Administration of Medications via an IV	Online Course	0.75
Relias Learning	394288	REL-SRC-0-RRALFT	Rapid Review: Assessing an Individual with a Feeding Tube	Online Course	0.25
Relias Learning	377936	REL-SRC-0-RRABWS	Rapid Review: Assessing Bowel Sounds	Online Course	0.25
Relias Learning	377933	REL-SRC-0-RRABRS	Rapid Review: Assessing Breath Sounds	Online Course	0.5
Relias Learning	394283	REL-SRC-0-RRAFVS	Rapid Review: Assessing Fluid Volume Status	Online Course	0.25
Relias Learning	377937	REL-SRC-0-RRAFHS	Rapid Review: Assessing Heart Sounds	Online Course	0.5
Relias Learning	394282	REL-SRC-0-RRCCVC	Rapid Review: Care of a Central Venous Catheter	Online Course	0.25
Relias Learning	377935	REL-SRC-0-RRCFV	Rapid Review: Care of a Peripheral IV	Online Course	0.25
Relias Learning	394284	REL-SRC-0-RRCFT	Rapid Review: Caring for a Feeding Tube	Online Course	0.25
Relias Learning	394281	REL-SRC-0-RRCCA	Rapid Review: Components of a Cardiac Assessment	Online Course	0.5
Relias Learning	377938	REL-SRC-0-RRCGIA	Rapid Review: Components of a GI Assessment	Online Course	0.5
Relias Learning	103856	REL-C2L-P1283	Rapid Review: Components of a Respiratory Assessment	Online Course	0.25
Relias Learning	368179	REL-SRC-0-RRIP	Rapid Review: Implanted Ports	Online Course	0.25
Relias Learning	377934	REL-SRC-0-RRIPV	Rapid Review: Inserting a Peripheral IV	Online Course	0.25
Relias Learning	394285	REL-SRC-0-RRBOCVC	Rapid Review: Obtaining Blood from a Central Venous Catheter	Online Course	0.25
Relias Learning	368180	REL-SRC-0-RRPL	Rapid Review: Removal of a PICC Line	Online Course	0.25
Relias Learning	494224	REL-VDR-SS_X0132	Report Building in Customer Service	Online Course	0.5
Relias Learning	494198	REL-VDR-SS_X0115	Receiving Feedback	Online Course	0.5

Relias Learning	498659	REL-SRC-0-RPDV	Recognizing and Preventing Domestic Violence	Online Course	2
Relias Learning	498646	REL-SRC-0-RPWV-FR1	Self-Paced Recognizing and Preventing Workplace Violence	Online Course	0.5
Relias Learning	628619	REL-SRC-0-RSSC	Recognizing and Reporting Skin Conditions	Online Course	1
Relias Learning	516648	REL-ALL-0-RIWF	Recognizing Impairment in the Workplace for Florida	Online Course	2
Relias Learning	357577	REL-SRC-0-RRHH	Regulatory Requirements for Home Health	Online Course	1
McKesson Academy	228267	228267	Relias: Skills Checklist Overview	Online Course	0
Relias Learning	406920	REL-SRC-CRPL	Removal of a PICC Line	Skills Checklist	0
Relias Learning	396471	REL-PAL-0-PPAD	Requests for Physician-Assisted Death	Online Course	1
Relias Learning	662786	REL-PAC-0-RESSAN	Resident Discharge Planning	Online Course	1
Relias Learning	319003	REL-RED-NC	Resident Rights Essentials	Online Course	0.5
Relias Learning	357549	REL-SRC-0-RBSC	Resident-to-Resident Bullying in Senior Care	Online Course	1
Relias Learning	460445	REL-RT-0-CR260C	Resistance Training for the Cardiac Rehab Population	Online Course	1
Relias Learning	198202	REL-SRC-C1045	Response to Choking	Skills Checklist	0
Relias Learning	198205	REL-SRC-C1048	Response to Fainting or Fainting	Skills Checklist	0
Relias Learning	198203	REL-SRC-C1046	Response to Fire	Skills Checklist	0
Relias Learning	198204	REL-SRC-C1047	Response to Seizures	Skills Checklist	0
Relias Learning	500579	REL-SRC-0-RNFA-V2	Restorative Nursing Foundation for the Nurse	Online Course	1
Relias Learning	691686	REL-SRC-0-RNFA-V3	Restorative Nursing Foundation for the Nurse	Online Course	1.25
Relias Learning	545577	REL-SRC-0-RNBNA-V2	Restorative Nursing: Bowel and Bladder for Nursing Assistants	Online Course	1
Relias Learning	545578	REL-SRC-0-RNBNA-V2	Restorative Nursing: Bowel and Bladder for the Nurse	Online Course	1
Relias Learning	545571	REL-SRC-0-RNDGBNA-V2	Restorative Nursing: Dressing, Grooming, and Bathing for Nursing Assistants	Online Course	0.75
Relias Learning	545572	REL-SRC-0-RNDGBN-V2	Restorative Nursing: Dressing, Grooming, and Bathing for the Nurse	Online Course	1
Relias Learning	391737	REL-SRC-0-RNFNA	Restorative Nursing: Foundation for Nursing Assistants	Online Course	1
Relias Learning	545569	REL-SRC-0-RNMNA-V2	Restorative Nursing: Mobility for Nursing Assistants	Online Course	1
Relias Learning	675627	REL-SRC-0-RNMN-V2	Restorative Nursing: Mobility for the Nurse	Online Course	1.25
Relias Learning	348651	REL-SRC-0-RNMPNA	Restorative Nursing: Range of Motion and Positioning for Nursing Assistants	Online Course	0.75
Relias Learning	545575	REL-SRC-0-RPDFNA	Restorative Programs: Dining and Feeding for Nursing Assistants	Online Course	1
Relias Learning	545576	REL-SRC-0-RPDFN	Restorative Programs: Dining and Feeding for the Nurse	Online Course	1
Relias Learning	391727	REL-SRC-0-RNALTC	Role of the New Administrator in Long-Term Care	Online Course	1
Relias Learning	375507	RAE-BH	Room and Board	Online Course	0
Relias Learning	255300	REL-ALL-0-RCA	Root Cause Analysis	Online Course	0.25
Relias Learning	198178	REL-SRC-C1015	Rub Back	Skills Checklist	0
Relias Hospice	255855	Sac Central 2_19_15	Sacramento Central Team Training	Online Course	0
Relias Learning	298548	REL-SRC-0-SF	Safe Eating	Online Course	0.75
Relias Learning	301887	REL-SRC-0-SFH	Safe Food Handling	Online Course	0.5
Relias Learning	318512	REL-RED-D1B	Safe Food Handling Part I	Online Course	0.5
Relias Learning	318511	REL-RED-D1A	Safe Food Handling Part II	Online Course	1
Relias Learning	377169	REL-PAC-0-FOIGH-SSSRE	Safe Supports for Someone at Risk for Elopement	Po-On-The-Go	0
Relias Learning	393624	REL-SRC-0-SSFT	Safe Swallowing and Feeding Techniques	Online Course	1
Relias Learning	498637	REL-SRC-0-STR-R1	Safe Transferring and Repositioning Self-Paced	Online Course	0.25
Relias Learning	256275	REL-ALL-0-CPTRF	Safe Transfers	Online Course	0.25
Relias Learning	520903	REL-SRC-0-SUML	Safe Use of Mechanical Lifts	Online Course	1
Relias Learning	511880	REL-HHS-0-SF-V2	Safety in The Field	Online Course	2.5
Relias Learning	377205	REL-PAC-0-FOIGH-SHA	Safety in the Home: Animals	Pro-On-The-Go	0
Relias Learning	377163	REL-PAC-0-FOIGH-SHFH	Safety in the Home: Food Handling	Pro-On-The-Go	0
Relias Learning	308353	REL-SRC-0-SK	Safety in the Kitchen	Online Course	0.5
Relias Learning	500580	REL-SRC-0-SCP-V2	SBAR - Communication with Purpose	Online Course	1.25
Relias Learning	527803	PSCC-SMHC-ENCLARA	Seizure Management in Adults and Children on Hospice Care	Online Course	1.25
Relias Learning	323013	REL-SRC-0-SM	Seizure Management	Online Course	1
Relias Learning	662767	REL-PAC-0-SERPALF	Service Plans for ALF	Online Course	1

Relias Learning	377228	REL-PAC-0-PTG-GC-SACD	Sexual Acting Out - Dementia	Pro-On-The-Go	0
Relias Learning	253301	REL-ALL-0-SHEMP	Sexual Harassment for Employees	Online Course	0.5
Relias Learning	318619	REL-ALL-0-SHSUP	Sexual Harassment for Supervisors	Online Course	1
Relias Learning	406541	REL-ALL-0-SHSUPCA	Sexual Harassment for Supervisors in California	Online Course	2
Relias Learning	693624	REL-PAC-0-SHNY	Sexual Harassment- NY Mandatory Training	Online Course	2
Relias Learning	456557	REL-ALL-0-SIPR	Shaves Injury Prevention and Response	Online Course	0.5
Relias Learning	192821	REL-SRC-C1025	Shaving with Electric Razor	SkillsChecklist	0
Relias Learning	192820	REL-SRC-C1024	Shaving with Safety Razor	SkillsChecklist	0
Relias Learning	348639	REL-SRC-0-SAHD	Sideralis: A Hidden Danger!	Online Course	0.5
Relias Learning	377239	REL-PAC-0-PTG-GC-SSC	Signs and Symptoms of Constipation	Pro-On-The-Go	0
Relias Learning	498645	REL-SRC-0-STF-P-R1	Slip, Trip and Fall Prevention Self-Paced	Online Course	0.25
Relias Learning	104435	REL-C21-ST-0063AD	Smart Sales 1 : Understanding the Psychology of Sales	Online Course	0.5
Relias Learning	104436	REL-C21-ST-0064AD	Smart Sales 2: Identifying the Decision Maker & Setting Appointments	Online Course	0.5
Relias Learning	104437	REL-C21-ST-0065AD	Smart Sales 3: Securing Appointments & Advancing the Sale	Online Course	0.5
Relias Learning	104438	REL-C21-ST-0066AD	Smart Sales 4: Overcoming Objections & Closing the Sale	Online Course	0.5
Relias Learning	104439	REL-C21-ST-0067AD	Smart Sales 5: Business-to-Business Sales	Online Course	0.5
Relias Learning	104440	REL-C21-ST-0068AD	Smart Sales 6: The Sales Cycle	Online Course	0.5
Relias Learning	104382	REL-C21-ST-0005A	Smart Workplaces: Code of Conduct - Ethics	Online Course	2
Relias Learning	661923	REL-PAC-AAHHPM-SDP	Education & Social Media Guidelines	Online Course	1
Relias Learning	348625	REL-SRC-0-SCIO	Speed Dating with Pharmacists: 50 Practical Medication Tips	Online Course	1
Relias Learning	561989	REL-HOS-0-SEL-V2	Spinal Cord Injury: An Overview	Online Course	1
McKesson Academy	233488	webinar_mckms_11_13_2014	Spirituality at the End of Life	Online Course	1
Relias Learning	614906	REL-HHS-0-SPTWA	Strategies and Interventions to Prevent Slips, Trips and Falls in Extended Care	Online Course	1
Relias Learning	614906	REL-HHS-0-SPTWA	Suicide Prevention Training for Washington State	Online Course	6
Bristol Hospice	420367	BHC-Suicide	Suicide Prevention Updates	Online Course	0
Relias Learning	614905	REL-HHS-0-SATMKY	Suicide Assessment, Treatment and Management (Kentucky)	Online Course	6
Relias Learning	479186	REL-HOS-0-SCADDB	Supporting Children and Adolescents in Death, Dying, and Bereavement	Online Course	1.75
Relias Learning	479193	REL-PAL-0-SEDM	Supporting End-of-Life Decision Making	Online Course	1
Relias Learning	377227	REL-HHS-0-PTG-SPW	Supports for Prader-Willi	Pro-On-The-Go	0
Bristol Hospice	285900	BR1-101	Survey Administrative Materials Log	Online Course	0
Bristol Hospice	270404	BR1-Survey	Survey Preparation	Online Course	0
Bristol Hospice	285909	BR1-102	Survey Process NHPCC	Online Course	0
Relias Learning	307509	REL-SRC-0-SSHHA	Survival Skills for Home Health Aides	Online Course	0
McKesson Academy	349869	McKAMS_2016_March	Surviving and Thriving with Bundled Payments	Online Course	0.5
Relias Learning	456556	REL-PAL-0-SCPC	Symptom Control in Palliative Care	Online Course	1
Relias Learning	289555	REL-PAL-0-SDPPD	Symptoms of Dying and Psychological Perspectives on Death	Online Course	2.25
Relias Learning	255304	REL-ALL-0-TMBLDG	Team Building: Introduction	Online Course	1
Relias Learning	336523	REL-SRC-TS-4	Teapa Snow: Brain Changes	Online Course	0.25
Relias Learning	336524	REL-SRC-TS-5	Teapa Snow: Challenging Behaviors	Online Course	0.25
Relias Learning	336521	REL-SRC-TS-2	Teapa Snow: Dementia 101	Online Course	0.25
Relias Learning	336287	REL-SRC-TS-8	Teapa Snow: Dementia Care Provisions: Chapter 1 - Caring Agendas	Online Course	0.25
Relias Learning	336288	REL-SRC-TS-9	Teapa Snow: Dementia Care Provisions: Chapter 2 - Relationship Matters	Online Course	0.25
Relias Learning	336289	REL-SRC-TS-10	Teapa Snow: Dementia Care Provisions: Chapter 3 - Hand Under Hand™ Technique	Online Course	0.5
Relias Learning	336290	REL-SRC-TS-11	Teapa Snow: Dementia Care Provisions: Chapter 4 - Vision Change	Online Course	0.5
Relias Learning	336291	REL-SRC-TS-12	Teapa Snow: Dementia Care Provisions: Chapter 5 - The Brain Tour	Online Course	0.5
Relias Learning	336292	REL-SRC-TS-13	Teapa Snow: Dementia Care Provisions: Chapter 6 - Positive Physical Approach™	Online Course	0.25
Relias Learning	336293	REL-SRC-TS-14	Teapa Snow: Dementia Care Provisions: Chapter 7 - Sensation and Movement	Online Course	0.25
Relias Learning	336294	REL-SRC-TS-15	Teapa Snow: Dementia Care Provisions: Chapter 8 - Care Partnering	Online Course	0.5

