



15835 McLaughlin Road, Inglewood Ontario L7C 1H4

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Website: www.bethellhospice.org

Residential Program Admission Agreement

Name: _____ Date of Application: _____

Preferred Name: _____ Room # _____ Gender: _____

I, or my Substitute Decision Maker (SDM), or my Power of Attorney for Personal Care (POA PC) request admission to Bethell Hospice Residential Program for short-term (less than three months) hospice palliative care.

Bethell House is a residential hospice, a program of Bethell Hospice. The residential program is for individuals in their last weeks of life and for their families. My physician has discussed my diagnosis and the expected course of my illness with me. I understand that the goals of Bethell Hospice focus on quality of life and seek to neither hasten nor postpone death. I understand that Bethell Hospice does not permit the provision of Medical Assistance in Dying within its premises.

Resuscitation is not consistent with my goals of care and I understand that cardiopulmonary resuscitation (CPR) will not be initiated allowing for natural death to occur.

If my condition improves or stabilizes to the point where I no longer meet the Bethell Hospice Residential Services admission criteria and the Bethell Hospice Residential Program is no longer the most appropriate place for my care delivery, a comprehensive review of my situation will take place by the trans-disciplinary team, myself, and my family member(s)/SDM/POA. Options for alternate care arrangements will be reviewed with me and/or my SDM/POA along with the CWCCAC. Examples of these arrangements may include a return to my home or a transfer to a long term care facility. The Bethell Hospice Residential Program in collaboration with CW CCAC staff will arrange these services with me based on my needs and wishes.

I acknowledge that this agreement does not fall under the Residential Tenancies Act (Ontario) or the Tenant Protection Act, 1997 (Ontario) but rather that my access to the residential program is based on my end of life care needs.

I understand that it is my responsibility to appoint Powers of Attorney prior to admission to handle my medical and legal affairs when I am no longer able to do so. If I do not have a Power of Attorney for Personal Care (POAPC), my substitute decision-maker (SDM) will be determined as per the Health Care Consent Act 1996 (Ontario).

My Power of Attorney for Personal Care or Substitute Decision Maker(s) is/are:

Name: _____ Relationship: _____

Address: _____ City _____ Postal Code _____

Email: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ City _____ Postal Code _____

Email: _____ Phone #: _____

Admission Criteria

- PPS of 40% or less- The PPS tool was originally developed for cancer diagnoses and is not always an accurate assessment tool for non-cancer diagnoses. Therefore, the individual's diagnosis is factored into the decision making process.
- Advance care planning that includes: DNR (Do Not Resuscitate) - POA (Power of Attorney) for Personal Care/SDM (Substitute Decision Maker) - Funeral arrangements have been made - Client and/or POA/SDM agree with hospice palliative care philosophy and sign an Admission Agreement - Active curative treatments have been discontinued. Resident / POA/SDM understand that a request to resume active treatments once admitted to Bethell Hospice would result in immediate discharge from Bethell Hospice

Exclusion Criteria

Criteria that would exclude an individual from being admitted to Bethell Hospice; Ventilator dependent, Complex isolation requirements (e.g. negative pressure), Bariatric individual (weight > 300 lbs.), Oxygen flow rate > 10L/min, Active curative treatments – IV hydration – TPN – Transfusions – Dialysis – Enteral feeding (except to support comfort measures – Chemotherapy and/or radiation therapy – except when used to provide symptom relief – Dementia with exit seeking / wandering and/or aggressive behaviors (different from delirium)

Discharge Criteria

- Prognosis > 3 months
- PPS > 40%
- Dementia with exit seeking / wandering and/or aggressive behaviours (different from delirium)

Bethell House is dedicated to caring for individuals with a life expectancy of up to 3 months. I am aware that as part of my continuing comfort and care, ongoing assessments of my needs and care planning will be done at regular intervals and documented in my care plan.

I understand that holistic palliative care is available 24 hours a day, 7 days a week by a team of health care professionals including RNs, RPNs, PSWs and volunteers. I understand that the goals of care at Bethell House are focused on my quality of life and comfort measures. I understand that my physical, emotional, and spiritual care needs will be included in my care planning and reviewed with me by the hospice team. My family and friends are welcome to participate in my care along with any

existing community supports. My family physician as part of the trans-disciplinary team may continue to be involved in my medical care and treatment. Palliative care consultants are available to support my physician and the team. I, and my visitors, will follow all rules and regulations as set out by the Hospice. The Hospice has the right to refuse admission to visitors should they pose a risk to other residents, staff, volunteers, or Hospice property.

At mutually agreed upon times, meetings with hospice staff, myself and/or my SDM/POA will be arranged within 2 weeks of admission and thereafter. The focus of these meetings is to discuss my wishes, care needs, expectations, goals and any concerns. The goal of these meetings is to ensure that we provide quality services to meet your needs and to determine future plans for your care either at Bethell House or in the community.

