

Hope Hospice and Palliative Care

Answers to common questions regarding hospice.

It is never too early to call hospice for supportive care and to find resources for yourself and your family. You can be in charge of how you and your family want to spend your final months of life. With Hospice, the miracle isn't the cure, it is in the caring. The Hospice team provide support and pain relief so families can share quality time and a meaningful, dignified, peaceful end-of-life experience.

Families often say: *"We wish we'd have realized what a help hospice could be sooner."*

Unfortunately, many people enter the program late. Don't wait for someone else to take the next step to find out about how Hope Hospice can help. Patients and families benefit most when we begin services as soon as you learn of a terminal diagnosis. Hospice care, at any stage, but particularly early on, can significantly lighten your burden.

Call us for information at 748-3434 or 1-877-375-0919

<p>When is it Time How soon should hospice be called and does the physician need to call hospice?</p>	<p>The Best Time to Learn About Hospice is Before you Need it. Medicare law does not time-limit the hospice benefit. Patients and families may call at any time and hospice will contact your physician. The physician and the hospice medical director judge when the illness is terminal based on criteria from Medicare, with an estimated life-expectancy of six months or less.</p> <p>It is not uncommon for many Hospice patients to exceed their initial life expectancy. In fact, several patients each year are discharged from Hospice care, because they have experienced a significant level of improvement in their overall health.</p> <p>Receiving hospice care does not mean giving up hope or that death is imminent. The earlier an individual receives hospice care, the more opportunity there is to stabilize a patient's medical condition and address other needs. Hospice care should be considered before or no later than when 'comfort care' is discussed at a nursing home. Research has shown that the one on one care hospice provides can extend the life of a patient, enhances that quality of life based on your desires and provides support to the family caregiver.</p>
<p>Why Hospice Are we giving up Hope?</p>	<p>It Never Hurts to Try Hospice and See if you Want the Care we Provide. Many therapies that once prohibited a patient from obtaining Hospice services are now considered on a case by case basis. These therapies must be utilized for palliative (comfort) purposes, not as a means to "cure" the illness. Patients may come on and off hospice care, and re-enroll in hospice care, as often as the patient and family prefer when curative treatments are desired or for any other reason. The patient and family are in control of their care.</p> <p>Terminally ill patients and their families often struggle to come to terms with their limited life expectancies. However, hospice can help you and your family address fears, feelings and concerns. Hospice can show you how to re-define hope within the context of the disease and personal lifestyles. Hospice has helped guide thousands of families through this once-in-a-lifetime experience and recognizes that every patient and family is unique. Hospice works with each patient and family in whatever ways they find most helpful.</p> <p>Hospice workers recognize the importance of hope as a powerful, ever-changing force that continues throughout the time of living and process of dying. Hospice offers hope that a secure, familiar care setting can be enjoyed. Hospice offers hope for freedom from the fears of isolation, abandonment, loneliness, loss of control and physical pain; hope that the family will be nurtured and supported, for 13 months after the death of a patient. Hospice staff do not hasten or prevent death.</p>

<p>Where is Hospice care provided</p>	<p>Hospice Provides Care Where ever you call Home Hospice care usually takes place in the comfort of an individual's home, but can be provided in any environment in which a person lives, including a nursing home, assisted living facility, or residential care facility. Hospice provides care also for those with no at-home caregiver.</p> <p>When in the nursing home, Hospice provides care on top of services the nursing home already offers. This includes one hour of one-on-one care with the resident typically 3-5 days a week, depending upon the needs of the resident.</p> <p>Hospice care is available to anyone of any age throughout Wisconsin. Hope Hospice provides services in all of Taylor county and portions of all of the surrounding counties.</p>
<p>Who is eligible to have Hospice. Hospice is not just for cancer</p>	<p>Hospice is available to anyone, anywhere with a variety of conditions Hospice care is available to any person with any life limiting illness or decline due to a combination of factors, such as continued weight loss and weakness, congestive heart failure, alzheimer's disease and dementia, kidney failure and chronic lung disease.</p> <p>Hospice care is designed to provide not only medical care but also social, psychological, and spiritual support given by a multidisciplinary team that includes nurses, social workers, chaplains, volunteers and other professionals.</p>
<p>How is Hospice paid for How much does it cost</p>	<p>Hospice is the least expensive care and often costs nothing to the family In general, hospice costs less than hospital or nursing home care and saves significant money for Medicare (With Hospice, Medicare saves 62 cents for every dollar spent on medical care in the last 6 months of life).</p> <p>Medicare and Medicaid, and most private insurance plans include hospice care as a benefit. In addition, through community contributions, memorial donations, and gifts, hospice are able to provide patients who lack sufficient payment with free services or discounted care in accordance with your ability to pay.</p> <p>Hospice services—including medication and equipment related to the terminal diagnosis—are completely covered under the Medicare/Medicaid Hospice Benefit.</p> <p>Hospice is paid for by Medicare in the nursing home. Room and board is paid as usual through private pay or Medicaid and does not change when you come onto hospice. Patients receiving rehab care after a hospital stay may want to have a waiting period until restorative therapy is complete before coming onto hospice depending on your particular situation. Patients that are in the nursing home related to their terminal diagnosis usually do not progress with rehab therapies but may in the nursing home unrelated to their terminal care. Medicare will cover both for hospice and nursing home room and board after a hospital stay for a short period of time if you are in the nursing home unrelated to the terminal diagnosis.</p> <p>Research: Comparing Hospice and Nonhospice Patient Survival Among Patients Who Die within a 3-Year Window. March 2007 J of Pain & Symptom Management</p>