Relias Learning	336525/REL-SRC-TS-6	Teapa Snow: Meaningful Activities	Online Course	0.25
Relias Learning	336520/REL-SRC-TS-1	Teapa Snow: Meal Teapa Snow	Online Course	0.25
Relias Learning	336326/REL-SRC-TS-7	Teapa Snow: Music	Online Course	0.25
Relias Learning	421603/REL-SRC-TS-16	Teapa Snow: PAC Skills Make a Difference - Chapter 1: Positive Approach™ Techniques	Online Course	0.5
Relias Learning	421604/REL-SRC-TS-17	Teapa Snow: PAC Skills Make a Difference - Chapter 2: Care Partnering with Changing Abilities	Online Course	0.5
Relias Learning	421605/REL-SRC-TS-18	Teapa Snow: PAC Skills Make a Difference - Chapter 3: Skills Practice Demonstrations	Online Course	0.25
Relias Learning	421606/REL-SRC-TS-19	Teapa Snow: Seeing It from the Other Side - Chapter 1: 3 Responses to Dementia	Online Course	0.75
Relias Learning	421615/REL-SRC-TS-28	Teapa Snow: Seeing It from the Other Side - Chapter 10: Positive Physical Approach™	Online Course	0.75
Relias Learning	421616/REL-SRC-TS-29	Teapa Snow: Seeing It from the Other Side - Chapter 11: Hand-under-Hand™ Technique	Online Course	0.5
Relias Learning	421617/REL-SRC-TS-30	Teapa Snow: Seeing It from the Other Side - Chapter 12: Thrive to Survive	Online Course	0.75
Relias Learning	421618/REL-SRC-TS-31	Teapa Snow: Seeing It from the Other Side - Chapter 13: Changing Habits	Online Course	0.75
Relias Learning	421619/REL-SRC-TS-32	Teapa Snow: Seeing It from the Other Side - Chapter 14: Eating with Hand-under-Hand™	Online Course	0.25
Relias Learning	421620/REL-SRC-TS-33	Teapa Snow: Seeing It from the Other Side - Chapter 15: Challenging Behaviors	Online Course	0.5
Relias Learning	421607/REL-SRC-TS-20	Teapa Snow: Seeing It from the Other Side - Chapter 2: The Caregiver Agenda	Online Course	0.25
Relias Learning	421608/REL-SRC-TS-21	Teapa Snow: Seeing It from the Other Side - Chapter 3: Normal Aging	Online Course	1
Relias Learning	421609/REL-SRC-TS-22	Teapa Snow: Seeing It from the Other Side - Chapter 4: What's Not Normal	Online Course	0.5
Relias Learning	421610/REL-SRC-TS-23	Teapa Snow: Seeing It from the Other Side - Chapter 5: The Right & Left Brain	Online Course	0.75
Relias Learning	421611/REL-SRC-TS-24	Teapa Snow: Seeing It from the Other Side - Chapter 6: Determining Dementia	Online Course	0.5
Relias Learning	421612/REL-SRC-TS-25	Teapa Snow: Seeing It from the Other Side - Chapter 7: The Umbrella of Dementia	Online Course	0.5
Relias Learning	421613/REL-SRC-TS-26	Teapa Snow: Seeing It from the Other Side - Chapter 8: Brain Failure	Online Course	0.5
Relias Learning	421614/REL-SRC-TS-27	Teapa Snow: Seeing It from the Other Side - Chapter 9: Teapa's Gems®	Online Course	0.5
Relias Learning	336522/REL-SRC-TS-3	Teapa Snow: Teapa's GEMS™ Test Course: Bristol	Online Course	0.25
Bristol Hospice	249748/Bristol-1	Texas House Bill 300	Online Course	1
Relias Learning	104376/REL-C2L-P1261	Texas Nurses: Protecting the Elderly and Advocating for Social Change	Online Course	2.5
Relias Learning	432756/REL-AC-SWK-T1-35815	The Art of Staying Focused	Online Course	0.5
Relias Learning	494236/REL-YDR-SS_X0144	The Business of Hospice	Online Course	1
Relias Learning	306203/REL-HOS-0-BH	The Elder Justice Act	Online Course	0.5
Relias Learning	307512/REL-SRC-0-EJA	The Elder Justice Act Self-Paced	Online Course	0.5
Relias Learning	567121/REL-SRC-0-EJA-R1	The General Inpatient and Continuous Home Care Levels of Care	Online Course	1
Relias Learning	561984/REL-HOS-0-GICHCLC-V2	The Gut Microbiome - Role of Diet and Supplements (Probiotics and Prebiotics)	Online Course	1
McKesson Academy*	483846/McKMSA_2017_March	The Gut Microbiome: Role of Diet and Supplements	Online Course	0
McKesson Academy*	467021/mckmsa-3.23.2017	The Home Health CAHPS Survey	Online Course	1.25
Relias Learning	562044/REL-SRC-0-HHCSS-V2	The Impact of Grief: Ours and Those We Serve	Online Course	0.75
Relias Learning	479194/REL-PAL-0-IGOTWS	The Ins & Outs of Documentation	Online Course	0.5
Relias Learning	312136/REL-SRC-0-IOD	The Interdisciplinary Group, the Care Planning Process, and Coordination of Services in Hospice	Online Course	1.25
Relias Learning	561987/REL-PAC-WB-IGCPPCS			
Relias Learning	562026/REL-SRC-0-NHPE	The Nursing History and Physical Exam	Online Course	1.5
Relias Learning	561991/REL-HOS-0-TRN-V2	The Physician Narrative	Online Course	1
Relias Learning	318988/REL-RED-L2G-1	The PPS RUGS-IV System Part 1	Online Course	0.5
Relias Learning	318989/REL-RED-L2G-2	The PPS RUGS-IV System Part 2	Online Course	1.5
Relias Learning	312132/REL-SRC-0-PHHA	The Professional Home Health Aide	Online Course	1
Relias Learning	114305/REL-C2L-USS-37130	The Quality Indicator Survey - Stage 1 and 2	Online Course	0

Relias Learning	318984	REL-RED-L2C	The RAI Assessment Framework	Online Course	1
Relias Learning	191390	REL-HEN-1011	The Role of the Palliative Advanced Practice Registered Nurse (APRN) in Pain Management	Online Course	1
McKesson Academy*	429086	McKMMWS_2016_October2	The Science Behind It: The Changing Regulatory Landscape Ahead and Tools & Tips for Selecting a Soap that's Right for Your Practice/Facility	Online Course	1
Relias Learning	516649	REL-SRC-0-SPNF	The Survey Process for Nursing Facilities	Online Course	1.25
Relias Learning	343940	REL-RT-0-DBS844	The Ten Guiding Principles for the Management and Prevention of Diabetes: Principles 1-3	Online Course	1.25
Relias Learning	343941	REL-RT-0-DBS848	The Ten Guiding Principles for the Management and Prevention of Diabetes: Principles 4-6	Online Course	1.25
Relias Learning	343942	REL-RT-0-DBS84C	The Ten Guiding Principles for the Management and Prevention of Diabetes: Principles 7-10	Online Course	1.25
Relias Learning	265326	REL-ALL-0-TRANSUP	The Transition to Supervisor	Online Course	1
Relias Learning	370051	REL-ALL-0-W007	The Two Most Common Forms of Workplace Violence: Hostile Encounters and Domestic Violence	Online Course	1
McKesson Academy*	214538	webinar_mckmms_09.11.2014	Therapeutic Support Surface Selection Using an Algorithm	Online Course	1
Relias Learning	494226	REL-VDR-SS_X0146	Thinking Strategically as a Manager	Online Course	0.5
Relias Learning	464196	REL-RT-0-PR214E	Theoretic Cages Abnormalities and Surgery	Online Course	1.25
Relias Learning	294159	REL-HOS-0-TFDE	Through the Fire: A Dying Exercise	Online Course	0.5
Relias Learning	463809	REL-RT-0-CR710GX	Tobacco Cessation	Online Course	1.25
Relias Learning	377180	REL-PAC-0-POTGG-TC	Trach Care	Pro-On-The-Go	0
Relias Learning	575167	REL-SRC-CTS	Tracheal Suctioning	SkillsChecklist	0
Relias Learning	504516	REL-SRC-0-TRC	Tracheostomy Care	Online Course	0.5
Relias Learning	198176	REL-SRC-C1013	Transfer Patient to Wheelchair and Transport	SkillsChecklist	0
Relias Learning	377197	REL-PAC-0-POTGH-TAC	Transfers: Assist to Chair	Pro-On-The-Go	0
Relias Learning	377202	REL-PAC-0-POTGH-TAWB	Transfers: Assist to Wheelchair from Bed	Pro-On-The-Go	0
Relias Learning	377198	REL-PAC-0-POTGH-TAS	Transfers: Assist to/from Shower	Pro-On-The-Go	0
Relias Learning	377612	REL-PAC-0-POTGH-TAT	Transfers: Assist to/from Toilet	Pro-On-The-Go	0
Relias Learning	377199	REL-PAC-0-POTGH-TML	Transfers: Mechanical Lift	Pro-On-The-Go	0
Relias Learning	377200	REL-PAC-0-POTGH-TSS	Transfers: Sit To Stand Lift	Pro-On-The-Go	0
Relias Learning	377201	REL-PAC-0-POTGH-TSB	Transfers: Sliding Board	Pro-On-The-Go	0
Relias Learning	377203	REL-PAC-0-POTGH-TUGB	Transfers: Using a Gait Belt	Pro-On-The-Go	0
Relias Learning	377164	REL-PAC-0-POTGG-TUPE	Transfers: Using Proper Ergonomics	Pro-On-The-Go	0
Relias Learning	561990	REL-HOS-0-THOW-VZ	Transitioning into Hospice Clinical Work	Online Course	1
Relias Learning	545667	REL-SRC-0-TC-VZ	Transitioning into Hospice Clinical Work	Online Course	1
Relias Learning	495636	REL-SRC-0-TBP	Transmission-Based Precautions	Online Course	0.5
Relias Learning	645660	REL-PAC-0-TIC	Trauma-Informed Care	Online Course	1.5
Relias Learning	255266	REL-ALL-0-ABTU8	Tuberculosis Overview	Online Course	1
Relias Learning	255309	REL-ALL-0-TUBTB	Tuberculosis: The Basics	Online Course	0.5
Relias Learning	567115	REL-SRC-0-TUBTB-R1	Tuberculosis: The Basics Self-Paced	Online Course	0.5
Bristol Hospice	622726	BH-UBERNURE	UbertNurse Orientation	Online Course	0
Relias Learning	432140	REL-SRC-0-UJDE	Understanding Adverse Drug Events	Online Course	1
Relias Learning	357565	REL-SRC-0-UJDD	Understanding Alzheimer's Disease and Dementia	Online Course	1
Relias Learning	267284	REL-SRC-0-UJCPD	Understanding Communication in Persons with Dementia	Online Course	1.25
Relias Learning	318508	REL-RED-A3E	Understanding Corporate Compliance Essentials	Online Course	1
Relias Learning	498636	REL-SRC-0-UJCC-R1	Understanding Corporate Compliance Self-Paced	Online Course	0.5
Relias Learning	301888	REL-SRC-0-UJF	Understanding Falls	Online Course	0.5
Relias Learning	105703	REL-C2L-USS-3000A	Understanding Falls - AL	Online Course	0.5
Relias Learning	105704	REL-C2L-USS-3000H	Understanding Falls - HH	Online Course	1
Relias Learning	346606	REL-SRC-0-UPAMA	Understanding Pain Assessment, Management, and Addition	Online Course	0.75
Relias Learning	456561	REL-PAL-0-UJPC	Understanding Pain in Palliative Care	Online Course	1
Relias Learning	354557	REL-HOS-0-UJPCP	Understanding the IDG, the Plan of Care, and Conditions of Participation	Online Course	1.25
Relias Learning	286502	REL-SRC-0-UJMB	Understanding the Meaning Behind Behaviors	Online Course	0.5
Relias Learning	198198	REL-SRC-C1038	Urinal Care	SkillsChecklist	0

