



E Komo Mai,

Thank you for choosing East Hawaii Health Cancer Center at Hilo Medical Center.

We are honored that you have entrusted us with your care. Our center is committed to creating a safe, organized, and healing environment; where we are able to provide you with quality care and compassion.

We recognize this is a stressful time and we are here to help you and your family every step of the way. Our doctors, nurses and the rest of our staff are dedicated to helping you with the most effective treatment in a caring and compassionate manner. Your health care team will partner with you to develop your individual treatment plan.

We encourage you to come prepared with a list of questions and concerns for our health care team. In this journal, you will also find contact information for your Patient Navigator who will be able to answer your questions and make your appointments as stress-free as possible.

**Your Appointment Time:**

- New consultation appointments: Please arrive at least 1 hour prior to your appointment to allow plenty of time to park, locate your clinic and complete paperwork.
- Follow up appointments: Please arrive at least 15 minutes prior to your appointment time.

**Canceling or Rescheduling your Appointment:**

If you need to cancel or change your appointment, please call us as soon as possible, at least 24 hours in advance. Our phone number is (808) 932-3590.

If we can ever be of any assistance, please let us know.



## Questions to ask your physician

What are the benefits of chemotherapy?

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What are the risks of chemotherapy?

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Are there other ways to treat my type of cancer?

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Are there any clinical trials for my type of cancer?

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How long will each treatment last?

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Should someone drive me to and from my treatments?

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What side effects can I expect and how serious are they?

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How long will the side effects last?

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Will the side effects go away after my treatment is over?

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When should I call my doctor or nurse about the side effects?

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Other questions?

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# 2022 Calendar

## January

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

## February

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	1	2	3	4	5

## March

Su	Mo	Tu	We	Th	Fr	Sa
27	28	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

## April

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## May

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

## June

Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

## July

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

## August

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

## September

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

## October

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

## November

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

## December

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

### Holidays and common observances

1 Jan.	New Year's Day
17 Jan.	Birthday of Martin Luther King, Jr.
21 Feb.	Washington's Birthday (Presidents' Day)
17 Apr.	Easter
30 May	Memorial Day
4 July	Independence Day

5 Sept.	Labor Day
10 Oct.	Columbus Day
11 Nov.	Veterans Day
24 Nov.	Thanksgiving Day
25 Dec.	Christmas

Years 2022 and 2023  
Holidays to be observed by the  
HAWAII STATE GOVERNMENT

[www.dhrd.hawaii.gov](http://www.dhrd.hawaii.gov)

Website where State Holiday Schedule posted

## Year 2022 HAWAII STATE HOLIDAYS

<u>(Hawaii Rev. Statutes, Sec. 8-1)</u>	<u>Day Observed in 2022</u>	<u>Official Date Designated in Statute/Constitution</u>
New Year's Day.....	Dec. 31 Friday .....	The first day in January
Dr. Martin Luther King, Jr. Day.....	Jan. 17 Monday.....	The third Monday in January
Presidents' Day.....	Feb. 21 Monday.....	The third Monday in February
Prince Jonah Kuhio Kalaniana'ole Day.....	Mar. 25 Friday .....	The twenty-sixth day in March
Good Friday.....	April 15 Friday.....	The Friday preceding Easter Sunday
Memorial Day.....	May 30 Monday.....	The last Monday in May
King Kamehameha I Day.....	June 10 Friday .....	The eleventh day in June
Independence Day.....	July 4 Monday.....	The fourth day in July
Statehood Day.....	Aug. 19 Friday.....	The third Friday in August
Labor Day.....	Sept. 5 Monday.....	The first Monday in September
General Election Day .....	Nov. 8 Tuesday.....	The first Tuesday in Nov. following the first Monday of even numbered years. ( <i>Hawaii State Constitution, Article 2 – Section</i> )
Veterans' Day.....	Nov. 11 Friday .....	The eleventh day in November
Thanksgiving.....	Nov. 24 Thursday.....	The fourth Thursday in November
Christmas.....	Dec. 26 Monday .....	The twenty-fifth day in December

## Year 2023 HAWAII STATE HOLIDAYS

<u>(Hawaii Rev. Statutes, Sec. 8-1)</u>	<u>Day Observed in 2023</u>	<u>Official Date Designated in Statute/Constitution</u>
New Year's Day.....	Jan. 02 Monday.....	The first day in January
Dr. Martin Luther King, Jr. Day.....	Jan. 16 Monday.....	The third Monday in January
Presidents' Day.....	Feb. 20 Monday.....	The third Monday in February
Prince Jonah Kuhio Kalaniana'ole Day.....	Mar. 27 Monday .....	The twenty-sixth day in March
Good Friday.....	April 7 Friday.....	The Friday preceding Easter Sunday
Memorial Day.....	May 29 Monday.....	The last Monday in May
King Kamehameha I Day.....	June 12 Monday.....	The eleventh day in June
Independence Day.....	July 4 Tuesday.....	The fourth day in July
Statehood Day.....	Aug. 18 Friday.....	The third Friday in August
Labor Day.....	Sept. 4 Monday.....	The first Monday in September
Veterans' Day.....	Nov. 10 Friday .....	The eleventh day in November
Thanksgiving.....	Nov. 23 Thursday.....	The fourth Thursday in November
Christmas.....	Dec. 25 Monday .....	The twenty-fifth day in December

**FOOTNOTES:** For use solely by State government agencies. Federal government and local banking holidays may differ. For State agencies that operate on other than Monday-Friday 7:45 AM to 4:30 PM schedules, also refer to appropriate collective bargaining agreements. Created by the Department of Human Resources Development 7/19/2021 subject to change.

# January 2022

February 2022

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
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23	24	25	26	27	28	29
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# February 2022

March 2022

Su	Mo	Tu	We	Th	Fr	Sa
27	28	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	1	2	3	4	5

# March 2022

April 2022

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2



April 2022

May 2022

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

# May 2022

June 2022

Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

# June 2022

July 2022

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

# July 2022

August 2022

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

# August 2022

September 2022

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

# September 2022

October 2022

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

# October 2022

November 2022

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

# November 2022

December 2022

Sa	Fr	Th	We	Tu	Mo	Su
3	2	1	30	29	28	27
10	9	8	7	6	5	4
17	16	15	14	13	12	11
24	23	22	21	20	19	18
31	30	29	28	27	26	25

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3



# December 2022

January 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

# January 2023

February 2023

Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	1	2	3	4

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

# February 2023

March 2023

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	1	2	3	4

# March 2023

April 2023

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

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# April 2023

May 2023

Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

# May 2023

June 2023

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

# June 2023

July 2023

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

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# July 2023

August 2023

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25	26	27	28	29	30	1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5



# August 2023

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

## October 2023

Sa	Fr	Th	We	Tu	Mo	Su
7	6	5	4	3	2	1
14	13	12	11	10	9	8
21	20	19	18	17	16	15
28	27	26	25	24	23	22
4	3	2	1	31	30	29

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

# October 2023

November 2023

Sa	Fr	Th	We	Tu	Mo	Su
4	3	2	1	31	30	29
11	10	9	8	7	6	5
18	17	16	15	14	13	12
25	24	23	22	21	20	19
2	1	30	29	28	27	26

