

Hospice Residence Care Admission Agreement

I, _____, have accepted an admission to Hospice Care Ottawa Residence Care. This program is for people who require full time care in their last weeks to days of life.

- I understand that the goals and interventions employed by the hospice are aimed at managing symptoms related to my life limiting illness and not at curing my illness. Hospice Care Ottawa's mission is to improve quality of life and seeks neither to hasten nor postpone death.
- "I understand that while Hospice Care Ottawa (HCO) does not consider Medical Assistance in Dying (MAiD) as part of our philosophy of care, HCO does permit the provision of MAiD by outside healthcare providers (Physician or Nurse Practitioner) within its premises. Any provision of MAiD will not be carried out by Hospice staff. I understand that residents are not admitted to hospice for the sole purpose of having MAiD. However hospice staff will assist a resident to access information on MAiD if requested and make a referral to external resources as appropriate."
- I understand that I am required to have a signed Do Not Resuscitate Order (DNR) in place. I do have the right to revoke my DNR at any time, but this will result in my discharge and transfer to an alternate place of care.
- I understand that I have the right to participate in developing my plan of care, and if I wish, to include my family/loved ones. I also understand that I have the responsibility to provide accurate information, which may be useful to Hospice Care Ottawa in delivering appropriate care. I understand that I may voice my concerns regarding care and/or other services provided at Hospice Care Ottawa, either in writing or verbally to the Hospice Management or Executive Director without fear of reprisal.
- I understand that I have the right to withdraw from Hospice Care Ottawa's Residence Care at any time. This will result in a discharge and transfer to an alternate place of care.
- I understand that medical care will be provided by either my primary physician and/or physician recommended by Hospice Care Ottawa. Hospice Care Ottawa's Medical Director may also be asked for consultation at any



time.

- I authorize Hospice Care Ottawa to request information from my physician(s), other health or social agencies, or individuals providing medical or social services to me.
- I understand that it is my responsibility to appoint Powers of Attorney to handle my medical and legal affairs, if I so choose. If I don't have a Power of Attorney for Personal Care, my decision-maker, Substitute Decision Maker (SDM), will be determined as per the Health Care Consent Act 1996 (Ontario)
- I understand that smoking of any substance is not permitted on any of Hospice Care Ottawa or May Court Club properties.
- I understand that I am permitted to use alcohol and/or recreational cannabis provided my physician approves. Use of alcohol and/or recreational cannabis is not permitted by visitors. Alcohol is permitted for social events only on approval by the Executive Director.
- I understand that Hospice Care Ottawa will not be responsible for lost or missing money or valuables.
- I understand that pets (dogs or cats) are permitted to visit as long as they are accompanied and on a leash or in a carrier, but not permitted overnight, as per Hospice Care Ottawa Pet Visitation Policy.
- I understand that Hospice Care Ottawa is a scent-free environment so use of perfume and other scents is not permitted.
- I understand that Hospice Care Ottawa has the right to maintain a safe environment and my failure to comply with its policies may result in my discharge and transfer to an alternate place of care.
- I am aware that my care needs will be reviewed at regular intervals and documented in my care plan. If my condition improves or stabilizes to the point where Hospice Care Ottawa Residence is no longer the most appropriate place for my care delivery, a comprehensive review of my situation will take place by the multi-disciplinary team, myself and my family member(s)/SDM. Hospice Care Ottawa reserves the right to discharge or transfer me to an appropriate care site if they determine I no longer require end of life care. Hospice Care Ottawa agrees that they will



work with me and my family member(s)/SDM to find an appropriate and safe place for transfer should I be discharged.

- I understand that Hospice Care Ottawa is a non-profit, charitable organization that relies on fundraising to operate. Services are provided free of charge and clients and families are not required to pay. However donations are welcome and help ensure services for those needing care in the future.

Privacy and Confidentiality

- I understand that Hospice Care Ottawa staff and volunteers who will have access to my personal information have agreed in writing to protect the privacy of this information. And that:
- Hospice Care Ottawa will use appropriate safeguards to store my confidential and sensitive information it collects
- Hospice Care Ottawa will not use or share personal information collected by its staff and volunteers for any purposes than those listed above without my prior consent.
- I may review any information I have given to Hospice Care Ottawa for the purposes identified above and my make any additions or revisions to this information by contacting my Care Team.
- I understand that I or my caregiver may be asked for feedback on my level of satisfaction with care and that this information is confidential and used to improve Hospice Care Ottawa services.

Consent for Volunteer Services

- I have been made aware that volunteers are part of the care team in the provision of hospice services. I understand that volunteers are screened and trained to provide emotional, and physical assistance but cannot provide medical care.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Patient	OR	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Power of Attorney/SDM
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Witness		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date