Relias Learning	320223 REL-SRC-0-11	Urinary Incontinence	Online Course	0.25
Relias Learning	214097 REL-SC-HH-URI	Urinary Incontinence for Home Health	Online Course	0.5
Relias Learning	494237 REL-VDR-SS_X0160	Using Communication Strategies to Bridge Cultural Divides	Online Course	0.5
McKesson Academy*	206337 weblnvr_mckmms_08_13.2014	Using Data, EHR, and other HIT to Manage, Compete, and Survive	Online Course	1
Relias Learning	318927 REL-VDR-SS_X0048	Using Progressive Discipline to Correct Problem Performance	Online Course	1
Relias Learning	494253 REL-VDR-SS_X0173	Using Progressive Discipline to Correct Problem Performance	Online Course	1
Relias Learning	494246 REL-VDR-SS_X0147	Using Strategic Thinking to Consider the Big Picture	Online Course	0.5
Relias Learning	464730 REL-RT-0-RN236F	Venous Insufficiency and Leg Ulcers	Online Course	1.25
Relias Learning	377193 REL-PAC-0-POTGC-VSMWP	Vital Signs: Measuring Blood Pressure	Pro-On-The-Go	0
Relias Learning	377194 REL-PAC-0-POTGC-VSNP	Vital Signs: Measuring Pulse	Pro-On-The-Go	0
Relias Learning	377195 REL-PAC-0-POTGC-VSNR	Vital Signs: Measuring Respiration	Pro-On-The-Go	0
Relias Learning	377191 REL-PAC-0-POTGC-VSTR1	Vital Signs: Taking a Rectal Temperature	Pro-On-The-Go	0
Relias Learning	377192 REL-PAC-0-POTGC-VSTAT	Vital Signs: Taking an Axillary Temperature	Pro-On-The-Go	0
Relias Learning	377196 REL-PAC-0-POTGC-VSTOT	Vital Signs: Taking an Oral Temperature	Pro-On-The-Go	0
Relias Learning	318999 REL-RED-MAB	Wandering and Elopement Essentials	Online Course	0.5
Relias Learning	650059 REL-PAC-0-WSLWC1	Washington State LTC Workers: Certificate Tutorial	Online Course	0
McKesson Academy*	416917 RW-416917	WBN Pressure Ulcer Injury	Online Course	0
Bristol Hospice	273911 Br-WHV-1	We Honor Veterans - Campaign Review and Partner Commitment	Online Course	0
Bristol Hospice	273913 Br-WHV-2	We Honor Veterans - Service Related Clinical Issues	Online Course	0
Relias Learning	215908 REL-SRC-W010	WEINAR: ABCD...QAPI...MAKING A PLAN OUT OF ALPHABET SOUP	Online Course	1
Relias Learning	215904 REL-SRC-W007	WEINAR: Preventing hospitalizations for COPD. Just remember to breathe	Online Course	0.5
Relias Learning	215899 REL-SRC-W004	WEINAR: Preventing hospitalizations for heart failure: Getting to the heart of the matter	Online Course	0.5
Relias Learning	215901 REL-SRC-W005	WEINAR: Preventing Hospitalizations for Pneumonia: Just Take a Deep Breath	Online Course	0.5
Relias Learning	215903 REL-SRC-W006	WEINAR: Preventing hospitalizations post AMI: Attack it head on	Online Course	0.5
Relias Learning	215905 REL-SRC-W008	WEINAR: Preventing hospitalizations post THA/TKA: It doesn't have to be painful	Online Course	0.5
Relias Learning	215907 REL-SRC-W009	WEINAR: Preventing Rehospitalizations: Change Your "When In Doubt, Send 'em Out" Way of Thinking	Online Course	1
Relias Learning	233793 REL-SRC-W012	WEINAR: The Ebola Virus: What You Need To Know	Online Course	0.5
Relias Learning	215896 REL-SRC-W001	WEINAR: What Great Managers Do Differently	Online Course	1
Relias Learning	569350 REL-SRC-0-WMR	Weighting and Measuring Residents	Online Course	0.5
Relias Learning	460768 REL-RT-0-CRT10CX	Weight Management: Core Competency for Cardiac Rehabilitation	Online Course	1.25
Relias Learning	377240 REL-PAC-0-POTGC-WMMW	Weight: Measuring with a Wheelchair	Pro-On-The-Go	0
Relias Learning	377241 REL-PAC-0-POTGC-WMMWW	Weight: Measuring Without a Wheelchair	Pro-On-The-Go	0
Relias Learning	561992 REL-HR-Q-WRLMS-V2	Welcome to Relias	Online Course	0
Relias Learning	307514 REL-HR-Q-WRLMS	Welcome to Relias for Supervisors	Online Course	0
Relias Learning	675628 REL-RLMS-0-GAME-V2	Welcome to Relias: The Game Elements Tour	Online Course	0
Relias Learning	298545 REL-SRC-0-WAD	Welcome to the Activity Department	Online Course	1
Relias Learning	432126 REL-SRC-0-WDD	Welcome to the Dietary Department	Online Course	0.5
Relias Learning	319001 REL-RED-MBA	Welcome to the World of Assisted Living	Online Course	1
Relias Learning	318579 REL-RED-KAA	Wellness...It's A Good Thing	Online Course	1
Relias Learning	489279 REL-HOS-WB-WLCA	What Can We Learn from Corporate Integrity Agreements?	Online Course	1.25
Bristol Hospice	255442 GIP 2.17.15	What is GIP?	Online Course	0.5
Relias Learning	394795 REL-SRC-0-WP	What is PACE?	Online Course	0.75

Relias Learning	343884	REL-SRC-0-WWVDRS		What Would You Do? - A Rehospitalization Simulation	Online Course	0.25
Relias Learning	661900	REL-HQS-HFA-WDLPJ		When Death and Loss are Part of the Job	Online Course	1.75
Relias Learning	396473	REL-PAL-0-ESWWT		Withholding and Withdrawing Treatments	Online Course	1
Mckesson Academy*	498558	mckmms_498558		Workforce 360: Tackling Staffing Challenging w	Online Course	0
Relias Learning	318960	REL-VDR-SS_X0085		Modern Engagement	Online Course	1.5
Relias Learning	375295	REL-HHS-0-BH1		Onboarding, and Exit Strategies	Online Course	1.5
Relias Learning				Working Effectively with Gender and Sexual Minorities	Online Course	2.5
Relias Learning	255330	REL-ALL-0-WTEAM		Working in a Team	Online Course	0.5
Relias Learning	318982	REL-RED-L2A		Working in the Medicare RAI System	Online Course	0.5
Relias Learning	271673	REL-ALL-0-WWDP		Working with Difficult People	Online Course	0.25
Relias Learning	377242	REL-PAC-0-POTGC-WPS		Working with People after a Stroke	Pro-On-The-Go	0
Relias Learning	377221	REL-PAC-0-POTGC-WPS		Working with People on the Autism Spectrum	Pro-On-The-Go	0
Relias Learning	377243	REL-PAC-0-POTGC-WPPC		Working with People Post Chemotherapy	Pro-On-The-Go	0
Relias Learning	377244	REL-PAC-0-POTGC-WPDS		Working with People Using Dialysis Services	Pro-On-The-Go	0
Relias Learning	377229	REL-PAC-0-POTGC-WPWHBD		Working with People Who Have Bipolar Disorder	Pro-On-The-Go	0
Relias Learning	377245	REL-PAC-0-POTGC-WPWHS		Working with People Who Have Shingles	Pro-On-The-Go	0
Relias Learning	377219	REL-PAC-0-POTGC-WPAD		Working with People with Alcohol Use Disorder	Pro-On-The-Go	0
Relias Learning	377220	REL-PAC-0-POTGC-WPH		Working with People with HIV/AIDS	Pro-On-The-Go	0
Relias Learning	377246	REL-PAC-0-POTGC-WPSUD		Working with People with Substance Use Disorder	Pro-On-The-Go	0
Relias Learning	255297	REL-ALL-0-NDEP		Workplace Emergencies and Natural Disasters: An Overview	Online Course	1
Relias Learning	567113	REL-SRC-0-NDEP-R1		Workplace Emergencies and Natural Disasters: An Overview Self-Paced	Online Course	1
Relias Learning	238054	REL-ALL-0-NDET		Workplace Emergencies and Natural Disasters: Earthquakes and Tsunamis	Online Course	0.5
Relias Learning	238055	REL-ALL-0-NDEHC		Workplace Emergencies and Natural Disasters: Extreme Heat and Cold	Online Course	0.5
Relias Learning	238056	REL-ALL-0-NDFM		Workplace Emergencies and Natural Disasters: Flooding and Landslides	Online Course	0.5
Relias Learning	238057	REL-ALL-0-NDH		Workplace Emergencies and Natural Disasters: Hurricanes	Online Course	0.5
Relias Learning	238058	REL-ALL-0-NDT		Workplace Emergencies and Natural Disasters: Tornadoes	Online Course	0.5
Relias Learning	178712	REL-CV-0-WH		Workplace Harassment	Online Course	1.25
Relias Learning	567117	REL-SRC-0-WH-R1		Workplace Harassment Self-Paced	Online Course	1.25
Relias Learning	256307	REL-ALL-0-WSTB		Workplace Safety: The Basics	Online Course	0.25
Relias Learning	684853	REL-SRC-0-WSTB-R1-V2		Workplace Safety: The Basics Self-Paced	Online Course	0.25
Relias Learning	255308	REL-ALL-0-WRKVLN		Workplace Violence	Online Course	0.5
Relias Learning	370052	REL-ALL-0-W006		Workplace Violence Prevention	Online Course	1
Mckesson Academy*	263700	webinar_mckmms_03.13.2015		Wound Assessment	Online Course	1
Mckesson Academy*	136428	webinar_mckmms_12.23.2013		Wound Assessment	Online Course	1
Mckesson Academy*	326975	webinar_mckmms_12.11.2015		Wound Bed Prep, The Most Important Step in Wound Healing	Online Course	1
Relias Learning	377159	REL-PAC-0-POTGC-WCA		Wound Care: Assessment	Pro-On-The-Go	0
Relias Learning	377170	REL-PAC-0-POTGC-WCI		Wound Care: Treatment	Pro-On-The-Go	0
Mckesson Academy*	359286	MckMMS_2016_April		Wound Healing Physiology - Nutritional Factors Impacting Outcomes	Online Course	1
Relias Learning	391085	REL-SRC-0-WSVUAIIP		Wound Series: Venous Ulcer Assessment, Interventions, and Prevention	Online Course	1.25
Mckesson Academy*	343183	IPDL_02-2016		Zika Virus: Clinical Implications for the Extended Care Setting	Online Course	0



QAPI PROGRAM

PERFORMANCE IMPROVEMENT PLAN (PIP)

Bristol Hospice

Date: November 26, 2018

Title: Hospice Aide Supervision Compliance

Problem: During clinical record review and review of policy, it was found that the standard for HIII.1f regarding supervision of hospice aide services was not met. A RN supervisory visit is made every 14 days to the patient's home when aide services are being provided to assess whether the aide is following the plan of care for completion of tasks, creating successful interpersonal relationship with the patient and family, and demonstrating competency with the assigned tasks. This standard was not met in 2 of 11 reviewed records, for patient the RN did not make a supervisory visit within the minimum of 14 days, both records reviewed had the supervisory visit documented on day 15.