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

# November 2023

December 2023

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

# December 2023

January 2024

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	1	2
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17	18	19	20	21	22	23
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Your Cancer Center Support Team				
Facility	Specialty	Services	Providers	Contact Information
East Hawaii Health	Cancer Center	Medical Oncology Services Chemotherapy/ Infusion Radiation Oncology Services Survivorship Program Patient Navigation Genetic Counseling Nutrition Support Physical Therapy	Katarina Leckova, MD - Medical Oncologist Kevin Wilcox, MD - Radiation Oncologist Linda Gerner, MD - Radiation Oncologist Noemi Arzaga, DNP- Medical Oncology Kimberly Cote, APRN - Medical Oncology Mie Fowler, APRN - Genetic Counseling Michelle Liu-Duerr -Patient Navigator Karl Sloss - Nutritionist	1285 Waianuenue Avenue Hilo, Hawaii 96720 P: (808) 932-3590 F: (808) 974-6864 Hours of Operation: M-F, 7:30AM-4:00PM
	General Surgery	Surgical Services	Victor Bochkarev, MD Daniel Hudak, MD Andrew Lind, MD Joshua Pierce, MD	134 Pu`uhonu Way, 1st floor Hilo, Hawaii 96720 P: (808) 932-4225 F: (808) 935-0904
	Behavioral Health	Psychiatric Support	Ann Cox, APRN	16-523 Keaau-Pahoa Road P: (808) 932-4099 F: (808) 966-4079
Hilo Medical Center	Imaging Department	Diagnostic Imaging Services CT Diagnostic X-Ray/ Fluoroscopy MRI Nuclear Medicine Ultrasound		1190 Waianuenue Ave. Hilo, Hawaii 96720 P: (808) 932-3800 F: (808) 935-1889
	Clinical Labs of Hawaii at Hilo Medical Center	Laboratory Services		1190 Waianuenue Ave. Hilo, Hawaii 96720 P: (808) 932-3500 F: (808) 935-4916
Hawai`i Care Choices	Hawai`i Care Choices	Palliative Care Hospice Care Bereavement Care		1011 Waianuenue Avenue Hilo, Hawaii 96720 P: (808) 969-1733 F: (808) 961-7397

## OTHER EAST HAWAII HEALTH CLINIC SERVICES

East Hawaii Health Clinic	East Hawaii Health Clinic at 1190	Primary Care		1190 Waianuenue Avenue P: (808) 932-3730
	East Hawaii Health Clinic at 1285	Primary Care		1285 Waianuenue Avenue P: (808) 932-3940
	Puna Community Medical Center	Primary Care		15-2662 Pahoa Village Road P: (808) 930-6001
	Ka`u Hospital Clinic	Primary Care		1 Kamani Street P: (808) 932-4200
	East Hawaii Health Keaau	Primary Care		16-523 Keaau-Pahoa Road P: (808) 932-3830
	East Hawaii Health Clinic - Cardiology	Cardiology Services		1190 Waianuenue Avenue P: (808) 932-3730
	East Hawaii Health Clinic - ENT (Otolaryngology)	ENT (Otolaryngology) Services		1285 Waianuenue Avenue P: (808) 932-3940
	East Hawaii Health Clinic - Gastroenterology	Gastroenterology Services		1190 Waianuenue Avenue P: (808) 932-3730
	East Hawaii Health Clinic - Neurology	Neurology Services		1190 Waianuenue Avenue P: (808) 932-3730
	East Hawaii Health Clinic - Orthopedics	Orthopedics Services		1190 Waianuenue Avenue, 2nd Floor P: (808) 932-4235
	East Hawaii Health Clinic - Urology	Urology Services		1285 Waianuenue Avenue P: (808) 932-3940
	East Hawaii Health Clinic - Vascular Surgery	Vascular Surgery Services		73 Pu`uhonu Place, Suite 100 P: (808) 932-4240

# HAWAI'I CARE CHOICES

## REMINDER NOTICE FOR YOUR KUPU CARE

### Follow-Up Appointment

Aloha, \_\_\_\_\_,

Welcome to our Kupu Care Program! While you were in the hospital, you were visited by \_\_\_\_\_ from Hawaii Care Choices for a consultation.

Based on your diagnosis, your insurance will cover your participation in this program. The goal of the Kupu Care program is to support you through your treatment. We visit your home monthly to help you to manage symptoms of your diagnosis and treatment, and answer your medical questions. As a patient on this program, you will receive the following services:

- Monthly home visits from our Registered Nurse & Kupu Care APRN Specialist.
- A personalized Plan of Care, designed with your goals and/wishes in mind.
- Help with managing and understanding your medications that are prescribed by your Primary Care Physician, Dr. \_\_\_\_\_
- Help with managing pain and symptoms of your diagnosis & treatment.
- Nutrition Education.
- Help with additional community resources from our licensed social worker.
- A call-line for your medical questions & concerns.
- If needed, our registered nurse will go to your doctor appointments with you to inform the doctor of your progress and provide extra support for you.
- Visits & support from our team if you are re-admitted into the hospital.

**Appointment Time for 1st visit from our Kupu Care APRN Specialist, Haylee Chung,**  
on: \_\_\_\_\_ to finish

**Date Day Time**  
**your enrollment in our Hawaii Care Choices Kupu Care Program.**



Julia Lindbergh,  
Registered Nurse



Valerie Sullivan,  
Community Liaison



Haylee Chung,  
Kupu Care APRN Specialist



Jason Buckley,  
Registered Nurse



Kimberly Mora,  
Kupu Care APRN Specialist



# HAWAI'I CARE CHOICES

## REMINDER NOTICE FOR YOUR KUPU CARE

### *Follow-Up Appointment*

If you leave the hospital without having your 1st visit appointment confirmed, you will be contacted by Erica, our Kupu Care Coordinator.

Your first home visit will be by our Kupu Care APRN Specialist, Haylee Chung, who will complete your admission into our Kupu Care Program. She will learn what is important to you and incorporate that into your care plan and treatment. In addition, our registered nurse, Jason Buckley and our licensed social worker, Anne Anderson, will work alongside you and your loved ones to assist in coordinating your doctor's appointments, provide important education about your illness, nutrition and more. We encourage important family members and caregivers to also be present for this appointment.

If you return home from the hospital and miss Erica's call, please contact her at: (808) 969-1733 to confirm your admissions appointment.

Mahalo for trusting in our care and allowing us the honor of serving you!

### *With Aloha,*

Your Kupu Care Team



Erica Curtis,  
Kupu Care  
Coordinator



Anne Anderson,  
Social Worker



When patient care needs are too complicated and require a higher level of support that cannot be provided at home, or in other settings – transitional, short-term care at our **Pōhai Mālama a Harry and Jeanette Weinberg Care Center** may be an option.

"I didn't know what Congestive Heart Failure was, just that it was hard to breathe. I saw a flyer about Hawai'i Care Choices in my doctor's office and called. The nurse visited me at home, taught me about my illness and how I could feel better. Now I can play with my grandson again." – Patient



1011 Waiānue Ave., Hilo, HI 96720  
Phone: (808) 969-1733  
Fax: (808) 961-7397  
[www.hawaiicarechoices.org](http://www.hawaiicarechoices.org)

## Philosophy of Care

We...provide exceptional care and solution-based choices that align with patient values.

We...give support with patient and family focus.

We...are dedicated to the belief that quality of life matters.



Hawai'i Care Choices offers care support to all patients with a serious or life-limiting illness and their families without regard to diagnosis, gender, sexual orientation, national origin, race, creed, disability, age, place of residence or ability to pay.



#WeMakeHouseCalls

MORE SERVICES...

## More Solutions

Palliative  | Hospice  | Bereavement 





*"Hawaii's Care Choices - a Continuum of Exceptional Care for patients and families."*

## Palliative CARE

Support that can begin at diagnosis and can continue alongside treatment.

**For:** Serious illness.  
**Time:** Months to years.  
**Where:** Provided in-home and accessible locations.  
**Why:** Desiring support while still seeking curative care to impact disease outcomes.

## Hospice CARE

Support that can begin when a cure is beyond reach.