During the course of my stay at Bethell House, I will be assessed for my risk for falls and this information will be shared with me. Interventions that are available at the hospice will be reviewed with me and/or my SDM/POA. The hospice beds are equipped with safety rails and alarms which may be used upon my consent when there is risk for falls. Other interventions may include asking my family or others to stay overnight with me (often when most falls occur) or I may agree to provide a private companion and that my family will make the arrangements for this. I understand that volunteers are an integral part of the Bethell House team and they may assist the staff in my care.

Consent for Service

I, or my SDM/POA, consent to receiving services from the Bethell Hospice Residential Program. I understand that I may withdraw this consent at any time by verbal notification, which will result in discontinuation of hospice services and transition to an alternate place of care.

I agree to abide by the policies and procedures of Bethell Hospice.

Release of Information

I give consent for my personal and medical information to be shared with Bethell Hospice Residential Program and with Bethell Hospice community services. For the purposes of ensuring continuity of care, I authorize Bethell House/Hospice to receive and to share my personal and medical information and current status with all medical consults and community care providers. This consent includes all information that is required while I am a resident at Bethell House OR while waiting for admission to Bethell House. I understand that if at any time in the future I no longer wish my personal or medical information to be shared with others, then I must notify Bethell Hospice in writing of my request.

I also consent to Bethell Hospice advising Bethell Hospice Foundation of my admission to Bethell Hospice and to providing the name of and contact information for my SDM and/or POA PC and my date of death when it occurs, to the Bethell Hospice Foundation.

Bethell Hospice keeps a record for each resident served in the resident care program. The resident record may consist of electronic documents kept on a secured Bethell Hospice shared network drive and a paper file stored on the premises.

The resident and/or the substitute decision maker (SDM)/power of attorney (POA) has the right to access the medical record. The medical record is reviewed with the appropriate Manager or the Medical Director to address concerns and questions as required.

Fee for Service

The services of the residential program are provided at no cost to me thanks to the generosity of donors and community partners, and government funding.

I understand that if I wish to employ services over and above what Bethell Hospice offers I will be responsible for their costs. I am responsible for any medication costs not covered by the Ontario Drug Benefit Plan.

Financial donations, in-memoriam donations and bequests are gratefully accepted. To discuss donation opportunities, please contact the Bethell Hospice Foundation office.

Waiver

I understand and accept the conditions noted above. I agree to release and indemnify Bethell Hospice, or any directors, officers, volunteers, agents and employees from all claims and liability for any of the following:

- Personal injury, illness, incapacity, or death that occurs; or
- The loss of money, valuables and personal effects unless held in safe keeping by the Hospice;
- Loss of property or damage (unless intentionally committed);
- Any care provided to me other than by the employees and agents of the Hospice.

I agree to release Bethell Hospice along with its directors, officers, volunteers, agents and employees of all actions, claims or demands of any nature or kind arising out of or in any way connected with the provision of service by Bethell Hospice except if claims arise from intentional or deliberately harmful or criminal actions.

Signatures

I agree to all provisions of this agreement and understand their meaning. I have read and voluntarily agree to execute this Agreement.

Print Client Name: _____ Date: _____

Signature Client / POA OR SDM

Signature Witness

Signature POA OR SDM

Signature Witness

Print Name POA or SDM

Print Name Witness

Print Name POA or SDM

Print Name Witness

Bethell Hospice Foundation collects all donations made to the Hospice and we wish to be able to notify family members of the names and addresses of friends and family who have made donations in honour of special people in their lives. We also arrange a few fundraising events to help raise awareness, to raise funds, and most importantly, to provide an environment to assist in the family's healing process. To assist us with this, please provide information below so that we may continue to do this.

Secondary Contact Information (Family Social Coordinator)

Many times there is an additional person who would like to be notified of gifts/donations and/or who would be the family coordinator to help us involve the family in raising awareness of the benefits of Hospice care, and the needs of Hospice, and to perhaps encourage their family members to take part in our fundraising events – such as Hike and Holiday Appeal. We would never want you to feel overwhelmed or obligated but we would like an opportunity to help you know the different ways that you can join with us and help to continue to support others during this stage of life.

Full Name (s): _____

Relationship: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Provincial government funding provides only 60% of the annual costs to operate Bethell Hospice. Bethell Hospice Foundation must raise the remaining 40% each year, to keep the doors of Bethell Hospice open, and ensure that all residents and community programs and services are provided at no costs to residents, program participants or their families. For the current fiscal year, Bethell Hospice Foundation's fundraising goal is almost \$1 Million. You can help in a variety of ways to make this possible.

Thank you – your support will help to ensure the future of Bethell Hospice.

Visit: www.bethellhospice.org.