Goal: 100% of all patient charts receiving hospice aide services will show documentation of correct hospice aide supervision at the minimum of every 14 days.



Activities:

- Mandatory inservice will be held with all the Registered Nursing staff members and review of the duties and responsibilities related to supervision of the hospice aide.
- All RN staff will be provided education in inservice on the scheduling, tracking, performing, and documenting the supervisory visit of the aide to assess the quality of care that they provide.
- Instruction to RN staff on the HealthWyse process for proper documentation of the HCA supervision.
- Audit of HCA supervision will be done via EMR by supervisors on a daily basis to ensure 100% compliance.

Monitoring/Goal:

E.D./DPCS will ensure audit of 100% of all charts for patients receiving hospice aide services will show correct documentation of hospice aide supervision within this standard. The results of the audits will be tracked and trended and reported to the



Example Document



QAPI committee on a quarterly basis. When the goal of 100% is achieved and sustained for three months, then the QAPI committee will monitor for ongoing compliance.

Results:

Results obtained from running 'HCA Missed Supervision report in Casamba

3rd QTR 2019

September- 0 missed HCA supervisions

August- 0 missed HCA supervisions

July- 2 missed HCA supervisions

2nd QTR 2019

June- 12 missed HCA supervisions

May- 7 missed HCA supervisions

April- 4 missed HCA supervisions

1st QTR 2019

March- 3 missed HCA visits

February- 4 missed HCA supervisions

January- 2 missed HCA Supervisions

BRISTOL HOSPICE

2019 Initial Orientation Mandatory In-services – Aide, Social Services, Chaplain

Bloodborne Pathogens
Fire Safety
Sexual Harassment for Employees
Infection Control: The Basics
Medical Device Reporting
Preventing, Recognizing and Reporting Abuse
HIPAA: The Basics
Boundaries
Handwashing
Workplace Emergencies and Natural Disasters: An Overview
Bristol Hospice Corporate Compliance Training
Creating a Restraint-Free Environment
Tuberculosis Overview
Protecting Patient Rights In Hospice
Bristol Corporate Compliance Statement
Understanding the IDG, the Plan of Care, Conditions of Participation
Bag Technique
Hazardous Materials: SDS
Back Injury Prevention
Cultural Competence
Orienting to Hospice Care
Ethics for Hospice and Palliative Care Services
Medical Waste Disposal in the Home
Personal Protective Equipment
Defensive Driving: The Basics
Workplace Violence
Back Injury Prevention
Bristol Hospice – Suicide Prevention and Suicide Prevention Updates
Advance Directives
Managing Continuous Home Care

BRISTOL HOSPICE

2019 Initial Orientation Mandatory In-services – Aide, Social Services, Chaplain

Preventing Slips, Trips and Falls
We Honor Veterans: Service-Related Clinical Issues
We Honor Veterans: Campaign Review and Partner Commitment
GIP NHPCO Resource
HIPAA: Do's and Don'ts-Electronic Communication and Social Media
Alzheimer's Disease & Related Disorders: Handle with Care – Intensive Training (<i>Florida</i> employees only)
Understanding Alzheimer's Disease and Dementia (<i>Florida</i> employees only)
California Law – Reporting Elder and Dependent Adult Abuse (<i>California</i> direct care employees only)
Suicide Prevention Updates (<i>California</i> direct care employees only)
Recognizing and Preventing Domestic Violence (<i>California</i> direct care employees only)
Identifying and Preventing Child Abuse and Neglect (<i>California</i> direct care employees only)
Understanding Falls – AL (<i>California</i> direct care employees only)

BRISTOL HOSPICE

2019 Initial Orientation Mandatory In-services – Nursing

Bloodborne Pathogens
Fire Safety
Sexual Harassment for Employees
Infection Control: The Basics
Medical Device Reporting
Preventing, Recognizing and Reporting Abuse
HIPAA: The Basics
Boundaries
Handwashing
Workplace Emergencies and Natural Disasters: An Overview
Bristol Hospice Corporate Compliance Training
Creating a Restraint-Free Environment
Tuberculosis Overview
Protecting Patient Rights in Hospice
Bristol Corporate Compliance Statement
Understanding the IDG, the Plan of Care, Conditions of Participation
Bag Technique
Hazardous Materials: SDS
Back Injury Prevention
Cultural Competence
Orienting to Hospice Care
Ethics for Hospice and Palliative Care Services
Medical Waste Disposal in the Home
Personal Protective Equipment
Defensive Driving: The Basics
Workplace Violence
Back Injury Prevention
Bristol Hospice – Suicide Prevention and Suicide Prevention Updates
Advance Directives
Managing Continuous Home Care
Preventing Slips, Trips and Falls
We Honor Veterans: Service Related Clinical Issues
We Honor Veterans: Campaign Review and Partner Commitment

BRISTOL HOSPICE

2019 Initial Orientation Mandatory In-services – Nursing

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QAPI PROGRAM

PERFORMANCE IMPROVEMENT PLAN (PIP)

Bristol Hospice

Date: July 24th, 2019

Title: HCAHPS Communication

Problem: QAPI committee has identified communication concerns with hospice team and patient families/POA, responsible party. Patient families/POA/responsible party are reporting as evidenced by SHP scores that there is less communication from care team.

Quarter 1 2019

Top Box	You Actual	You 12M Trend	SHP State (OR)	SHP National	You % Ranking
1. Hospice Team Communication Measure Details (view all response details)	73%		81%	82%	17%

Quarter 2 2019

Top Box	You Actual	You 12M Trend	SHP State (OR)	SHP National	You % Ranking
1. Hospice Team Communication Measure Details (view all response details)	74%		81%	82%	17%

Goal: Goal to improve scoring on HCAHPS survey given to family/POA/responsible parties of hospice patient. Improve communication regarding visits and patient condition from hospice team to family/POA/responsible party in a way that they can understand. Goal to meet or exceed national average for three months.



Activities:

- Will assess scores monthly as they become available on SHP.
- Re-initiate tuck in calls to recent admits, include randomized check in calls for families/patients with longer length of stay- plan to perform QA calls to 10% of patients on service per month. QAC and supervisory team to follow up on findings from these calls.



- Determine at admit how often family would like communication from team. Add this information to "Patient notes"(yellow bar in Casamba)
- Determine preferred method of communication, add this to "Patient notes"
- Staff meeting(prior to IDT) to review education regarding communication with families.
- Develop and implement a training/orientation tool for staff on best practice communication and education techniques and protocols to use with patients and families.

Monitoring/Goal:

E.D./DPCS/QAC will review SHP scores as surveys become available on SHP monthly to assess for progress. Results of the audits will be tracked and trended and reported to the QAPI committee on a quarterly basis. Goal to get hospice team communications score to be within 3 points of national average, then the QAPI committee will monitor for ongoing compliance.

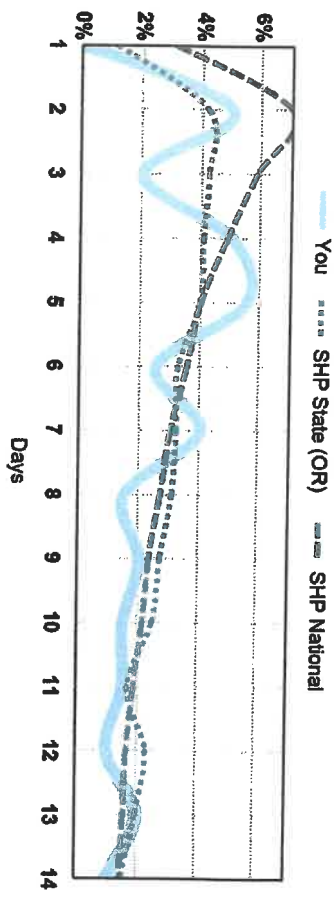
Results:

3rd QTR 2019-

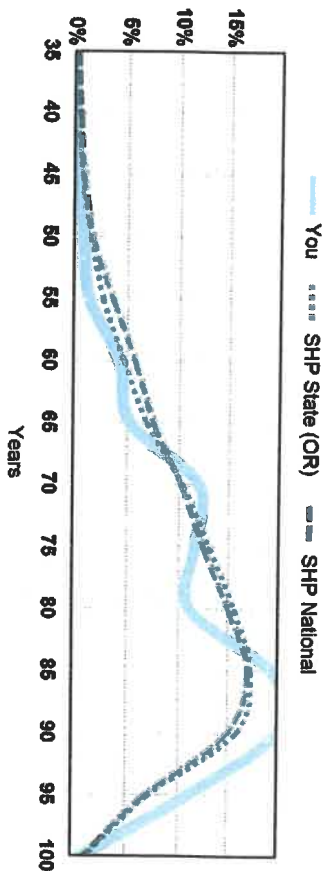
This PIP was developed from previous PIP in 2019
Task force initiated during 3rd QTR 2019, meeting on 8/28/19.
Quality Assurance calls initiated on 9/5/19.

Exhibit 19
Quality Improvement Indicators

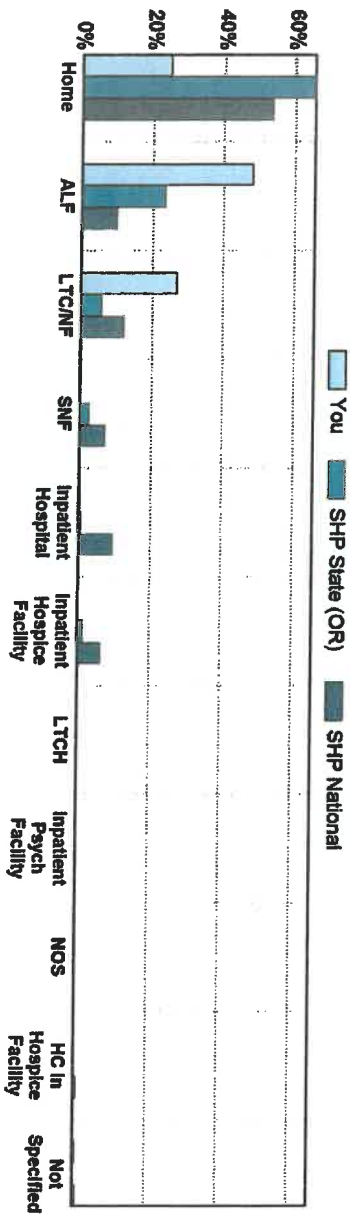
Length of Service Distribution (First 14 days) HIS



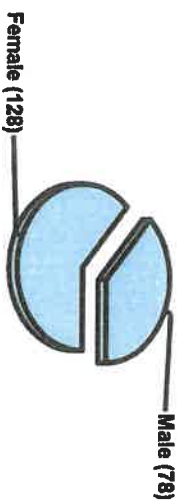
Patient Age Distribution HIS



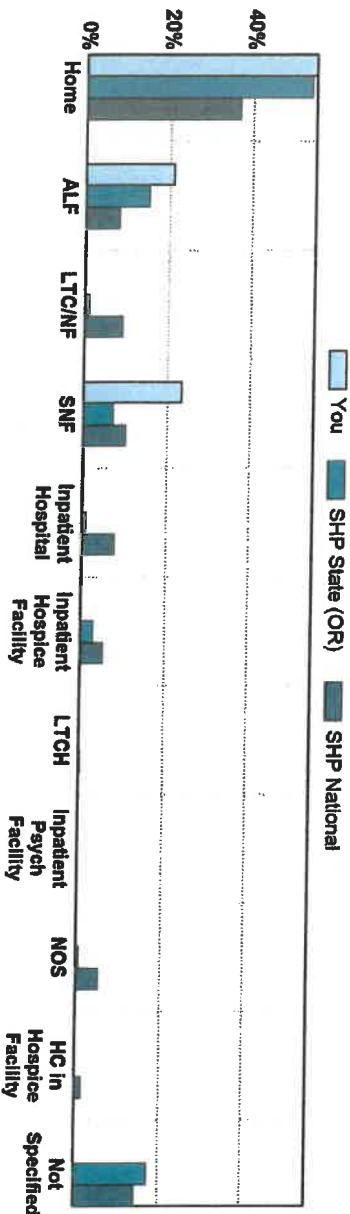
Site of Service at Admission Distribution HIS



