

Why Hospice, Why Now?

The short answer to these two questions is that people need help to care for a loved one when medical science can no longer offer a cure for their life limiting illness and the goal of care changes to providing comfort and support for the patient and family.

To embellish...

WHY HOSPICE?

A Medicare Certified Hospice must pass and initial and periodic inspections to make sure that the hospice program can provide all the services that are paid by the special Medicare Hospice Benefit. The inspection results are public information.

The goal of delivering hospice care is to improve the patient's physical and emotional well-being and to provide support to care givers with services and education.

Hospice team members: nurses, certified nurse assistants, social workers and pastoral care persons schedule and make intermittent visits to provide care wherever the patient is, at home, nursing home, assisted living facilities, hospitals or freestanding hospice units or houses. The hospice team identifies patient/family needs and problems, formulate a written plan of care and submits to the patient's doctor for approval.

Hospice provided *palliative care*. Palliative care means the type of care that treats symptoms caused by the terminal or life limiting illness. The disease may be terminal, but the patient experiences many symptoms that are treatable through comfort measures. Sometimes, the hospice may order lab test or x-rays or therapy services to help identify problems and provide appropriate treatment. Examples may be ordering a urinalysis and blood work to see if the patient has a urinary tract infection and needs and antibiotic, or a physical therapy consult to determine a patient's limitations and need for equipment.

All Medicare Certified Hospices operate under the same rules and regulations and all hospices are paid the same based on where the patient lives. There are different hospice models; for profit, not for profit, hospital based, community based, part of a home health agency or part of a nursing home. (see questions to ask when interviewing a hospice program).

WHY NOW?

Every Hospice wants patients to be as active and as independent as long as possible. Patients do not have to be homebound to be on hospice. Eventually, patients will begin to have difficulty with caring for themselves or begin having symptoms that need attention. A hospice nurse, with approval from the patient's

physician, can make an evaluation visit to see what types of problems the patient is having and to see if the patient meets the criteria established by Medicare.

Hospice is a voluntary program which means the patient and or family may choose hospice care for assistance. It also means a patient may enter a hospice program and have the right to change to a different hospice company or get out of hospice all together and return to traditional care.

Families have often said that they wish they would have known about hospice care sooner because they could have benefitted from the help and guidance. It was reported by the National Hospice and Palliative Care Organization that approximately one third of hospice care is provided within the last week of a person's life. Patients and families can receive services, medication, medical supplies and equipment when they first start having problems instead of waiting until the patient becomes bedbound. Very often, patients may live longer or better because the hospice is monitoring their care closely and making sure they have access to the things they need. Hospice promotes living each day to the best of one's ability and to help the patient and family adapt to changes caused by the disease.

In addition to physical needs of the patient, patients and families have emotional needs. Hospice has people to walk with the patient and family along the journey. Hospice does not have all the answers or solutions to all the problems but having someone to work side by side with the patient and family through these trying times does improve the overall care of the patient.

Initially, the Medicare Hospice Benefit was for 210 days, once the patient used them up, they were gone. Over the years, the US Congress has modified the program, making hospice care more accessible, if the patient and family want to choose this type of care. Medicare has established some guidelines in determining Hospice Eligibility. They have been developed to help hospices and physicians determine the patients' prognosis.

Sometimes patients do better and "graduate" from hospice because their disease has stabilized. Patients can come off the special Medicare Hospice Benefit and return to Hospice Care when and if the need and desire arises.

CALL FAMILY HOSPICE IF YOU HAVE QUESTIONS
(618) 277-1800.

A FEW WORDS ABOUT “PALLIATIVE CARE”

Some patients may be diagnosed with a life limiting illness and treatments may extend the patient’s life for months or years. The disease may not be curable. But with treatment, the disease may be arrested or slowed down. While patients are being treated, they may require blood transfusions, IV antibiotic therapy, radiation therapy or more aggressive intervention. These interventions can be considered palliative care because it will not reverse the disease process but may increase the patient’s longevity. Patients can be eligible for this care when their life expectancy is longer than 6 months or a year. According to the Medicare Hospice admission criteria Patients who enroll in hospice have “a life expectancy of 6 months or less if the disease runs its normal course”.

Family Hospice is a non-profit, independent healthcare organization that helps guide patients and families through their journey, providing professional care, medications, equipment, supplies and many other support services. To make a donation to or to learn about Family Hospice, please call (618) 277-1800. You can also learn more about Family Hospice by following them on Facebook or visiting them online at <https://familyhospice.org/>.