**For:** Life-limiting illness.  
**Time:** 6 months or less (enroll earlier to boost quality of life).  
**Where:** Wherever you call home.  
**Why:** Desiring support while focusing on quality of life and comfort measures.

## Bereavement CARE

Support given for those in the grieving process, offered free to all.

**For:** Those who have lost a loved one, expectedly or unexpectedly.  
**Where:** Provided in-home and accessible locations.  
**Why:** Loss is very hard. It helps to talk to someone who understands and can show paths for healing.

### KUPU CARE:

Community Palliative Care Program

### KUPU CARE EXCHANGE:

A transitional program to stabilize seriously ill patients with a Care Team approach

### SUPPORTIVE CARE:

Benefit for HMSA patients

### CONCURRENT CARE:

Benefit for UHA patients



### HOME CARE:

Alleviating pain and discomfort at any apartment, house, structure or facility a patient resides.

### INPATIENT CARE:

Short-term, transitional care for complex needs at Pōhai Mālama Care Center or with Crisis Team.



### PATIENT & FAMILY CARE:

Grief Services

### COMMUNITY CARE:

Adult, Child & Teen Grief Support Workshops, Camps and Retreats



Every person's path through illness is unique. Whether a person wishes to continue with their treatment plan, find relief from symptoms and side effects, or just be as comfortable as possible - *we want to be there with you, to help you understand your options so you can choose what support is right for you.*





## Hō'olu'olu

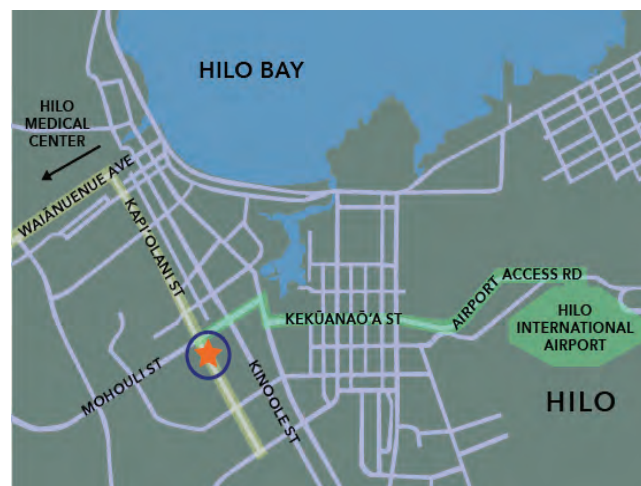
(COMFORT)

At Pōhai Mālama, our goal is to provide care for the mind, body and spirit of every patient to achieve peace and comfort. Trained social workers and spiritual counselors offer guidance and support to help each patient and their families navigate through what is often a very difficult time.

## 'Ōkuhi

(DIRECTIONS)

- **From Hilo International Airport to Pōhai Mālama Care Center: 10 minute drive.** Depart Airport Access Road and continue straight ahead through the lighted intersection. You will be on Kekūanaʻō'a Street. Travel about 2 miles where this street meets Kīlauea Ave and turn right. Take first left on to Mohouli Street. Drive through next intersection of Kinoole Street. Proceed ahead to Kapi'olani Street and turn left. Pōhai Mālama Care Center (590 Kapi'olani Street) will be on the right.
- **From Hilo Medical Center, 1190 Waiānuenue Ave to Pōhai Mālama Care Center: 15 minute drive.** When departing the hospital turn left towards Hilo town. Travel on Waiānuenue Ave for 2 miles until you see Kapi'olani Street on the right. Turn right on to Kapi'olani Street and travel about a mile and 1/2 until you reach the Pōhai Mālama Care Center on the right, 590 Kapi'olani Street.



**Pōhai Mālama Care Center** : 590 Kapi'olani Street  
808-969-1733 • [www.hawaiicarechoices.org](http://www.hawaiicarechoices.org)



Experience the Extraordinary  
*Pōhai Mālama*



IN THE HEART OF *Hilo*





## Welina mai

(WELCOME)

Welcome to Hawai'i Care Choices' Pōhai Mālama a Harry and Jeanette Weinberg Care Center – a place of encircling comfort. The very best transitional hospice care facility in the state, Pōhai Mālama offers luxury surroundings fit for royalty. Bringing comfort to the patient and support for the family by expertly managing and stabilizing the patients' severe symptoms that cannot be cared for at home - is our goal.



## Aloha

(LOVE & COMPASSION)

This state-of-the-art-facility offers a warm home-like setting with trained, compassionate, around-the-clock professional staff.

Twelve beautifully appointed private air conditioned suites, with ceiling fan, private restroom, phone, Wi-Fi, television, and an exclusive lanai that await each patient and their families. An in-room couch and adjustable pull out chair serve as beds for family members who wish to remain with loved ones overnight.



## Ho'okipa

(HOSPITALITY)

It is our desire to create a warm setting with many comforts of home. Patients and families are encouraged to bring small pictures or sentimental items that make each room feel familiar.

Each suite has its own private lanai where the patient and their family/visitors are welcome to utilize that area. The patient bed may be brought out for bed-bound patients. Other amenities offered are a Family and Keiki room, and on-site laundry.



# **PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) - HAWAII**



**FIRST follow these orders. THEN contact the patient's provider.** This Provider Order form is based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Patient's Last Name

First/Middle Name

Date of Birth

Date Form Prepared

**A**

Check One

**CARDIOPULMONARY RESUSCITATION (CPR): \*\* Person has no pulse and is not breathing \*\***
☐ **Attempt Resuscitation/CPR**
☐ **Do Not Attempt Resuscitation/DNAR (Allow Natural Death)**

(Section B: Full Treatment required)

If the patient has a pulse, then follow orders in **B** and **C**.
**B**

Check One

**MEDICAL INTERVENTIONS:**
**\*\* Person has pulse and/or is breathing \*\***
☐ **Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Transfer if comfort needs cannot be met in current location.**
☐ **Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use less invasive airway support (e.g. continuous or bi-level positive airway pressure). **Transfer** to hospital if indicated. Avoid intensive care.

☐ **Full Treatment** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**

Additional Orders: \_\_\_\_\_

**C**

Check One

**ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and liquid by mouth if feasible and desired.**

(See Directions on next page for information on nutrition &amp; hydration)

☐ No artificial nutrition by tube.

☐ Defined trial period of artificial nutrition by tube.

☐ Long-term artificial nutrition by tube.

Goal: \_\_\_\_\_

Additional Orders: \_\_\_\_\_

**D**

Check One

**SIGNATURES AND SUMMARY OF MEDICAL CONDITION - Discussed with:**
☐ Patient or ☐ Legally Authorized Representative (LAR). If LAR is checked, you **must** check one of the boxes below:

☐ Guardian

☐ Agent designated in Power of Attorney for Healthcare

☐ Patient-designated surrogate

☐ Surrogate selected by consensus of interested persons (Sign section E)

☐ Parent of a Minor

**Signature of Provider (Physician/APRN licensed in the state of Hawai'i.)**

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Provider Name

Provider Phone Number

Date

Provider Signature (required)

Provider License #

**Signature of Patient or Legally Authorized Representative**

My signature below indicates that these orders/resuscitative measures are consistent with my wishes or (if signed by LAR) the known wishes and/or in the best interests of the patient who is the subject of this form.

