

Frequently Asked Questions About Hospice Care

1. When should a decision about entering a hospice program be made and who should make it?

At any time during a life-limiting illness, it's appropriate to discuss all of a patient's care options, including hospice. By law the decision belongs to the patient. Angela Hospice can accept patients who have a life-expectancy of six months or less as estimated by a physician.

2. Should I wait for our physician to raise the possibility of hospice, or should I raise it first?

The patient and family should feel free to discuss hospice care at any time with their physician, other health care professionals, clergy, or friends.

3. Is all hospice care the same?

No. There are many different hospices: for-profit, and not-for-profit; independent, and hospital-based. Medicare requires certified hospices to provide a basic level of care, but the quantity and quality of all services can vary from one hospice to another. To find the best hospice for your needs, ask your healthcare professionals, clergy, or friends who have received care for a family member. Researching different hospices can help you choose the right fit for you.

4. Can a hospice patient who shows signs of recovery choose to return to regular medical treatment?

Certainly. If the patient's condition improves and the disease seems to be in remission, patients can be discharged from hospice and return to aggressive therapy or go on about their daily life. Also, a patient may revoke hospice at any time.

5. What does the admission process involve?

Angela Hospice will work with a physician to make sure he or she agrees that hospice care is appropriate for the patient at the present time. The patient will be

asked to sign consent and insurance forms, similar to the forms patients sign when they enter a hospital.

6. Is there any special equipment or changes I have to make in my home before hospice care begins?

Your hospice team will assess your needs, recommend and help make arrangements to obtain any necessary equipment. Often the need for equipment is minimal at first and increases as the disease progresses. Your hospice team will assist in making home care as comfortable, safe, and convenient as possible.

7. How many family members or friends does it take to care for a patient at home?

There's no set number. One of the first things a hospice team will do is to prepare an individualized plan of care that will, among other things, address the amount of caregiving needed by the patient. Hospice staff visit regularly and are always accessible via phone to answer medical questions.

8. Must someone be with the patient at all times?

In the early weeks of care, it's usually not necessary for someone to be with the patient all the time. Later, however, since one of the most common fears of patients is the fear of dying alone, hospice generally recommends someone be there continuously. While family and friends do deliver most of the care, Angela Hospice volunteers can assist with errands and provide a break and time away for primary caregivers.

9. What specific assistance does hospice provide home-based patients?

Angela Hospice patients are cared for by a team consisting of physicians, nurse practitioners, nurses, social workers, hospice aides, spiritual care staff, therapists, and volunteers. Each one provides assistance based on his or her own area of expertise.



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In addition, hospices provide medications, supplies, equipment, and other services related to the terminal illness.

10. Does hospice provide care 24 hours a day, 7 days a week?

Hospice staff is on call for emergencies 24 hours a day. Hospice care does not include a nurse in the home 24/7. If you require more care than can be provided in the home, the Angela Hospice Care Center or another nursing facility may be appropriate. The hospice team can help you with these care options.

11. Does hospice do anything to make death come sooner?

Hospice neither hastens nor postpones dying. Just as doctors and midwives lend support and expertise during the time of child birth, hospice provides its presence and specialized knowledge during the dying process.

12. How does hospice “manage pain”?

Hospice nurses and doctors are up to date on the latest medications and devices for pain and symptom relief. Through a combination of medications and therapies, most patients can attain a level of comfort they consider acceptable. Hospice believes that emotional and spiritual pain are just as real and in need of attention as physical pain, so it can address these areas as well.

13. Will medications make the patient unable to talk or know what’s happening?

Usually not. It is our goal to have the patient be as comfortable and alert as they desire.

14. Do Angela Hospice patients need to be affiliated with any particular religious?

No. Hospice care itself is not an offshoot of any religion. And while Angela Hospice is a Catholic-sponsored ministry in the Felician Franciscan tradition, we are honored to serve the entire

community of southeast Michigan, regardless of religious affiliation.

15. Is hospice care covered by insurance?

Hospice care is covered by most private insurers and HMOs. In addition, it is a Medicare Part A benefit to all eligible Medicare recipients age 65 and older. As a result, Medicare pays for all hospice-covered benefits, including costs for the medical team (services of the doctor, nurses, social workers, spiritual care coordinator, hospice aides), medical supplies and equipment (such as wheelchairs, walkers, bandages, and catheters), as well as medications for symptom control and pain relief – all related to the hospice diagnosis. The only hospice related expense not covered by Medicare would be room and board if the patient is living in a nursing home or hospice residential facility – such as our Angela Hospice Care Center. In addition, Medicaid eligible patients and some with hospice coverage in their private health insurance may receive additional benefits.

16. If the patient is not covered by Medicare or any other health insurance, will Angela Hospice still provide care?

The first thing we will do is assist families in finding out whether the patient is eligible for any coverage they may not be aware of. Barring this, Angela Hospice’s Good Samaritan program allows us to provide care for individuals who cannot pay, using money raised from the community, such as memorial donations and foundation gifts.

17. Does hospice provide any help to the family after the patient dies?

Angela Hospice provides continuing contact and support for caregivers for 13 months following the death of a loved one. We also sponsor bereavement groups and one-on-one counseling services for anyone in the community who has experienced a death of a family member or friend.

This article was excerpted from <http://hospicenet.org/html/faq.html>