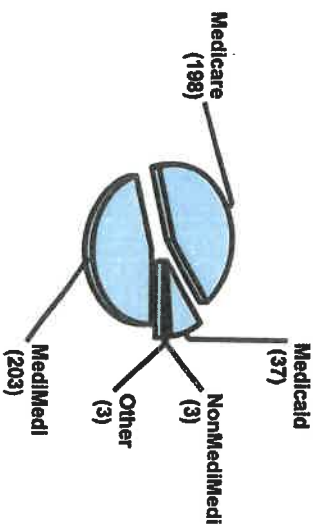
Gender Distribution HIS



Site of Service at Death Distribution



Payer Distribution





Volume of Patients Served HIS

Patient Metric	You #	SHP State (OR) Avg #	SHP National Avg #
Admissions	206	106.3	85.2
Live Discharges	22	11.9	14.4
Expired Discharges	175	86.6	69.7
Not Spec Discharges	0	0.0	7.7

Patient Length of Service HIS

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
1-7	48	24.4%	24.3%	31.7%
8-14	21	10.7%	15.9%	14.0%
15-29	23	11.7%	15.8%	13.7%
30-59	38	19.3%	15.8%	12.3%
60-89	24	12.2%	8.4%	6.8%
90-179	29	14.7%	11.3%	9.9%
≥ 180	14	7.1%	8.5%	11.5%
Average LOS (Days)	72.6		64.8	73.5

Admissions by Race HIS

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
American Indian or Alaskan Native	1	0.5%	1.5%	1.7%
Asian	4	1.9%	2.1%	2.9%
Black or African American	3	1.5%	1.5%	9.5%
Hispanic or Latino	3	1.5%	2.0%	5.6%
Native Hawaiian or Pacific Islander	0	0.0%	0.8%	1.2%
White	191	92.7%	94.2%	80.1%
Not Specified	4	1.9%	0.7%	3.6%

Note, more than one race can be indicated, percentages may not total 100%.

Average Daily Census by Level of Care

Patient Metric	You Avg #	You %	SHP State (OR) %	SHP National %
Routine Home Care	1,416	96.6%	82.1%	79.2%
General Inpatient	36	2.5%	10.6%	12.1%
Inpatient Respite	13	0.9%	1.2%	0.9%
Continuous Care	1	0.1%	0.1%	1.1%
Not Specified	0	0.0%	6.1%	6.7%

Patients Served by Primary Diagnosis

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
ALS	2	1.0%	0.4%	0.3%
Alzheimer's	24	11.7%	6.7%	7.9%
Cancer	43	20.9%	25.1%	28.8%
Dementia	8	3.9%	1.2%	0.9%
Diabetes	0	0.0%	0.2%	0.2%
Heart	19	9.2%	10.4%	12.6%
HIV	0	0.0%	0.0%	0.1%
Kidney	15	7.3%	4.7%	4.8%
Liver	2	1.0%	1.3%	1.8%
Lung	14	6.8%	6.3%	9.0%
Other	9	4.4%	7.7%	7.2%
Other motoneuron	36	17.5%	7.5%	8.0%
Stroke/Coma	26	12.6%	8.7%	7.6%
Not Specified	8	3.9%	19.9%	11.0%

Patients Served by Age HIS

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
< 1	0	0.0%	0.0%	0.1%
1 - 4	0	0.0%	0.0%	0.0%
5 - 14	0	0.0%	0.0%	0.1%
15 - 24	0	0.0%	0.1%	0.1%
25 - 34	1	0.5%	0.3%	0.3%
35 - 54	3	1.5%	3.3%	3.8%
55 - 64	12	5.8%	7.7%	9.6%
65 - 69	11	5.3%	7.0%	7.7%
70 - 74	25	12.1%	10.5%	10.3%
75 - 79	24	11.7%	13.2%	12.5%
80 - 84	23	11.2%	15.7%	15.1%
85 - 89	40	19.4%	17.4%	17.0%
90 - 94	41	19.9%	15.9%	15.0%
95+	26	12.6%	8.9%	8.3%

Admissions by Gender HIS

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
Female	128	62.1%	53.8%	55.5%
Cancer	24	11.7%	17.1%	15.9%
No Cancer	104	50.5%	36.7%	39.6%
Male	78	37.9%	46.2%	44.5%
Cancer	21	10.2%	16.6%	16.2%
No Cancer	57	27.7%	29.6%	28.2%

Site of Service at Admission HIS

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
Home	51	24.8%	65.6%	53.5%
ALF	99	48.1%	23.4%	10.0%
LTC/NF	55	26.7%	6.0%	12.1%
SNF	0	0.0%	2.5%	7.0%
Inpatient Hospital	0	0.0%	0.5%	9.4%
Inpatient Hospice Facility	0	0.0%	1.5%	6.3%
LTCH	0	0.0%	0.0%	0.1%
Inpatient Psych Facility	0	0.0%	0.0%	0.0%
NOS	0	0.0%	0.2%	0.2%
HC in Hospice Facility	0	0.0%	0.0%	0.7%
Not Specified	1	0.5%	0.2%	0.7%

*NOS = HIS Site Of Service Location Place Not Otherwise Specified

Site of Service at Deaths

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
Home	97	55.4%	54.3%	36.8%
ALF	37	21.1%	15.4%	8.2%
LTC/NF	0	0.0%	1.0%	9.3%
SNF	41	23.4%	7.2%	10.4%
Inpatient Hospital	0	0.0%	0.8%	8.0%
Inpatient Hospice Facility	0	0.0%	3.1%	5.6%
LTCH	0	0.0%	0.0%	0.2%
Inpatient Psych Facility	0	0.0%	0.0%	0.0%
NOS	0	0.0%	0.6%	5.5%
HC in Hospice Facility	0	0.0%	0.0%	1.5%
Not Specified	0	0.0%	17.6%	14.5%

*NOS = HIS Site Of Service Location Place Not Otherwise Specified



Discharge Reasons HIS

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
Expired	175	88.8%	87.9%	83.3%
Revoked	5	2.5%	3.5%	6.1%
No Longer Terminally Ill	10	5.1%	5.0%	4.8%
Moved Out of Area	3	1.5%	1.5%	3.0%
Transferred to Another Hospice	3	1.5%	1.5%	2.0%
Discharged for Cause	1	0.5%	0.5%	0.7%
Not Specified	0	0.0%	0.0%	0.0%

Revoked Reasons HIS

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
Patient/Family Sought Active Treatment	0	0.0%	0.0%	5.9%
Patient/Family No Longer Wanted Hospice Service	0	0.0%	0.0%	1.2%
Other	0	0.0%	0.0%	0.9%
Not Specified	5	100.0%	100.0%	92.1%

Transferred Reasons HIS

Patient Metric	You #	You %	SHP State (OR) %	SHP National %
Patient/Family Unhappy with Service	0	0.0%	0.0%	1.3%
Needed Care Not Provided by Agency	0	0.0%	0.0%	1.5%
Other	0	0.0%	0.0%	4.6%
Not Specified	3	100.0%	100.0%	92.6%



Symptom Control

Patient Metric	Unsatisfied at Admit		Controlled 24 Hours		Controlled 48 Hours		Unsatisfied / All*					
	You	SHP State (OR)	SHP National	You	SHP State (OR)	SHP National	You	SHP State (OR)	SHP National			
Pain	44 (22.9%)	29.4%	23.4%	16 (36.4%)	16.95%	34.79%	37 (84.1%)	40.25%	53.77%	429 (9.8%)	16.45%	13.53%
Nausea	8 (4.2%)	10.8%	13.3%	2 (25.0%)	26.47%	42.74%	6 (75.0%)	41.18%	54.84%	77 (1.8%)	3.29%	3.96%
SOB	129 (77.2%)	56.0%	28.2%	12 (9.3%)	14.44%	32.06%	24 (18.6%)	29.58%	45.61%	3,011 (76.6%)	42.60%	15.76%
Anxiety	65 (34.0%)	42.0%	32.2%	16 (24.6%)	23.76%	40.46%	41 (63.1%)	43.56%	54.85%	859 (19.7%)	18.50%	15.14%
Appetite	132 (70.6%)	54.2%	59.6%	29 (22.0%)	29.38%	26.15%	72 (54.5%)	46.56%	33.63%	1,766 (41.1%)	40.13%	46.28%
Depression	54 (28.3%)	37.8%	26.4%	16 (29.6%)	26.62%	28.74%	41 (75.9%)	50.65%	41.69%	508 (11.6%)	17.18%	11.83%
Drowsiness	95 (53.7%)	68.8%	65.2%	13 (13.7%)	19.25%	26.32%	27 (28.4%)	31.03%	36.46%	2,394 (61.0%)	58.28%	53.14%
Fatigue	130 (75.1%)	83.0%	79.1%	8 (6.2%)	14.65%	23.29%	21 (16.2%)	23.05%	33.00%	3,163 (81.9%)	74.56%	65.44%
WellBeing	47 (24.6%)	32.6%	43.9%	12 (25.5%)	17.48%	12.94%	26 (55.3%)	33.57%	20.94%	698 (16.0%)	17.71%	27.99%

* Number of assessments where Patients were unsatisfied / Total number of assessments in the report period (no admit assessments; unsatisfied = 4 or higher, patient not satisfied with level)

Potentially Avoidable Events per 1,000 Patient Days

Patient Metric	You	SHP State (OR)	SHP National
Hospitalizations Related to Primary DX	N/A	N/A	0.27
Emergent Care	0.14	0.14	0.09
Falls	9.24	7.80	0.30
Observed	1.74	1.39	3.39
Infections	2.58	1.00	0.80
Wounds	N/A	7.61	1.77
			5.06

QAPI – Symptom Assessed per Patient Assessment

Patient Metric	Your Hospice	SHP State (OR)	SHP National
Pain	100.0%	58.0%	42.6%
Nausea	99.9%	53.1%	22.2%
SOB	89.8%	41.9%	29.6%
Anxiety	99.8%	56.8%	26.6%
Appetite	98.2%	36.6%	20.8%
Depression	99.8%	28.2%	12.2%
Drowsiness	89.8%	33.9%	20.1%
Fatigue	88.4%	41.9%	25.1%
WellBeing	99.6%	36.4%	10.0%
Average # of Symptoms Assessed per Assessment	8.7	3.9	2.1

Exhibit 20
QAPI Tracking

IMPROVING ORGANIZATIONAL PERFORMANCE

Policy No. H:2-093.1

PURPOSE

To establish a performance improvement framework, which integrates activities to improve organizational performance, improve patient outcomes, improve patient safety, and reduce the risks for acquisition and transmission of infections.

POLICY

Senior management as designated by the Governing Body will have the responsibility of quality management: to guide the organization's efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the organization will utilize to assess, improve and maintain quality of care and service including the appropriateness and effectiveness of patient services.

Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications.

All personnel will be active participants in the organization's performance improvement activities.

The Governing Body is responsible for ensuring that the performance improvement program is defined, implemented and maintained, and is evaluated annually.

