

An Introduction to Hospice

TODAY'S PRESENTERS

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What is Hospice?



- Compassionate "comfort care" for those facing a life-limiting illness.
- A team approach to specialized medical care:
 > pain and symptom management; and
 > emotional, psychosocial, and spiritual support for patients and their families.
- Individualized plan of care based on patient and family preferences.
- A plan of care to keep patients comfortable in their home.

Types of Hospice Agencies



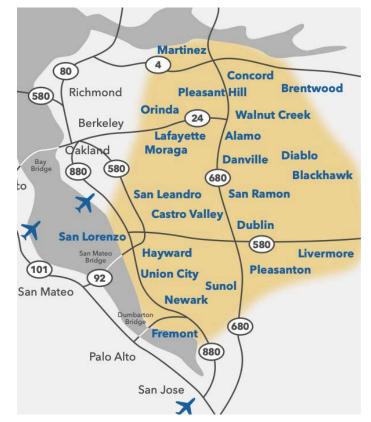
- 1. Profit
- 2. Nonprofit
- 3. Affiliated with a hospital
- Most insurances, including Medicare and Medicaid (Medi-Cal), pay for all hospice care.
- Not all hospices provide the same degree of services or level of care.
- Patients and their families have the right to select a hospice agency.
- Important to do research & check reviews before choosing.

Licensing/Accreditation



Hope Hospice is a nonprofit agency in service since 1980.

- Accredited by the Joint Commission
- Certified by Medicare & Medi-Cal
- Licensed by the CA Department of Public Health











- Life-limiting illness; six months life expectancy.
- Desire to stop aggressive treatment.
- Patient has expressed a desire for a peaceful death.
- Patient has had multiple trips to hospital, repeated infections; refuses meals and medications; has difficulty swallowing; weight loss.
- Available treatments will likely extend pain and suffering.

When is the right time?





https://youtu.be/w4T0sASovdc



Hospice and Palliative Care share the same philosophy:

"... the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to do so."

—National Hospice and Palliative Care Organization



Hospice provides palliative care, which is a method of administering comfort care.

Where palliative care programs and hospice care programs differ greatly is in:

- eligibility for services
- timing
- care location
- payment



Hospice:

Patients must have an end-stage illness with a **prognosis of six months or less** (curative measures are no longer an option) to be considered and eligible for most hospice programs and to receive insurance benefits.

Palliative Care:

There are currently no restrictions. Palliative care can be received by patients at any time and at any stage of the illness.

What is meant by "comfort care?"



- Eliminate diagnostic tests or medical procedures or treatments that may do more harm than good.
- Avoid hospitalizations, especially ICU/CCU.
- Surgery only if needed for pain relief.
- No radiation or chemo, unless necessary for pain relief.
- No feeding tubes, unless already in place.
- Antibiotics, if needed.
- Pain relief medications.



Patients have the right to:

- Be informed and participate in their care.
- Stop hospice care at any time to pursue aggressive treatment; and resume hospice care at any time when they are ready.
- Discharge from hospice if their condition improves.
- Continue to be seen by their own physician.
- Self-determined life closure.

Primary Diagnoses



- Cancer
- Lung/Heart Disease
- Terminal Debility
- Dementia & Alzheimer's Disease
- HIV/AIDS
- Liver & Kidney Failure
- COPD (ex. emphysema)
- ALS & Multiple Sclerosis
- Stroke & Coma
- CHF (congestive heart failure)

Where is care provided?



- Personal residence
- Board and care home
- Skilled nursing facility (nursing home)
- Assisted living facility
- Residential hospice facility
- Hospice wing in a hospital
- In some cases, even a shelter





Hospice complements nursing home care.

- Works with patient, family, and facility staff to ensure patient/family goals are met.
- Assists with communication between facility staff, patient, and family.
- Educates and supports family members.
- Focuses on pain and symptom management.
- Supportive care from trained volunteers.
- 24/7 on-call hospice staff.
- Assists with funeral arrangements.

Who pays for hospice?



- Medicare and Medi-Cal benefit
- Private insurance
- HMOs, such as Kaiser
- Charitable donations

No out-of-pocket expense to the patient/family.

When Medicare pays for hospice



Eligibility Requirements:

- Be eligible for Medicare Part A
- Two physicians must certify that the patient has a life-limiting illness
- Patient (or proxy) must sign a consent form stating wishes to receive hospice care in place of regular Medicare benefits;
- Receive hospice care from a Medicare-approved provider.

What services are included?



- Medications related to the primary diagnosis and for pain and symptom relief/comfort measures.
- Equipment (bed, wheelchair, oxygen, etc.)
- All visits from the care team.
- Physician services related to the primary diagnosis.
- Grief support services for up to 13 months for adults, teens, and children.

Team approach to care



Home Health Aide

Grief Support Counselor

Medical Director

Nurse Practitioner



Spiritual Counselor

Medical Social Worker

RN Case Manager

Dietitian

Volunteers

The role of volunteers

- Volunteers are essential members of our care team.
- Types of volunteer opportunities:
 - patient care
 - office
 - > special events



- Most valuable skills are listening and being non-judgmental.
- Complete an interview, background check, and training.
- Attend on-going training throughout the year.



Advanced Illness Care program



- Pre- and post-hospice program for:
 - discharged hospice patients
 - > referrals who did not meet hospice eligibility criteria
- Does not require a physician order.
- Monthly check-in calls by Medical Social Worker.
- Weekly volunteer visits.
- RN evaluation, as needed.
- Provided for 6 months, at no charge.
- 100% patient satisfaction.
- 34% readmission rate to hospice.
- Funded through Alameda County/Measure A Grant.

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Referral process

Referral from:

- self
- family member
- friend
- physician
- health care agency
- care facility (nursing home, etc.)
- hospital

Self/family referral form at: HopeHospice.com Or call our Admissions Team: (925) 829-8770









Please use the Q&A Widget at the bottom of your screen to type in your question.