Signature (required)

Name (print)

Relationship (write 'self' if patient)

Summary of Medical Condition

Official Use Only

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**

Patient Name (last, first, middle)

Date of Birth

Gender

**M F****Patient's Preferred Emergency Contact or Legally Authorized Representative**

Name	Address	Phone Number	
Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Form Prepared

**E****SURROGATE SELECTED BY CONSENSUS OF INTERESTED PERSONS****(Legally Authorized Representative as outlined in section D)**

I make this declaration under the penalty of false swearing to establish my authority to act as the legally authorized representative for the patient named on this form. The patient has been determined by the primary physician to lack decisional capacity and no health care agent or court appointed guardian or patient-designated surrogate has been appointed or the agent or guardian or designated surrogate is not reasonably available. The primary physician or the physician's designee has made reasonable efforts to locate as many interested persons as practicable and has informed such persons of the patient's lack of capacity and that a surrogate decision-maker should be selected for the patient. As a result I have been selected to act as the patient's surrogate decision-maker in accordance with Hawai'i Revised Statutes §327E-5. I have read section C below and understand the limitations regarding decisions to withhold or to withdraw artificial hydration and nutrition.

Signature (required)	Name	Relationship
----------------------	------	--------------

**DIRECTIONS FOR HEALTH CARE PROFESSIONAL****Completing POLST**

- Must be completed by health care professional based on patient preferences and medical indications.
- POLST must be signed by a Physician or Advanced Practice Registered Nurse (APRN) licensed in the state of Hawai'i and the patient or the patient's legally authorized representative to be valid. Verbal orders by providers are not acceptable.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.

**Using POLST**

- Any incomplete section of POLST implies full treatment for that section.

**Section A:**

- No defibrillator (including automated external defibrillators) should be used on a person who has chosen "Do Not Attempt Resuscitation."

**Section B:**

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."
- A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."

**Section C:**

- A patient or a legally authorized representative may make decisions regarding artificial nutrition or hydration. However, a surrogate who has not been designated by the patient (surrogate selected by consensus of interested persons) may only make a decision to withhold or withdraw artificial nutrition and hydration when the primary physician and a second independent physician certify in the patient's medical records that the provision or continuation of artificial nutrition or hydration is merely prolonging the act of dying and the patient is highly unlikely to have any neurological response in the future. HRS §327E-5.

**Reviewing POLST**

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

**Modifying and Voiding POLST**

- A person with capacity or, if lacking capacity the legally authorized representative, can request a different treatment plan and may revoke the POLST at any time and in any manner that communicates an intention as to this change.
- To void or modify a POLST form, draw a line through Sections A through E and write "VOID" in large letters on the original and all copies. Sign and date this line. Complete a new POLST form indicating the modifications.
- The patient's provider may medically evaluate the patient and recommend new orders based on the patient's current health status and goals of care.

**Kōkua Mau - A Movement to Improve Care**

Kōkua Mau is the lead agency for implementation of POLST in Hawai'i. Visit [www.kokuamau.org/polst](http://www.kokuamau.org/polst) to download a copy or find more POLST information. This form has been adopted by the Department of Health July 2014  
Kōkua Mau • PO Box 62155 • Honolulu HI 96839 • [info@kokuamau.org](mailto:info@kokuamau.org) • [www.kokuamau.org](http://www.kokuamau.org)

**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**



# HAWAI‘I ADVANCE HEALTH CARE DIRECTIVE

My name is:

Last

First

Middle initial

Date of Birth

Date

## PART 1: HEALTH CARE POWER OF ATTORNEY – DESIGNATION OF AGENT:

I designate the following individual as my agent to make health care decisions for me:

Name and relationship of individual designated as health care agent

Street Address City State Zip

Home Phone Cell Phone E-mail

If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make decisions for me, I designate the following individual as my alternate agent:

Name and relationship of individual designated as health care agent

Street Address City State Zip

Home Phone Cell Phone E-mail

## AGENT'S AUTHORITY AND OBLIGATION:

My healthcare agent should make decisions as I have instructed in Part 2 of this form or as I may otherwise provide orally or in writing. If there are decisions for which I have not provided instructions, I want my agent to make such decisions as I would have chosen to do, basing them on my values, goals, and preferences rather than those of my agent. If a guardian of my person needs to be appointed for me by a court, I nominate my agent.

## WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE:

My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box.

- ☐ If I mark this box, my agent's authority to make health care decisions for me takes effect immediately. However, I always retain the right to make my own decisions about my health care. I can revoke this authority at any time as long as I have mental capacity.

## PART 2: INDIVIDUAL INSTRUCTIONS (You may modify or strike through anything with which you do not agree. Initial and date any modifications.)

### A. END OF LIFE DECISIONS

- If I have an incurable and irreversible condition that will result in my death within a relatively short time, OR
- If I have lost the ability to communicate my wishes regarding my health care and it is unlikely that I will ever recover that ability, OR
- If the likely risks and burdens of treatment would outweigh the expected benefits.

**THEN** I direct that my health-care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: Check only one of the following boxes. You may also initial your selection.

☐ I want to stop or withhold medical treatment that would prolong my life.

**OR**

☐ I want medical treatment that would prolong my life as long as possible within the limits of generally accepted health care standards.



**YOUR NAME:**

Print Your Full Name

Date of Birth

Date

**PART 2: INDIVIDUAL INSTRUCTIONS (CONTINUED)** (You may modify or strike through anything with which you do not agree. Initial and date any modifications.)

**B. ARTIFICIAL NUTRITION AND HYDRATION - FOOD AND FLUIDS:**

Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in the preceding paragraph A unless I mark the following box.

☐ If I mark this box, artificial nutrition and hydration must be provided under all circumstances as long as it is within the limits of generally accepted healthcare standards.

**C. RELIEF FROM PAIN:**

☐ If I mark this box, I choose treatment to alleviate pain or discomfort even if it might hasten my death.

**D. OTHER**

☐ If I mark this box, the additional instructions or information I have attached are to be incorporated into my care. (Sign and date each added page and attach to this form.)

**E. WHAT IS IMPORTANT TO ME:** (Optional. Add additional sheets if needed.) The things that I value and that make life worth living to me are: (examples: gardening, walking my pet, shopping, participating in family gatherings, attending church or temple):

☐ I have attached \_\_\_\_\_ additional sheet/s

My thoughts about when I would not want my life prolonged by medical treatment (examples include: If I no longer have the mental capacity to make my own decisions, if I have lost all ability to communicate, if I can no longer safely swallow, etc):

☐ I have attached \_\_\_\_\_ additional sheet/s

**YOUR NAME:** (Please sign in front of witnesses or notary public)

Print Your Full Name                      Your Signature                      Date of Birth                      Date

**WITNESSES: CHOOSE EITHER OPTION 1 OR 2, NOT BOTH.**

**Important: Witnesses** cannot be your health care agent, a health care provider or an employee of a health care facility. One witness cannot be a relative or have inheritance rights.

**OPTION 1: WITNESSES**

I (Witness 1) declare that the person completing this advance health care directive is personally known to me, that she/he signed or acknowledged this power of attorney in my presence and appears to be of sound mind and under no undue influence. I am not related by blood, marriage, or adoption, and to the best of my knowledge I am not entitled to any part of her/his estate. I am not the person appointed as agent by this document, and I am not a health-care provider, nor an employee of a health-care provider or facility.

Witness #1 Print Name                      Witness Signature                      Date

Street Address                      City                      State      Zip

I (Witness 2) declare that the person completing this advance health care directive is personally known to me, that she/he signed or acknowledged this power of attorney in my presence and appears to be of sound mind and under no undue influence. I am not the person appointed as agent by this document, and I am not a health-care provider, nor an employee of a health-care provider or facility.