PROCEDURE

1. Senior management with Governing Body oversight will:
 - A. Participate in educational activities to increase their level of understanding and ability to implement performance improvement activities. The educational activities may include: seminars, consultations, periodicals, and review of available information from other organizations (benchmarking).
 - B. Set expectations for performance improvement and manage processes to improve organizational performance.
 - C. Focus on high risk, high volume, and problem prone areas. There is consideration of incidence, prevalence, and severity of problems in those areas and lead to an immediate correction of any identified problem that directly or potentially threatens the health and safety of the patients.
 - D. Adopt a structured framework for performance improvement. The problem solving approach will stress the interrelationship of quality services provided, management activities, and sound business practices as applicable to the organization's:

1. **Mission**
 2. **Culture**
 3. **Strategic objectives**
 4. **Resources**
 5. **Operational components/responsibilities (financial, clinical/service, and personnel)**
 6. **Practice Standards**
 7. **Activities related to patient care and patient safety focusing on high risk, high volume and problem prone areas**
 8. **Clinical/service skills and competencies of personnel**
 9. **Quality indicators**
 10. **Data collection and analysis (measured and documented in a systematic and retrievable way)**
- E. Identify and set specific outcomes for measurable improvement.**
- F. Ensure that the performance improvement projects are conducted that reflect the following:**
1. **The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the organization's services and operations.**
 2. **The organization must document the quality improvement projects undertaken, the reasons for conducting the projects, and the measurable progress achieved on these projects.**
- G. Ensure that the organization adheres to the CMS Conditions of Participation for Quality Assessment and Performance Improvement (QAPI) standards.**
- H. Identify and participate in benchmarking activities that utilize:**
1. **Internal standards:**
 - a. **Measuring current performance against past performance**
 - b. **Measuring against internally established goals**
 2. **Processes and protocols**

3. Practice or service guidelines
4. Industry research or best practices
- I. Allocate resources for performance improvement activities by:
 1. Assigning organization personnel to participate in performance improvement activities
 2. Providing adequate time for organization personnel to participate in performance improvement teams and activities
 3. Creating and maintaining information systems and data management processes to support the collecting, managing and analyzing of data to improve performance
 4. Utilizing appropriate statistical techniques to analyze and display data
 - a. Statistical methodologies to consider include:
 1. Run charts that display summary comparison data
 2. Scatter diagrams
 3. Control charts that display variation and trends over time
 4. Histograms
 5. Pareto charts
 6. Cause and effect or fishbone diagrams
 7. Process flowcharts
2. Provide organization personnel training in the approaches and methods of assessment and improvement.
3. All other organization personnel will:
 - A. Be involved in performance improvement teams and activities.
 - B. Promote communication and coordination of performance improvement activities as well as contribute to those activities.
 - C. Forward relevant information regarding performance improvement activities to senior management and to the Performance Improvement Coordinator.
 - D. Take action on recommendations generated through performance improvement activities as outlined in the organization's written performance improvement plan.

4. Trends identified through performance improvement measurement and analysis will be reported to the Governing Body on a quarterly basis.
5. Mandatory reporting to CMS will be completed within designated timeframes utilizing CMS reporting guidelines.

ADDENDUM H:2-093.A

PRIORITIZATION OF IMPORTANT PROCESSES

Prioritization of Important Processes – Example

Process	Required HIS	Regulatory Focus	High Volume	High Risk	Problem-Prone	Expensive to Correct	Impact on Quality	Impact Customer Satisfaction	Variations in Care
General Processes									
Patient Satisfaction									
Safety Program									
Incident Reports									
Documentation									
Infection Control									
Staff Education									
Patient Rights/ Responsibilities									
Ethical Issues									
Use of Information									
Customer Service									
Patient Care Processes									
Intake Process									
Patient Assessment									
Pain Screening									
Pain Assessment									
Pain Management									
Bowel regimen prescribed with opioid order									
Dyspnea Screening									
Dyspnea Treatment									
Medication Administration									
Patient/Family Education									
Treatment Preferences									
Care Coordination									
Nursing Process									
MSW – Counseling									
MSW – Psychosocial Assessment									
Volunteers									

Process	Required HIS	Regulatory Focus	High Volume	High Risk	Problem-Prone	Expensive to Correct	Impact on Quality	Impact Customer Satisfaction	Variations in Care
Spiritual Care									
Patient Care Processes									
Beliefs/Values addressed									
Terminal Care									
Wound/Skin Care Management									
Foley/Urological Care									
Neurological Care									
Respiratory Care									
Cert/Recert Process									
Discharge Process									
Bereavement									
Personal Care									
Personal Care Plan									
CNA/Hospice Aide Communication									
Governance/Managerial									
Analysis of Effectiveness of Organizational Practices									
Development of Operational Plans									
Compliance with Regulatory Mandates									
Assigning/Acquiring Resources to Foster Quality									
Fostering Interdisciplinary Communication									
Assignment of Staff Responsibilities									
Management of Information									
Safety Plan Effectiveness									
Clerical									
Telephone Technique									
Coordination of Mail Between Offices									
Ordering of Supplies									

Process	Required HIS	Regulatory Focus	High Volume	High Risk	Problem-Prone	Expensive to Correct	Impact on Quality	Impact Customer Satisfaction	Variations in Care
Ordering of Forms									
Tracking of Physician Orders									
Human Resources									
General Orientation/Competency Assessment									
Processing of Worker's Compensation Claims									
Handling of Employee Grievances									
Recruitment									
Personnel Policy Development									
Financial Support									
Cost Analysis Reports									
Payroll									
Accounts Receivable Management									
Data Entry									
Charge Entry									
Generation of POC/Recert									
Discipline Visit Entry									
Insurance Verifications									
Other Organization-Specific Processes									
Totals									

Scoring Values 1 = Least Significant 2 = Mildly Significant 3 = Strongly Significant

Exhibit 21
Credentials

License / Provider Information

Bristol Hospice ~ Oregon, LLC
10365 SE Sunnyside Road, Ste. 340
Clackamas, OR 97025
ph: (503) 698 8911 fx: (503) 698 8988

- a) EIN ~ 45-3305219
- b) Medicare # - 38-1559 (effective 11/20/12)
- c) Medicaid # - 1063780351 (effective 08/23/12)
- d) NPI # ~ 1063780351

Licensed ~ 08/03/2012

Certified ~ 11/20/2012

Exhibit 22

Bio's

Leadership Team – Bristol Hospice, LLC

While Bristol Hospice would be a new hospice provider for this community, it has an established leadership team in place that would bring years of experience to Clark County. This leadership team includes:

Hyrum Kirton
President and CEO, Bristol Hospice, LLC

Hyrum Kirton serves as the Chief Executive Officer for Bristol Hospice, L.L.C. Hyrum has worked in the Healthcare Industry for the past 11+ years and started as the Chief Executive Officer for Bristol Hospice, L.L.C. in 2016.

Hyrum is a Business Healthcare Executive who thrives growth of the company sound decision making, risk management, strategic and critical thinking, general management and broad-based leadership expertise. Responsibly have included multiple business line strategy, and tactical execution to provide earnings growth. Desire and passion to leverage leadership skills and experience at the senior level to bring additional business value.

Hyrum's career began in 2007 with Avalon Health Care Inc. as their Buyer where he later became the CEO of Brighton Healthcare Services and the VP of Procurement. During this time he was responsible for all procurement related activities. This included total oversight of every aspect of; Sourcing, Contracting, Vendor management, and Procurement Governance.

Hyrum Holds a Masters Degree in Business Administration, Health Care Management, and a Bachelors of Science in Information Technology Management.

Gerry Christensen
Executive Vice President and CFO, Bristol Hospice, LLC

Gerry N. Christensen serves as the Executive Vice President of Finance for Bristol Hospice, L.L.C. Gerry is a CPA with over 38 years of total experience in both public accounting and private industry. For the last eleven years, Gerry has served as the Chief Financial Officer of Bristol Hospice.

Gerry's career began in 1982 with Deloitte in Salt Lake City where he worked as an Accounting/Auditing Manager through approximately 2000. While at Deloitte, Gerry served as the audit manager on many of Deloitte's high-profile healthcare engagements and developed special expertise in healthcare. After leaving Deloitte, Gerry worked in private consulting through 2008 at which time, Gerry joined on with Bristol Hospice. As the CFO, Gerry oversees Bristol's finance department including billing, payroll, accounts payable, accounting, auditing and regulatory reporting.

Gerry graduated from the University of Utah in 1981 and received his CPA certificate in 1983.

Sonnie Linebarger, RN
Executive Vice President, Chief Operating Officer

Sonnie Linebarger serves as the Chief Operating Officer and Executive Vice President for Bristol Hospice, L.L.C. Sonnie is a Registered Nurse and has worked in the hospice community for 11+ years. Sonnie is an innovative healthcare leader experienced in clinical, sales and multi-site operations/financial management for hospice and palliative care. She has strong leadership skills and promotes a focus on radical responsibility, mentorship, development, and transformation.

Sonnie has served in leadership roles for major hospice organizations with locations across the country. She began her career as a Pediatric ICU nurse in the Phoenix Children's Hospital and has a passion for patient care.

Sonnie is a part of the National Hospice and Palliative Care Organizations National Quality & Standards Committee and was previously on the Board of Directors for the Arizona Hospice and Palliative Care Organization.

Jeanette Dove, MA, RN, CHPN

Executive Vice President, Chief Quality Officer

Jeanette Dove is a registered nurse and holds a Master's Degree in Human Sciences. Jeanette has worked in the hospice community for 20+ years and now serves as the Executive Vice President, Chief Quality Officer for Bristol Hospice. Jeanette's career focus includes advocacy in delivery of quality hospice delivery, pain and symptom management, advancing education, and healthcare management

Jeanette has served in leadership roles for major hospice organizations within the profit and not for profit setting. She began her career as a critical care nurse and witnessed the need for quality care at end of life in the patient's setting of choice. This fueled the desire to advocate for the patient and led her to a hospice career path.

Jeanette has presented at national and state hospice conferences and lead webinars on a variety of topics to include performance improvement, symptom management and data-driven strategic management. Jeanette serves on the NHPCO Quality and Standards Committee and has co-authored and contributed to publications at a state and national level.

Mary A. Nester, RN, JD, CHC
Bristol Hospice Corporate Compliance Officer

Mary serves as Bristol Hospice's Corporate Compliance Officer and provides oversight of all aspects of the Bristol compliance program both at corporate office and throughout the Bristol program locations. She also serves as Bristol's HIPAA Privacy Officer.

Mary started her career as a registered nurse primarily specializing in oncology, oncology research and pain management. She received her oncology nurse specialist certification through Yale and has had a deep and lasting interest in the area of palliative care and hospice. While continuing in her nursing career, she returned to law school, graduated and was admitted to the bar in Oregon and Washington where she continues to be a licensed attorney.

It was during her years of law practice that she started to specialize in development and implementation of compliance and privacy programs for her various healthcare clients. Then in 2007 she started at Avalon Healthcare Group as its first corporate compliance officer. After completing a long stint with Avalon, she transitioned to exclusively providing compliance oversight and services to Avalon's subsidiary, Bristol Hospice, LLC.

Mary holds a certification in healthcare compliance since 2010. She has had experience in implementing and overseeing a number of compliance programs both as the designated compliance officer and as a compliance consultant or member of various organizations compliance councils. She has received additional education and experience through advanced compliance academies including the FBI Compliance Academy. She has been a regular speaker at various compliance organizations including a national organization for healthcare compliance (HCCA).

Debra Wertz
Executive Vice President, Human Resources

Debra Wertz has a Bachelor's degree in Business Management and a Masters in Human Resources Management. Ms. Wertz has 18 years of professional experience in the Human Resources discipline including, but not limited to employee management, benefits administration, recruiting and retention, compensation, Workers' Compensation, unemployment, FLSA, ADA, ADEA, FMLA and related state requirements. She also successfully completed her Senior Professional in Human Resources certification which she has held for over 10 years. In addition, Ms. Wertz has experience and education in finance, business strategies, and organizational development. She is a Level II Certified Project Manager and a Certified Public Manager.

Troy Backus, RN
Executive Vice President/Community Relations

Troy Backus, RN serves as the Executive Vice President of Community Relations for Bristol Hospice. Troy has been with Bristol Hospice since 2007 and is responsible for program development in hospice and home health locations across the country.

He leads a talented group of Regional Vice Presidents of Development, who oversee Community development efforts in hospice advocacy and establishing referral relationships with Hospitals, Health Plans, and Discharge Planners .

He is an expert in implementing strategic marketing plans and leading development teams through mentorship and personal development.

Troy's background in healthcare began when he received a Nursing Degree from Utah Valley State College in August, 1997.

Prior to his role with Bristol, Troy worked for 5 years as Vice President of Development over the Skilled Nursing Division of Avalon Health Care, Inc. In this role he was responsible for community development and marketing thirty-six Skilled Nursing Facilities.

