

Hospice Can Help



A HOSPICE CARE GUIDE

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Introduction

When you or a loved one has a life-limiting illness, it can seem like your world has been shattered. You might feel powerless, scared, or alone. Where do you turn for help? Hospice can help.

Health care today is often focused on the cure. But what if there is no cure? In the past we might have been told, “There’s nothing more we can do.” With hospice, there is *always* more that can be done.

Hospice is compassionate care. The focus is on comfort. Hospice care treats the whole person. Patients can complete their lives with comfort, honor, and meaning. It’s about making the most of each day.

This booklet will teach you more about hospice care. Choosing hospice care may be one of the hardest choices you have to make. But it’s an important choice to explore.

“The focus of hospice care is to enhance the quality of life that is left. Hospice affirms life. It neither hastens nor postpones death.”

— Adapted from the National Hospice and Palliative Care Organization’s Hospice Philosophy Statement

What Is Hospice?

Hospice care is a special kind of health care. It meets the needs of a patient near the end of life. Life-prolonging treatments (such as CPR, feeding tubes, or life support) are not used. Hospice care provides:

- Treatment of pain, shortness of breath, constipation, nausea, and other symptoms
- Medicine, supplies, and equipment to treat symptoms
- Emotional, spiritual, and social support for the patient
- Training and support for caregivers
- Counseling and grief support for loved ones

Hospices follow tough standards to get Medicare funds. They must also be licensed by the state. This helps make sure patients get quality care.

The Hospice Care Team

Hospice care uses a team approach. Patients and families are at the heart of the team. Care plans are based on their wishes. Family members are often the main caregivers.

Hospice staff work as a team. They are experts trained in comfort and end-of-life care. The team supports the patient and family.

- Doctors order hospice care, order medicine, and treat patients. They guide the care plan. Some patients also choose to involve their other doctor(s) in care planning.
- NPs (nurse practitioners) order medicine, treat patients, and guide the care plan. NPs also help the hospice doctor decide if the patient can have hospice care after 6 months.

- RNs (registered nurses) visit patients to make sure their healthcare needs are being met. They help build the care plan. They manage the LPNs and home health aides.
- LPNs (licensed practical nurses) visit patients to give routine care. They track vital signs (like temperature or blood pressure), give medicine, change doses if needed, and handle equipment. LPNs help train family caregivers.
- Home health aides give non-medical care to the patient. They help the patient eat, bathe, and dress. Aides can show the family how to help with these tasks safely. Aides may also help with simple chores.
- Social workers give all-around support to the patient and family. They can arrange for emotional support, explain treatments, help with legal forms, give guidance about payment, arrange for grief support, and more.
- Chaplains give spiritual support based on the patient's beliefs. They can guide talks about the patient's fears, hopes, and values. Chaplains listen without judgment. Or they can just be there to give calm, quiet support.
- Volunteers are members of the patient's community. They are trained on how to best support patients. They can stay with patients to give caregivers a break. Some help with simple chores or errands. They also help the hospice team with other tasks.
- Counselors, therapists, and other experts can be called as needed. Some care teams may offer massage, pet, art, or music therapy.

How Hospice Works

You think that you or someone you know might be ready for hospice. Here is what to expect in most cases. Your case may vary. Please call us if you have questions.

1. Referral — (“Referral” means “ask for or suggest.”)

Anyone can refer a patient to hospice care. The patient can have any life-limiting illness. The patient can be any age. Patients, doctors, nurses, family, or friends can call hospice.

Hospice staff talks with the patient’s doctor to make sure the patient can get services. Service often starts 1 or 2 days from referral. The sooner a patient is referred, the more hospice can help. Many families say their only regret about hospice was that they didn’t call sooner.

2. Eligibility — (“Eligible” means “able to get.”)

The patient’s doctor and the hospice doctor must agree the patient has a life-limiting illness. They must agree the patient will likely live 6 months or less. Both doctors then sign a form saying the patient is able to get service.

Patients can cancel care at any time. Care can also be cancelled if the patient gets better. Patients can keep hospice care after 6 months if the hospice doctor approves.

3. Payment — Insurance, Medicare, and Medicaid cover costs if the patient qualifies. Hospice may still work with patients who need care but can’t pay. Hospice staff will talk to you about payment in your case.

4. Admission — (“Admission” is the process to start service.) A hospice nurse visits the patient. The nurse explains hospice services. They will check the patient and make note of what the patient needs. This is the start of the care plan. The patient signs forms to agree to service.

5. Care plan — The hospice team builds a care plan. The plan is based on the patient's needs and wishes. This may change over time. Most patients get routine hospice care. Staff visits the patient a few times a week. Care is given where the patient lives (at home, a nursing home, or other setting). Hospice staff will:

- Set up equipment as needed (such as a hospital bed)
- Train caregivers on giving medicine and other care
- Check the patient and adjust medicine if needed
- Give the patient and family emotional, spiritual, and other support as needed

Hospice has staff on call 24/7 for patients who need more care. If symptoms cannot be managed where the patient lives, they may be cared for at a hospice inpatient center, skilled nursing center, or a hospital.

Hospice also offers respite care. This gives caregivers a break (a “respite”) for a short time.

6. When the time comes — Hospice staff will visit at the time of death. They can:


- Comfort loved ones
- Give guidance on what should be done with unused medicine
- Help the family prepare for the funeral home to come
- Arrange to remove equipment
- Provide grief support to loved ones after the death


**Please call us if you have questions about hospice.
We are here for you and your loved ones.**

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