Witness #2 Print Name                      Witness Signature                      Date

Street Address                      City                      State      Zip

**OPTION 2: NOTARY PUBLIC**

State of Hawai'i,                      } ss.  
(City and) County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, \_\_\_\_\_, (insert name of notary public) appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this \_\_\_\_ -page Hawai'i Advance Health Care Directive dated on \_\_\_\_\_, in the \_\_\_\_\_ Judicial Circuit of the State of Hawai'i, and acknowledged that he/she executed the same as his/her free act and deed.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

**A copy has the same effect as the original.**  
[www.kokuamau.org/resources/advance-directives](http://www.kokuamau.org/resources/advance-directives)  
Developed by the Executive Office on Aging and  
Kōkua Mau - A Movement to Improve Care

December 2015

Place Notary Seal or Stamp Above

*Share and discuss your Advance Health Care Directive with your doctor, loved ones and agent*

- This page is left intentionally blank -

## CHECKLIST:

- **Talk with your spouse, partner, adult children, family, friends, spiritual advisors, and doctors** about what would be important to you.
- **Ask someone you trust and can count on to be your health care agent.** Discuss your wishes with this person. Select an alternate health care agent in case your agent is unable to serve.
- **Complete the enclosed optional Advance Directive.** You can add more pages if needed to outline your wishes.
- **Have two qualified witnesses or a notary public** witness your signature.
- **Inform family, friends, and doctors that you have an Advance Directive** and that you expect them to honor your wishes. Keep them informed about your current wishes.
- **Give copies of the Advance Directive** to your health care agent, health care providers, family, close friends, spiritual advisors, and any other individuals who might be involved in your care.
- **Place copies in your medical files.**
- **Keep a copy in any easy to find place in your home.** (Not in a safe deposit box!!) You could leave a note on the refrigerator to tell people where your important documents are so they can be found when they are needed.
- You may designate **“Advance Directive” on your driver’s license or state identification card** to indicate that you have completed an Advance Directive and wish it to be honored. Hawai‘i drivers’ license stations do not file Advanced Directives.
- **Review your Advance Directive regularly.** In case you make changes, inform people, create a new document, and replace the old one.
- **Learn about POLST:** Do you need POLST (Provider Orders for Life Sustaining Treatment) in addition to an Advance Directive? Talk with your doctor or advanced practice registered nurse (APRN) about POLST and visit [www.kokuamau.org/polst](http://www.kokuamau.org/polst) for more information for you and for your provider as well as the POLST form.

This brochure provides general information and does not constitute legal advice and may not apply to your individual situation.

Developed by Kōkua Mau and the Executive Office on Aging, State of Hawai‘i. Checklist originally developed by UH Elder Law Program. *Revised: January 2016*

# YOUR ADVANCE DIRECTIVE FOR FUTURE HEALTH CARE



It is your gift to loved ones, family members and friends  
so that they won't have to guess what you want  
if you no longer can speak for yourself



**KŌKUA MAU**  
**Continuous Care**  
A Movement to Improve Care



Executive Office on Aging  
Department of Health



## WHY DO I NEED AN ADVANCE HEALTH CARE DIRECTIVE?

Medical technology has given us many new options for sustaining life. This makes it important for you to discuss what kind of care you want before serious illness or accident occurs. Everyone over the age of 18 should have one.

Now is the time to talk about these important issues while you can still make your own decisions and have time to talk about them with others.

If you don't have an Advance Health Care Directive, (commonly known as 'Advance Directive'), and even one person interested in your care disagrees, your doctor may not honor your wishes for end-of-life care.

The Advance Directive takes the place of the former living will document and gives you more options. Review your existing forms and make sure your Advance Directive reflects your current wishes.

## WHAT DO I PUT IN MY ADVANCE DIRECTIVE?

### THE PERSON OR "AGENT" YOU WANT TO MAKE DECISIONS FOR YOU WHEN YOU CANNOT.

You should identify someone you trust to act as your agent as well as an alternate. This person does not have to be an attorney. Unless you limit this person's authority, this person has the right to accept or refuse any kind of medical care and testing, discharge or select doctors, and see all medical records.

### THE KIND OF HEALTH TREATMENT YOU WANT OR DON'T WANT.

You can say whether or not you want to be kept alive by machines that breathe for you or be fed by a tube even if there is no hope you will get better.

### YOUR WISHES FOR COMFORT CARE.

You can indicate whether you want medicine for pain or where you want to spend your last days. You can also give spiritual, ethical, and religious instructions.

## HOW CAN I ENSURE MY ADVANCE DIRECTIVE IS HONORED?

Share copies and talk with your agent, loved ones, family, and others who will be involved in your care. Discuss it with all your doctors and ask all of them to insert your Advance Directive into your medical records. This document and resources in other languages, such as Advance Directives or POLST, are available from your healthcare provider, doctor, or health insurance company or on the Kōkua Mau website at [www.kokuamau.org/languages](http://www.kokuamau.org/languages).

## INSTRUCTIONS FOR ADVANCE DIRECTIVE

(in accordance with the Uniform Health Care Decisions Act, 1999)

Complete Part 1 and 2 on the enclosed form. You may add pages and make any changes you wish. You do not need an attorney to complete this form. If you need more help, consult the phone numbers included in this brochure. Complete the check list on the back page.

### PART 1 – HEALTH CARE POWER OF ATTORNEY, YOUR AGENT

Select one or more persons to be your agent and make health care decisions if you are unable. The person you appoint can be a spouse, adult child, friend, or any other trusted person. Your agent cannot be an owner or employee of a health care facility where you are receiving care unless they are related to you.

### PART 2 – INDIVIDUAL INSTRUCTION

Give instructions to your doctor and others about any aspect of your health care. You will be given choices. Check only one box in each category and cross out all which do not apply. You can also add more about your wishes and goals for care.

### Ask two witnesses to sign and date the form

Both must be people you know. They cannot be health care providers, employees of a health care facility, or the person you choose as an agent. One person cannot be related to you or have inheritance rights.

### Notary Public

If you do not have 2 witnesses, your Advance Directive must be notarized.

You have the **right to revoke or change your Advance Directive at any time** orally or in writing. Be sure to tell your agent and doctor.

## WHO CAN HELP ME COMPLETE MY ADVANCE DIRECTIVE?

**Talk with your health care provider and your health plan representative.**

**Legal Aid Senior Hotline: 1-888-536-0011**

**O'ahu:** UH Elder Law Program, **808-956-6544**, [www.hawaii.edu/uhelp](http://www.hawaii.edu/uhelp)

For further information contact:

### Kōkua Mau - A Movement to Improve Care

- For Advance Directives (also as a writable pdf) please visit: [www.kokuamau.org/resources/advance-directives](http://www.kokuamau.org/resources/advance-directives).
- Kōkua Mau Speaker's Bureau can provide speakers about Advance Care Planning (Advance Directives and POLST).

[www.kokuamau.org](http://www.kokuamau.org) • [info@kokuamau.org](mailto:info@kokuamau.org) • (808) 585-9977  
Kōkua Mau • P.O. Box 62155 • Honolulu HI 96839



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## Mind Body Medicine for Mental Health: Resources

### WEBSITES:

- National Center for Complementary and Integrative Health (NCCIH) Meditation:
  - In Depth <https://nccih.nih.gov/health/meditation/overview.htm>
  - Yoga: In Depth <https://nccih.nih.gov/health/yoga/introduction.htm>
  - Be an Informed Consumer <https://nccih.nih.gov/health/decisions>
- MoodGym <https://moodgym.com.au>
- Beating the Blues <http://www.beatingtheblues.co.uk>

### SELF-HELP BOOKS:

- Feeling Good—the New Mood Therapy David D Burns Avon Books ISBN: 0380810336
- Control Your Depression Peter M Lewinsohn, et al. Simon & Schuster Books ISBN: 0671762427
- Put Anxiety Behind You - The Complete Drug- Free Program Peter Bongiorno Conari Press ISBN: 9781573246309

### MOBILE APPS

- Calm <https://www.calm.com/>
- Headspace <https://www.headspace.com/headspace-meditation-app>
- Moodnotes <http://thriveport.com/products/moodnotes/>
- Moodpath <https://mymoodpath.com/en/>
- Sanvello (formerly Pacifica) <https://www.sanvello.com/>
- SuperBetter <https://www.superbetter.com/>



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## Top 10 Tips for Healthier Eating

1. Cut down on products made with flour and sugar, including whole wheat flour.
2. Avoid sweetened beverages.
3. Master a few simple recipes made with fresh ingredients that are easy to prepare and taste really good.
4. Eat more vegetables - of all colors.
5. Use lower temperatures for all cooking, including baking and grilling. Do more steaming.
6. Experiment with less familiar whole grains: quinoa, faro, buckwheat groats (kasha), barley, wild rice.
7. Get rid of any Teflon coated pans. Try the newer ceramic coated nonstick cookware.
8. Try adding a level tablespoon of turmeric powder to soups, stews, and bean dishes.
9. Look for extra-virgin olive oil that gives a peppery bite at the back of the throat (from oleocanthal, a potent anti-inflammatory component).
10. Practice eating mindfully, with full attention on the experience of each bite.