Troy began his work as a registered nurse in the Coronary and Surgical Intensive Care Units at Utah Valley Regional Medical Center in 1997 and continues that work today 22 years later in addition to his responsibilities with Bristol Hospice.

*Mark L. Phillips, MBA/MHA
National Director of Physician Services*

Mark started his health care career as a lifeflight paramedic for the university of Utah hospital system. After graduating with his Bachelor of Science in Healthcare Administration, Mark spent 18 years with Gentiva Health Services. While employed by Gentiva he completed his Dual Master's in Business Administration and Healthcare Administration. He has served on several board positions and still holds an associate Professor in Healthcare Administration position at Dixie State University. In 2014, Mark developed a new integrated model of healthcare in Southern Utah incorporating personal care, home healthcare, hospice and physician services, including a mobile physician clinic, bringing healthcare services to the most vulnerable populations. Mark is now privileged to take this innovative model of care, implementing and managing palliative care programs, to markets nationwide. Mark also holds a national healthcare administrator's license.

Advisory Board – Bristol Hospice, LLC

Bristol is a closely-held organization whose shareholders feel a moral imperative to make the highest quality hospice programs available in communities throughout the United States. To that end, Bristol's organizational structure provides for a Board of Managers. Bristol has chosen to have such a Board to provide an additional level of healthcare expertise and strategic and compliance guidance. As a closely-held company, it has elected to draw from community expertise. The Advisory Board is composed of nationally recognized experts in their fields including a former OIG Investigator and three highly credentialed Palliative Care Physicians. While it is highly unusual for a closely held company or a for-profit hospice to add the oversight of a Advisory Board, Bristol's leadership voluntarily added this resource to ensure that Bristol is serving its mission to provide high quality compliant care. The Bristol Advisory Board meets on a quarterly basis to review development and quality and to consider any necessary strategies that may be needed to continue to improve the services provided in all Bristol locations. In addition, it is very engaged in all aspects of the programs that Bristol operates and has a dedication to quality hospice outcomes.

Industry updates are a topic of discussion in quarterly board meetings to ensure that Bristol maintains the highest standards and is consistently compliant with current and pending CMS regulations. In 2015 CMS implemented 15 new regulations. Due to the diligence of Bristol leadership, each additional regulation was successfully implemented in all locations and met all requirements and deadlines. Bristol continues to meet full compliance with timely submissions of NOE and HIS documentation. Additionally, Bristol has also put a Compliance Council in place that meets annually. The Council utilizes the expertise of retired OIG Investigator, Dr. Steven Lack and Compliance Officer, Mary Nester to provide various points of analysis ensuring Bristol's compliance in all regulated areas.

The Advisory board members and their bios follow below.

Christie Franklin, Chairman, Advisory Board

Christie Franklin, retired President/CEO of Bristol Hospice, L.L.C. and current Chairman of the Board is responsible for the start-up and development of Bristol Hospice, L.L.C. which includes hospice locations in Salt Lake City, Utah; Sacramento, Stockton and Merced, California; Honolulu, Hawaii; Atlanta, Georgia; The Woodlands and Waxahachie, Texas; Clackamas, and Oregon.

Ms. Franklin has more than 25 years of management experience in the homecare/hospice industry. In addition, her experience includes operations, quality, clinical, and development. Ms. Franklin currently serves on the National Hospice and Palliative Care Organization Hospice Action Network Board of Directors, is Chair of the NHPCO Quality and Standards, Quality Partners and Outcome Task Force, is co-chair of the Research Committee of the National Association of Homecare and Hospice Medicaid Council for Homecare, and is a member of that council, as well as the HCAP Board, the Hospice Association of America and the Home Care LINK Advisory Board.

Ms. Franklin was a member of the NHPCO Quality and Standards Committee from 2008 to 2013 and Vice-Chair of the NHPCO Quality Partners from 2010 to 2013. She also served as a past member of the NHPCO Governance Committee. Ms. Franklin was appointed to the National Quality Forum for Home Health Quality Measures 2004 and the National Quality Forum for Hospice and Palliative Care Framework Review Committee 2005. She is a member of Who's Who in Executives and Professionals 2002 to 2007, and is a member of the HCAP Advisory Board 2009 thru 2014. She also served on the National Association for Home Care and Hospice Strategic Planning Congress and Nominating Committee.

Ms. Franklin has presented over the years at National Conferences of the National Association of Homecare and Hospice, the National Hospice and Palliative Care Organization, the National Quality Forum, and HCAPS.

Christie Franklin has a Bachelor of Arts in Health Care Management, has been a Registered Nurse for over 26 years and has received Certification for Home/Hospice Care Executives.

David Casarett, MD MA – Director

Dr. Casarett is a Professor in the Division of Geriatrics at the University of Pennsylvania and Director of Hospice and Palliative Care for the University of Pennsylvania. Dr. Casarett completed his medical training at Case Western Reserve University. His additional training included a Master's degree in medical anthropology at Case Western Reserve University, and fellowships in ethics at the University of Chicago and in Palliative Medicine at the University of Pennsylvania.

Dr. Casarett's major research interest is understanding and improving the way that health systems care for patients near the end of life. His work has included studies of hospice and hospice alternatives, as well as a randomized controlled trial of a decision aid to improve end of life care. Dr. Casarett has been the PI for a nationwide study to develop a valid and reliable technique to assess the quality of end-of-life care that the Veterans' Administration provides, as well as for NIH- and VA-funded projects to understand how end-of-life services can be more patient-focused. Dr. Casarett is the Principal Investigator for CHOICE (Coalition of Hospices Organized to Investigate Comparative Effectiveness), a national research network whose goal is to define safe and effective hospice care. He is also the recipient of a Center for Medicare and Medicaid Innovation grant for a program (CLAIM: Comprehensive Longitudinal Advanced Illness Management) to improve the care of patients with advanced cancer. Dr. Casarett's research has been supported by the VA, NIH, AHRQ, the Paul Beeson Physician Scholars Program, and by grants from the Hartford Foundation, the Aetna Foundation, the Commonwealth Fund, and the Greenwall Foundation. Dr. Casarett is also a recipient of the Presidential Early Career Award for Scientists and Engineers, the highest honor given by the US government to researchers in the early stages of their careers.

Sandra Gomez, MD FAAHPM - Director

Dr. Sandra Gomez accepted appointment to the position on the Bristol Advisory Board in June, 2015, and has been a great support to Bristol Hospice in its mission for many years. Dr. Gomez' extensive knowledge and passion for

providing the highest level of care for palliative and hospice patients makes her a very valuable part of the Bristol Advisory Board. She is an instructor, a researcher and is highly regarded in the medical profession.

Steven M. Lack Ph.D., CFE – Director

From 1982 until 2010, Dr. Lack investigated allegations of Medicare fraud for the Department of Health and Human Services, Office of Inspector General. He was a Special Agent and a Supervisory Special Agent for 26 years. Dr. Lack was the case agent on what still are the largest criminal and civil Medicare Fraud cases prosecuted in the Northern and Eastern Districts of California, with monies recovered in his last 5 years with OIG exceeding \$387 million. Dr. Lack retired from the OIG in 2010 and continues to provide consulting services in the area of health care fraud detection and prevention.

Dr. Lack has been on the faculty of the Association of Certified Fraud Examiners, the National Health Care Anti-Fraud Association and for 20 years was the lead instructor for new OI agents on how to conduct Medicare fraud investigations.

The honors Dr. Lack has received include being named the Special Agent of the Year by the Western Regional Inspector General's Council and the OIG Outstanding Employee of the Year and being awarded the President's Council on Integrity and Efficiency Award for Excellence in Investigations. He has authored publications, including When the Candles Cost More than the Cake: Recommendations for Nursing Home Financing in the 21st Century. He also is a recipient of the prestigious Silver Beaver award from the Boy Scouts of America.

Dr. Lack holds a PhD in Public Administration from Golden Gate University and a MPA/BS in Public Administration from the University of Southern California. He earned a certificate in Health Care Administration from USC and is a Certified Fraud Examiner (C.F.E.).

James A Avery, MD, CMD, FACP, FCCP, FAAHM. - Director

Dr. Avery is the newest member to the Bristol Hospice Advisory board joining in February of 2019. Dr. Avery started his medical career in Internal Medicine and Pulmonology in 1986. Since that time he has served as a Senior Medical Director for several hospice agency's and was most recently serving as an Associated Medical Director and Chief Mission Officer.

He is currently the National Medical Director for Diversicare Healthcare Services and Visiting Assistant Professor of Medicine at the University of Virginia Medical School, Division of General Medicine, Geriatrics and Palliative Care.

Dr. Avery is Board Certified on the American Board of Internal Medicine, the American Board of Pulmonary Medicine, the American Board of Hospice and Palliative Medicine, and a Certified Nursing Home Medical Director.

Summary:

Bristol Hospice Clark L.L.C. is ready and able to provide exceptional services to the community of Clark County. Bristol Hospice has a proven track record of outstanding care, and a constant focus on providing top-quality services that can support patients and families through the end of life. If awarded the certification of need Bristol Hospice Clark L.L.C. will increase the quality of services available and exceed patient and family expectations with quick response times and above average bed-side care. Bristol Hospice is graciously committed to our mission that all patients and families entrusted to our care will be treated with the highest level of compassion, respect and quality of care.

Exhibit 23
Licensure Surveys

Community Health Accreditation Partner

1275 K Street NW, Suite 800 / Washington, DC 20005

P 202.862.3413 / F 202.862.3419

CHAP

January 15, 2019

Mrs. Jeanette Dove
Chief Quality Officer
Bristol Hospice, LLC
206 North 2100 West, Suite 202
Salt Lake City, UT 84116

RE: Customer ID: 2006002
Service: Hospice [Deemed]
CCN/PTAN: 38-1559

Location and/or Site Accredited:
Bristol Hospice - Oregon LLC
10365 SE Sunnyside Road, Suite 340
Clackamas, OR 97015

Site Visit Dates:	November 6, 2018 – November 9, 2018
Type of Survey/Site Visit:	Re-accreditation
Accreditation Determination:	Full Accreditation
Plan of Correction Accepted Date:	December 14, 2018
CHAP Accreditation Dates:	February 15, 2016 – February 15, 2019
Method of Follow-up:	Acceptable POC

Dear Mrs. Dove,

I am pleased to inform you that based on the findings of the site visit conducted November 6, 2018 – November 9, 2018, at the location and service referenced above, your organization is found to be in compliance with the CHAP Standards of Excellence. The CHAP Board of Review (BOR) has granted Full Accreditation to your organization for the term of three (3) years.

Medicare Certification Recommendation: For organizations seeking Medicare certification, the CHAP Accreditation decision is accompanied by the enclosed notification copying the Centers for Medicare & Medicaid Services (CMS).

The continuation in good standing of this Accreditation is dependent upon your organization paying any and all accreditation and site visit fees in accordance with the terms and conditions of the Accreditation Services Agreement.

Please note that CHAP may conduct surveys less than every three years depending upon any applicable CMS or state regulation and/or the level of any deficiencies cited.

As a CHAP accredited agency, you are required to list our toll-free CHAP Hotline telephone number to all of your clients. This hotline receives consumer complaints and questions about CHAP accredited organizations 24 hours a day, seven days a week. **The CHAP Hotline is 1-800-656-9656.**

Thank you for choosing CHAP as your national accreditation partner. Please contact DeShanta Johnson at djohnson@chapinc.org or (202) 862-3413 if you have any questions.