## Home Care Instructions Following Chemotherapy

Safe handling precautions should be followed at home during chemotherapy administration and for 48 hours after chemotherapy is completed.

Guidelines to follow at home:

1. If your caregiver is helping you, they will need to wear gloves (double gloves) when handling bodily fluids or soiled linens or clothes. Bodily fluids include urine, stool, vomit, blood, etc. They will need to throw away the gloves and wash their hands.
2. Caregivers should wash their hands with soap and water (not hand sanitizer) when they remove their gloves. If any of the caregivers' skin is exposed to bodily fluids it should be washed thoroughly with soap and water.
3. Encourage the use of a separate toilet if appropriate. Try to avoid bedpans, commodes or urinals if possible to prevent spills.
4. Flush the toilet twice after each use. Close the lid before flushing. Always wash hands with soap and water (not hand sanitizer) after using the toilet.
5. If the patient's skin is exposed to urine or stool (incontinence) it should be cleaned thoroughly. If a diaper or disposable pad is being used, a protective barrier ointment (example: Inzo, Desitin) should be applied to decrease the risk of skin irritation.
6. If linens or clothing become soiled, wash these items separately, preferably twice, in hot water. Wear gloves while handling the soiled items.
7. Sexual activity should be avoided during chemotherapy administration and for 48 hours after it is completed. A condom is strongly recommended if sexual activity occurs.

If you have any additional questions, please ask your nurse or contact the charge nurse on our oncology unit at (808) 932-3708.

Revised 12/8/2021



## Food Suggestions for Chemotherapy Side Effects

### Clear Liquids for (Diarrhea, other GI changes, Urinary changes)

Type	Examples
Soups	Bouillon Clear, fat free broth Consommé
Drinks	Clear apple juice Clear carbonated drinks Fruit flavored drinks Fruit juices like cranberry or grape Fruit punch Sports drinks Water Weak tea (caffeine free)
Sweets	Fruit ices without fruit pieces or milk Gelatin Honey Jelly Popsicles

### Liquid Foods (if you do not feel like eating solid foods, Mucositis or other mouth problems and Urinary changes)

Soups	Bouillon Broth Cheese soup Soup that has been strained or blended Soup with pureed potatoes Tomato soup	
Drinks	Carbonated drinks Coffee Eggnog Fruit drinks Fruit juices Fruit punch Water Milk	Milkshakes Smoothies Sports Drinks Tea Tomato Juice Vegetable Juice
Fats	Butter Cream Oil	Sour cream Margarine
Sweets	Custard (soft or baked) Frozen yogurt Fruit purees (thinned with water)	

	Gelatin Honey Ice cream with no chunks Ice milk Jelly Pudding Syrup Yogurt
Replacements or supplements	Carnation Instant Breakfast drinks Liquid meal replacements such as Ensure

**Food that is high in calories and/or protein (if you don't feel like eating or have lost appetite and so you don't lose weight)**

Type	Examples
Soups	Cream soups Soups with lentils, dried peas, or beans (pinto, black, red, or kidney)
Drinks	Instant breakfast drinks Milkshakes Smoothies Whole milk/Cream
Main meals and other foods	Beef Butter, margarine, or oil added to foods Cheese Chicken Cooked dried peas Cottage Cheese Cream Cheese Croissants Deviled ham Eggs Fish Nuts, seeds and wheat germ Peanut butter Sour Cream
Sweets	Custards Frozen Yogurt Ice cream Muffins Pudding Yogurt (plain or vanilla)
Replacement and supplements	Liquid meal replacements (Ensure) Powdered milk added to foods such as puddings, milkshakes, scrambled eggs Body builder protein shakes

## High Fiber Foods for Constipation

Type	Examples
Main meals and other foods	Bran muffins Bran or whole-grain cereals Brown or wild rice Cooked peas and beans Whole-wheat bread Whole-wheat pastas
Fruit and vegetables	Dried fruits such as apricots, prunes, dates, and raisins Fresh fruit like apples, blueberries, and grapes Raw or cooked vegetables like broccoli, corn, green beans, peas and spinach
Snacks	Granola Nuts Popcorn Seeds, such as sunflower Trail mix

## Low Fiber Foods for Diarrhea

Type	Examples
Main meals and other foods	Chicken or turkey (skinless) Cooked refined cereals Cottage cheese Eggs Fish Noodles Potatoes (baked or mashed, no skin) White rice White bread
Fruits or vegetables	Asparagus Bananas Canned fruit like peaches, pears and applesauce Clear fruit juice Vegetable juice
Snacks	Angel food cake Gelatin Saltine crackers Sherbet or sorbet Yogurt

### Foods that are easy on a sore mouth for Mucositis and sore mouth or throat

Type	Examples
Main meals and other foods	Baby food Cooked refined cereals Cottage cheese Eggs (soft boiled or scrambled) Macaroni and cheese Mashed potatoes (white or sweet) Pureed cooked foods Soups
Sweets	Custards Fruit (pureed or baby food) Gelatin Ice cream Milkshakes Puddings Smoothies Soft fruits (bananas or applesauce) Yogurt

### Foods that are easy on the stomach for Nausea and Vomiting

Type	Example
Soups	Clear broth, such as chicken, vegetable or beef
Drinks	Clear carbonated drinks (that have gone flat) Tea Water Cranberry or grape juice Fruit flavored drinks Sports Drinks Fruit Punch
Main meals and other foods	Chicken (boiled or baked without skin) Cream of rice Instant oatmeal Noodles Potatoes (boiled without skins) Saltine crackers White rice White toast
Sweets	Angel food cake Canned fruit, such as applesauce, peaches or pears Gelatin Popsicles Sherbet or sorbet Yogurt

National Cancer Institute. 2008. Managing Chemotherapy Side Effects.



## Imaging/Mammograms

### PET vs. MRI vs. CT scans

PET scans help evaluate your organ and tissue functions. By identifying body changes at the cellular level, PET may detect the early onset of disease before it is evident on other imaging tests. – Not available on Big Island. MRI scan uses magnetic fields and radio waves to produce a detailed image of the body's soft tissue and bones.

CT or CAT scans produce cross-sectional images of the body's organs and anatomical structures. Your provider may order any of these scans and inter-island travel may be required.

<b>Hawaii Radiologic Associates</b>
670 Ponahawai St. Ste 110. Hilo, HI 96720 P: (808) 933-2540
<b>InSight Imaging – Located on Oahu</b>
500 Ala Moana Blvd. Suite 5B Honolulu, HI 96813 P: (808) 275-2008 F: (808) 275-2009 PET/CT
<b>Hawaii Advanced Imaging- Located on Oahu</b>
1401 S. Bretania St. Suite 107 Honolulu, HI 96814 P: (808) 591-1504 F: (808) 591-1506 Hours: M-F: 7-10pm. Sat: 8-5pm, Sun: 9-2pm. PET/CT, MRI, low dose CT
<b>Queen's Imaging – Located on Oahu</b>
Level 1 via Queen Emma Elevator 1301 Punchbowl Street Honolulu, HI 96813 P: (808) 691-7171 Hours: M-F: 8am- 5pm (PET scan)



## Clinical Laboratories of Hawaii -Contacts and Hours

<b>Lanihuli (PSC)</b> M-F: 6am-5:30pm Sat: 6am-12pm	33 Lanihuli St, Hilo, Hawaii 96720	T:(808) 935-4814 F:(808) 961-9614
<b>Hilo Medical Center</b> M-F: 7:30am – 4:30pm Sat: 8am-1pm	1190 Waianuenue Ave. Hilo, Hawaii 96720	T: (808) 932-3500 F: (808) 935-6928
<b>Komohana (PSC)</b> M-F: 5:30am- 5pm Sat: 6am-12pm	670 Ponahawai St Suite 114 Hilo, Hawaii, 96720	T: (808) 965-6929 F: (808) 935-4916
<b>Punahele Professional</b> M-F: 7:30-3pm Closed: 12-1pm	82 Pu'uhonu Place Suite 204 Hilo, Hawaii 96720	T: (808) 969-7535 F: (808) 969-4984
<b>Pahoa (PSC)</b> M-F: 7:30am -4:30pm Closed 12:30-1:30pm	15-2662 Pahoa Village Rd Pahoa, Hawaii, 96778	T: (808) 965-1103 F: (808) 965-1104
<b>Ka'u Hospital</b> M-F: 8am -4pm Closed 12am-1pm	11 Kamani St Pahala, Hawaii 96777	T: (808) 928-6141 F: (808) 928-6203
<b>Hale Ho'ola Hamakua</b> M-F: 7:30am-3:30pm Closed 12-1pm	45-547 Plumeria St. Honokaa, Hawaii, 96727	T: (808) 775-0889 F: (808) 775-7288
<b>Waimea Center (PSC)</b> M-F: 6am-3pm	65-1158 Mamalahoa Hwy Suite 27B Kamuela, Hawaii, 96743	T: (808) 885-9505 F: (808) 885-2102



## Diagnostic Lab Services

<b>Hilo 1</b> M-F: 6am-5pm Sat: 6am-10am	1248 Kinoole St. Suite 102 Hilo, Hawaii 96720	T: (808) 935-9290 F: (808) 969-6910
<b>Hilo 2</b> M-F: 6am-5pm Sat: 6am-10am	670 Ponahawai St. Suite 122 Hilo, Hawaii 96720	T: (808) 969-7603 F: (808) 933-9387
<b>Hale Ola Pono</b> M-F: 7am-4pm Closed 12:30-1:30pm	670 Ponahawai St. Suite 114 Hilo, Hawaii, 96720	T: (808) 965-6929 F: (808) 935-4916
<b>Kona 1</b> M-F: 6am-12pm	76-6225 Kuakini Hwy. Suite 103B Kailua-Kona, Hawaii 96740	T: (808) 326-2548 F: (808) 326-9494
<b>Kona 2</b> M-F: 7am-5pm	75-170 Hualalai Rd Suite B200-201 Kailua-Kona, Hawaii 96740	T: (808) 329-1628 F: (808) 329-1620



## Specialty Pharmacy

Specialty pharmacy refers to the service created to manage the handling, dispensing and shipping of specialized therapies. Specialty medications include injectable/infused formulations, and oral oncolytic to treat complex or rare chronic conditions. Due to the complexities associated with specialty pharmaceuticals, patients receiving these medications will receive continuous patient education and medical management by a skilled specialty pharmacy staff.

### **Accredo Health Group**

T: 1 (808) 732-3431

F: 1 (808) 302-1028

### **Biologics**

T: 1 (808) 850-4306

F: 1 (808) 823-4506

### **BiovaRx**

T: 1 (808) 445-6874

F: 1 (808) 342-4596

### **CVS Caremark Specialty Pharmacy**

T: 1 (808) 254-2727 (local); 1 (800) 896-1464 (toll free)

F: 1 (808) 254-4445 (local); 1 (877) 232-5455 (toll free)





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## **Co-pay Assistance**

Financial assistance for the uninsured, underinsured. Funding based on disease type and/or for medication.

### **Health Well Foundation**

1-800-675-8416

[www.healthwellfoundation.org](http://www.healthwellfoundation.org)

### **The Leukemia & Lymphoma Society's Co-pay Assistance Program**

1-877-557-2672

[www.lls.org/copay](http://www.lls.org/copay)

### **Patient Access Network Foundation**

1-866-316-7263

[www.panfoundation.org](http://www.panfoundation.org)

### **Patient Advocate Foundation: Co-Pay Relief**

1-866-512-3861

[www.copays.org](http://www.copays.org)

### **Good Rx tracks prescription drug prices offers drug coupons**

[www.GoodRx.com](http://www.GoodRx.com)

### **Needymeds Tracks the best source of information on patient assistance programs**

[www.needymeds.org](http://www.needymeds.org)



## Financial Assistance/Insurance

Apply to Medicaid, SSI, disability, and other financial assistance

<b>Med-Quest/Medicaid (Hilo)</b>	1388 Kilauea Ave Hilo, Hawaii 96720	T: (808) 933-0339 F: (808) 933-0344
<b>Med-Quest/Medicaid (Kona)</b>	75-5591 Palani Rd. Ste 3004 Kailua-Kona, Hawaii 96740	T: (808) 327-4970 F: (808) 327-4975
<b>Social Security Administration/Medicare</b>	Prince Kuhio Mall 111 E Puainako St Hilo, Hawaii 96720	T: (808) 772-1213
<b>DHS Nutrition Financial Assistance</b>		T: (808) 981-2754
<b>HealthCare.gov</b>	Online or by phone.  When enrollment is over but still need insurance. Call or go online to see if you can enroll.	1 (808) 318-2596 TTY: 1 (855)889-4325
<b>HIHAF Keaau</b>	16-204 Melekahiwa Place #1 Keaau, Hawaii 96749  Receive in-person help to apply for insurance, Medicaid, marketplace insurance.	T: (808) 982-8800

Extra Help: If you have Medicare only, you may qualify for Extra Help that will help your Medicare premiums and part D medications. If you aren't eligible you may still be able to enroll in a Medicare prescription plan.

Medicare supplemental plans are also available to help pay for health care costs that Original Medicare doesn't cover.

**If you have any questions or would like more info, please contact the Patient Navigator at (808) 932-4971.**



## Helpful Websites

### **[www.nccn.org](http://www.nccn.org)**

National Comprehensive Cancer Network a not-for-profit alliance of 27 leading cancer centers devoted to patient care, research, and education, is dedicated to improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives.

### **[www.cancer.org](http://www.cancer.org)**

American Cancer Society 1-800-227-2345 Provides information and referral on various issues related to cancer treatment, services, literature, transportation, equipment, encouragement and support, Relay for Life, wigs.

### **[www.cancercare.org](http://www.cancercare.org)**

Provides counselling, Support groups, education, financial assistance. Speak with an oncology social worker for free 1-800-813-4673.

### **[www.youngsurvival.org](http://www.youngsurvival.org)**

Breast cancer in young adults. Support for under age 40.

### **[www.lls.org](http://www.lls.org)**

Leukemia and Lymphoma, treatment, support, research, financial support.