Sincerely,

Fran Petrella

Frances B. Petrella, BSN, RN
Senior Vice President, Accreditation

Community Health Accreditation Partner (CHAP)
1275 K Street NW, Suite 800 | Washington, DC 20005
Office: (202) 862-3413 | Fax: (202) 862-3419
fpetrella@chapinc.org | www.chapinc.org

ID: NOV0618_UUG
Ref: SMOA748224

Sincerely,

Fran Petrella

Frances B. Petrella, BSN, RN
Senior Vice President, Accreditation

Community Health Accreditation Partner (CHAP)
1275 K Street NW, Suite 800 | Washington, DC 20005
Office: 202.862.3413 | Fax: 202.862.3419
fpetrella@chapinc.org | www.chapinc.org

CC: CMS Regional Office (CMS RO X - Seattle)
CMS Central Office
State Agency



DEC 10 2012

COMMUNITY HEALTH ACCREDITATION PROGRAM

1275 K Street, NW • Suite 800 • Washington, DC 20005 • tel: 202.862.3413 • fax: 202.862.3419 • www.chapinc.org

December 6, 2012

Christie L. Franklin
CEO
Bristol Hospice, LLC
206 North 2100 West, Suite 202
Salt Lake City, UT 84116

RE: Accreditation for:
CCN:

Hospice [Deemed]
Pending

Location and/or Site Accredited:
Bristol Hospice – Oregon LLC
10365 SE Sunnyside Road, Suite 340
Clackamas, OR 97015

Site Visit Dates:	November 6, 2012 — November 8, 2012
Accreditation Visit Type:	Initial
Medicare Certification:	Initial
Accreditation Decision:	Accreditation With Required Actions
Plan of Correction Accepted Date:	November 20, 2012
Accreditation with Deemed Status Dates:	November 20, 2012 — November 20, 2015

Dear Ms. Franklin:

I am pleased to inform you that based on the findings of the site visit conducted at the location and the service referenced above, your organization is in compliance with CHAP Standards of Excellence. The Accepted Plan of Correction is enclosed and details specific required actions cited during the course of the site visit or amended by the Board of Review. The CHAP Board of Review has granted Accreditation and recommends initial Medicare certification through our deeming authority to your organization for the term of three (3) years.

As part of the Medicare certification process, the Centers for Medicare & Medicaid Services (CMS) Regional Office will make a final determination and issue a provider agreement and CMS Certification Number (CCN) to your agency. Please communicate your CCN to CHAP when you receive it so we may maintain current records on your facility.

The continuation in good standing of this Accreditation is dependent upon the organization paying any and all accreditation and site visit fees in accordance with the terms and conditions of the Accreditation Services Agreement. The Accreditation Services Agreement will be renewed every three (3) years.

Please note that CHAP may conduct surveys less than every three years depending upon CMS regulations and/or the level of deficiencies.

As a CHAP accredited agency, you are required to provide our toll free CHAP Hotline telephone number to all of your clients. This hotline receives consumer complaints and questions about CHAP accredited organizations 24 hours a day, seven days a week. **The CHAP Hotline is 1-800-656-9656.**

Thank you for choosing CHAP as your national accrediting organization! Please contact me at 202-862-3413 if you have any questions.

Sincerely,



Rebecca Schumann
Customer Relations Representative

CC: CMS Regional Office
CMS Central Office
State Agency

Accepted Plan of Correction

Community Health Accreditation Partner
1275 K Street NW, Suite 800 / Washington, DC 20005
P (202) 862-3413 / F (202) 862-3419



January 15, 2019

Mrs. Jeanette Dove
Chief Quality Officer
Bristol Hospice, LLC
206 North 2100 West, Suite 202
Salt Lake City, UT 84116

RE: Customer ID: 2006002
Service: Hospice [Deemed]
CCN/PTAN: 38-1559

Location and/or Site Accredited:
Bristol Hospice - Oregon LLC
10365 SE Sunnyside Road, Suite 340
Clackamas, OR 97015

Site Visit Dates:	November 6, 2018 – November 9, 2018
Type of Survey/Site Visit:	Re-accreditation
Accreditation Determination:	Full Accreditation
Medicare Certification:	Recertification
Deemed Status Recommendation:	Continued Deemed Status
Plan of Correction Accepted Date:	December 14, 2018
Effective Date of Accreditation:	November 20, 2018
Expiration Date of Accreditation:	November 20, 2021
Method of Follow-up:	Acceptable POC

Dear Mrs. Dove,

I am pleased to inform you that based on the findings of the site visit conducted November 6, 2018 – November 9, 2018, at the location and service referenced above, your organization is found to be in compliance with the CHAP Standards of Excellence. The CHAP Board of Review (BOR) has granted Full Accreditation to your organization for the term of three (3) years. Additionally, CHAP has recommended continued Medicare certification.

As part of the Medicare certification process, the Centers for Medicare & Medicaid Services (CMS) Regional Office will make a final determination regarding your Medicare certification and the effective date of participation in accordance with regulations at 42 CFR 489.13. If CMS does not accept CHAP's recommendation, you will be notified of next steps required.

Thank you for choosing CHAP as your national accreditation partner. Please contact DeShanta Johnson at djohnson@chapinc.org or (202) 862-3413 if you have any questions.

Sincerely,

Fran Petrella

Frances B. Petrella, BSN, RN
Senior Vice President, Accreditation

Community Health Accreditation Partner (CHAP)
1275 K Street NW, Suite 800 | Washington, DC 20005
Office: 202.862.3413 | Fax: 202.862.3419
fpetrella@chapinc.org | www.chapinc.org

CC: CMS Regional Office (CMS RO X - Seattle)
CMS Central Office
State Agency

Community Health Accreditation Partner

1275 K Street NW, Suite 800 / Washington, DC 20005

P 202.862.3413 / F 202.862.3419

CHAP

January 15, 2019

Mrs. Jeanette Dove
Chief Quality Officer
Bristol Hospice, LLC
206 North 2100 West, Suite 202
Salt Lake City, UT 84116

RE: Customer ID: 2006002
Service: Hospice [Deemed]
CCN/PTAN: 38-1559

Location and/or Site Accredited:
Bristol Hospice - Oregon LLC
10365 SE Sunnyside Road, Suite 340
Clackamas, OR 97015

Site Visit Dates: November 6, 2018 – November 9, 2018
Type of Survey/Site Visit: Re-accreditation
Accreditation Determination: Full Accreditation
Plan of Correction Accepted Date: December 14, 2018
CHAP Accreditation Dates: February 15, 2016 – February 15, 2019
Method of Follow-up: Acceptable POC

Dear Mrs. Dove,

I am pleased to inform you that based on the findings of the site visit conducted November 6, 2018 – November 9, 2018, at the location and service referenced above, your organization is found to be in compliance with the CHAP Standards of Excellence. The CHAP Board of Review (BOR) has granted Full Accreditation to your organization for the term of three (3) years.

Medicare Certification Recommendation: For organizations seeking Medicare certification, the CHAP Accreditation decision is accompanied by the enclosed notification copying the Centers for Medicare & Medicaid Services (CMS).

The continuation in good standing of this Accreditation is dependent upon your organization paying any and all accreditation and site visit fees in accordance with the terms and conditions of the Accreditation Services Agreement.

Please note that CHAP may conduct surveys less than every three years depending upon any applicable CMS or state regulation and/or the level of any deficiencies cited.

As a CHAP accredited agency, you are required to list our toll-free CHAP Hotline telephone number to all of your clients. This hotline receives consumer complaints and questions about CHAP accredited organizations 24 hours a day, seven days a week. **The CHAP Hotline is 1-800-656-9656.**

Thank you for choosing CHAP as your national accreditation partner. Please contact DeShanta Johnson at djohnson@chapinc.org or (202) 862-3413 if you have any questions.

Sincerely,

Fran Petrella

Frances B. Petrella, BSN, RN
Senior Vice President, Accreditation

Community Health Accreditation Partner (CHAP)
1275 K Street NW, Suite 800 | Washington, DC 20005
Office: (202) 862-3413 | Fax: (202) 862-3419
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ID: NDV0618_UUG
Ref: SMOA748224

Community Health Accreditation Partner
1275 K Street NW, Suite 800 / Washington, DC 20005
P (202) 862-3413 / F (202) 862-3419



January 15, 2019

Mrs. Jeanette Dove
Chief Quality Officer
Bristol Hospice, LLC
206 North 2100 West, Suite 202
Salt Lake City, UT 84116

RE: Customer ID: 2006002
Service: Hospice [Deemed]
CCN/PTAN: 38-1559

Location and/or Site Accredited:
Bristol Hospice - Oregon LLC
10365 SE Sunnyside Road, Suite 340
Clackamas, OR 97015

Site Visit Dates:	November 6, 2018 – November 9, 2018
Type of Survey/Site Visit:	Re-accreditation
Accreditation Determination:	Full Accreditation
Medicare Certification:	Recertification
Deemed Status Recommendation:	Continued Deemed Status
Plan of Correction Accepted Date:	December 14, 2018
Effective Date of Accreditation:	November 20, 2018
Expiration Date of Accreditation:	November 20, 2021
Method of Follow-up:	Acceptable POC

Dear Mrs. Dove,

I am pleased to inform you that based on the findings of the site visit conducted November 6, 2018 – November 9, 2018, at the location and service referenced above, your organization is found to be in compliance with the CHAP Standards of Excellence. The CHAP Board of Review (BOR) has granted Full Accreditation to your organization for the term of three (3) years. Additionally, CHAP has recommended continued Medicare certification.

As part of the Medicare certification process, the Centers for Medicare & Medicaid Services (CMS) Regional Office will make a final determination regarding your Medicare certification and the effective date of participation in accordance with regulations at 42 CFR 489.13. If CMS does not accept CHAP's recommendation, you will be notified of next steps required.

Thank you for choosing CHAP as your national accreditation partner. Please contact DeShanta Johnson at djohnson@chapinc.org or (202) 862-3413 if you have any questions.

Sincerely,

Fran Petrella

Frances B. Petrella, BSN, RN
Senior Vice President, Accreditation

Community Health Accreditation Partner (CHAP)
1275 K Street NW, Suite 800 | Washington, DC 20005
Office: 202.862.3413 | Fax: 202.862.3419
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CC: CMS Regional Office (CMS RO X - Seattle)
CMS Central Office
State Agency

Community Health Accreditation Partner

1275 K Street NW, Suite 800 / Washington, DC 20005

P 202.862.3413 / F 202.862.3419

CHAP

January 20, 2016

Mrs. Jeanette Dove
VP of Clinical Services
Bristol Hospice, LLC
206 North 2100 West, Suite 202
Salt Lake City, UT 84116

Customer ID: 2006002
Service: Hospice [Deemed]
CCN/PTAN: 38-1559

Location and/or Site Accredited:
Bristol Hospice – Oregon, LLC
10365 SE Sunnyside Road Suite 340
Clackamas, OR 97015

Site Visit Dates: November 3, 2015 - November 6, 2015
Type of Survey/Site Visit: Re-accreditation
CHAP Accreditation Decision: Full Accreditation
Plan of Correction Accepted Date: November 29, 2015
Effective Date of Accreditation: February 15, 2016
CHAP Accreditation Dates: February 15, 2016 - February 15, 2019
Recommended Deemed Dates: November 20, 2015- November 20, 2018
Method of follow-up: Acceptable POC
Medicare Certification: Recertification
Deemed Status Recommendation: Continued Deemed Status

Dear Mrs. Dove,

I am pleased to inform you that based on the findings of the site visit conducted November 3, 2015 - November 6, 2015, at the location(s) and service referenced above; your organization is found to be in compliance with the CHAP Standards of Excellence. The CHAP Board of Review (BOR) has granted Full Accreditation to your organization for the term of three (3) years and recommends continued Medicare certification.

As part of the Medicare certification process, the Centers for Medicare & Medicaid Services (CMS) Regional Office will make a final determination regarding your Medicare certification and the effective date of participation in accordance with regulations at 42 CFR 489.13. If CMS does not accept CHAP's recommendation, you will be notified of next steps required.

The continuation in good standing of this Accreditation is dependent upon your organization paying any and all accreditation and site visit fees in accordance with the terms and conditions of the Accreditation Services Agreement. The Accreditation Services Agreement will be renewed every three (3) years.

Please note that CHAP may conduct surveys less than every three years depending upon any applicable CMS regulations and/or the level of any deficiencies cited.

As a CHAP accredited agency, you are required to list our toll free CHAP Hotline telephone number to all of your clients. This hotline receives consumer complaints and questions about CHAP accredited organizations 24 hours a day, seven days a week. The CHAP Hotline is 1-800-656-9656.

Thank you for choosing CHAP as your national accreditation partner. Please contact Jeff Giorgi at 202-862-3413 or Jeffrey.Giorgi@chapinc.org if you have any questions.

Sincerely,

Fran Petrella

Frances B. Petrella, BSN, RN
VP, Accreditation

Community Health Accreditation Partner (CHAP)
1275 K Street NW, Suite 800 | Washington, DC 20005
Office: 202.862.3413 | Fax: 202.862.3419
fpetrella@chapinc.org | www.chapinc.org

CC: CMS Regional Office (CMS RO X-OR)
CMS Central Office
State Agency