### **[www.chemocare.com](http://www.chemocare.com)**

Chemocare is a comprehensive resource for cancer patients and their caregivers that provides chemotherapy/immunotherapy drug and side effect information, cancer wellness information, and links to additional reliable resources and organizations.

### **[www.breastcancer.org](http://www.breastcancer.org)**

Connect with others for support, practical information, and answers to your questions from people with shared experiences.



## Clinical Trials

Clinical trials are research studies that involve people. Through clinical trials, doctors find new ways to improve treatments and the quality of life for people with disease.

Researchers design cancer clinical trials to test new ways to:

- Treat cancer
- Find and diagnose cancer
- Prevent cancer
- Manage symptoms of cancer and side effects from its treatment

Clinical trials are the final step in a long process that begins with research in a lab. Before any new treatment is used with people in clinical trials, researchers work for many years to understand its effects on cancer cells in the lab and in animals. They also try to figure out the side effects it may cause. Any time you or a loved one needs treatment for cancer, clinical trials are an option to think about. Trials are available for all stages of cancer. It is a myth that they are only for people who have advanced cancer that is not responding to treatment.

East Hawaii Health Cancer Center has partnered with the University of Hawai'i Cancer Center to offer clinical trials. If you are interested in participating or would like more information about clinical trials, please speak to your East Hawaii Health Cancer Center Doctor or Nurse.

### Clinical Trial Resources:

[www.uhcancercenter.org](http://www.uhcancercenter.org)

[www.clinicaltrials.gov](http://www.clinicaltrials.gov) is a database of privately and publicly funded clinical studies conducted around the world



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## **Durable Medical Equipment (DME)**

Durable medical equipment refers to but not limited to, wheelchairs (manual and electric), canes, crutches, walkers, ventilators, oxygen, pressure mattresses, prosthetics, orthotics, etc. These items may be covered by your insurance plan, please call your insurance to inquire. Covered DMEs and services will require a referral from your PCP or healthcare provider.

### **Apria Health Care – respiratory needs and DMEs**

T: (808) 969-1211

### **Rainbow Medical**

224 Haili St B, Hilo, Hawaii 96720

T: (808) 982-3834

### **Aloha Medical Supplies and Services**

T: (808) 887-2828 Waimea, Hawaii 96743

T: (808) 323-3313 Kona, option 2

## **Wigs/Hair Loss**

### **Hair Stations**

159C Keawe St. Hilo, Hawaii 96720

T: (808) 217-9012

### **Tiana's Avon and Wigs**

74-5599 Luhia St. D4. Kailua Kona, HI 96740

T: (808) 326-2866

Durable Medical Equipment (DME) continued.... next page



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## Breast Prosthetics

### **Rainbow Medical 224**

Haili St B, Hilo, Hawaii 96720

T: (808) 982-3834

### **Me Again-Breast Prosthesis**

1329 Lusitana St # 706, Honolulu, Hawaii 96813

T: (808) 988-8004

### **Nordstrom Ala Moana – Prosthesis Program**

Ala Moana Center, 1450 Ala Moana Blvd Suite 2950, Honolulu, HI 96814.

Call ahead to book a certified Prosthesis Fitter and if they take your insurance.

T: (808) 953-6100

## Lymphedema Treatment

### **Rehab of the Pacific**

76 Puuhonu Place Hilo, Hawaii 96720

T: (808) 961-5776

F: (808) 961-6473

### **Life Care Center of Hilo-Out Patient Therapy**

944 West Kawailani Street Hilo, Hawaii 96720

T: (808) 930-9158

F: (808) 930-9167

### **Compression Garment Company**

3221 Waialae Ave Suite 360, Honolulu, Hawaii 96816

[www.compressiongarmentcompany.com](http://www.compressiongarmentcompany.com)

T: (808) 732-7744

F: (808) 732-7766

## Dietician Services

### **Hui Mālama Ola Nā ‘Ōiwi**

1438 Kilauea Ave, Hilo, Hawaii 96720

T: (808) 969-9220

### **Hawaii Family Health**

50 Ululani St, Hilo, Hawaii 96720

T: (808) 933-2399



## Transportation

### Medicaid Quest Members Only – Medical Taxi

UHC QI- Logisticare	1(808) 475-5746
Ohana QI- Intelliride	1(866) 481-9699
HMSA QI	1(808) 948-6486
AlohaCare QI	1(808) 973-0712

### Taxi Service (Share a Ride Taxi)

Hele-On Shared Ride Taxi Coupons available for purchase, please inquire at (808) 961-8744

ACE One (24hrs)	(808) 935-8303 ADA accessible
Kwiki Taxi (24hrs)	(808) 498-0308 ADA accessible
J&W Tour and Taxi	(808) 665-7787
Gio's Taxi	(808) 785-6080
Helen's Taxi	(808) 895-4400
Stan's Taxi	(808) 443-8810
Pono Express Hawaii	1(800) 258-6880

### Other Transportation Services

Co-ordinated Services for the Elderly	(808) 961-8777
Hele-On Bus/ Share ride taxi	(808) 961-8744
Hawaii County Economic Opportunity Council	(808) 961-2681
Hui Malama – Kokua Hali Specialty	(808) 969-9220



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## Palliative Care

Palliative care is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

### **Kupu Care at Hawaii Care Choices**

T:(808) 969-1733

### **HMSA Supportive Care**

Eligible HMSA members, please inquire within. Provided by Hawaii Care Choices, North Hawaii Hospice, and Hospice of Kona.

T: (808) 969-1733 in Hilo, East Hawaii

T: (808) 885-7547 in Kamuela and Area

T: (808) 324-7700 in Kona, West Hawaii

## Bereavement and Grief Counseling/Hospice

### **Hawaii Care Choices**

1011 Waianuenue Ave, Hilo, Hawaii 96720

T: (808) 969-1733

### **North Hawaii Hospice**

65-1328 Kawaihae Rd, Waimea, Hawaii 96743

T: (808) 885-7547

### **Hospice of Kona**

75-5925 Walua Rd # 101, Kailua, Hawaii 96740

T: (808) 324-7700





## Hope Lodge (Oahu)

The American Cancer Society Hope Lodge program provides a free home away from home for cancer patients and their caregivers.

Each Hope Lodge community offers a supportive, homelike environment where guests can share a meal, join in the evening's activities, or unwind in their own private room.

Patients staying at a Hope Lodge must be in active cancer treatment, and permanently reside more than 40 miles or one hour away from their cancer treatment center.

Each patient must be accompanied by a caregiver.

Please inquire within.

### **Clarence T.C. Ching - Hope Lodge**

251 South Vineyard Street

Honolulu, Hawaii 96813

Phone: (808) 566-8430

Email: [hopelodgehonolulu@cancer.org](mailto:hopolodgehonolulu@cancer.org)



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## Support Groups

### **Mālama Ka Pili Pa‘a at Hui Mālama Ola Nā ‘Ōiwi**

Where: Hui Malama Ola Na Oihi Office

1438 Kilauea Ave, Hilo, Hawaii 96720

T: (808) 969-9220

[www.HMONO.org](http://www.HMONO.org) inquire within for meeting times

Where: Church of the Holy Cross

400 W. Lanikaula St., Hilo, Hawaii 96720

T: (808) 935-2723 for Albert or Roy at [roytoma@msn.com](mailto:roytoma@msn.com) for information and directions. Please inquire within for meeting times.

### **Head and Neck Cancer Support Group**

Where: Virtual meetings via Web Ex Time: 11:00am- 12:00pm

3<sup>rd</sup> Monday of every month

For more information on programs and services, call (808) 691-8984 or email [dsardinha@queens.org](mailto:dsardinha@queens.org)