

Hospice

Dispelling Hospice Myths that Dismiss its Benefits

When you hear the term “hospice,” what comes to mind? For many, this special form of care is vastly misunderstood. The myths about what it is, what it isn’t and when it’s needed are so widespread that the majority of patients who would benefit from the extended care it offers miss out on its value. As the nation’s first home care provider, Interim HealthCare® is committed to helping others understand the truth about hospice so that those who genuinely need it are able to graciously receive it.



Interim
HEALTHCARE®
First in Home Care.®

Hospice

| HOSPICE MYTHS | HOSPICE TRUTHS |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hospice is a place. | Hospice is specialized care involving a team of caregivers focused on quality of life. It can be provided anywhere a patient calls home, including skilled nursing, assisted living and retirement facilities. |
| Hospice care is only for cancer patients. | Hospice care is for any person who is expected to live for six months or less if the disease progresses as expected. |
| Hospice care is only for the last six months of life. | Hospice care is not limited to six months; care continues as long as the patient meets the requirements and chooses hospice care. |
| The patient and their family must be ready to accept impending death to receive hospice care. | Hospice, while not curative in nature, is not a decision to die. Its focus is to provide physical, emotional and spiritual comfort. While a patient may choose hospice care at any point, some studies have shown patients who choose hospice earlier, live longer. |
| Patients must stop treatments and give up medications to qualify for hospice. | The Medicare Hospice Benefit does not require that the patient stop any treatments necessary to provide comfort. Treatments and medications will be continuously evaluated and adjusted based on the patient's needs and goals. |
| A patient must have a do-not-resuscitate (DNR) order to be eligible for hospice. | The regulation actually requires that hospices not discriminate against patients because of any advance directive choices they have or have not made. |
| A physician's order is required to visit with a patient to discuss hospice services. | Patients can choose to meet and discuss the benefit of hospice without a physician's order; however, hospice care cannot be provided to a patient without one. |
| The patient must stop seeing their physician. | Hospice patients have the right to choose their own physician and that physician may continue to bill for services as appropriate. |
| Hospice is the course you take when nothing else can be done. | Hospice is a choice to do what still can be done. When curative care is not working, hospice provides comfort-based care enabling patients to live their life to the fullest, without pain. |

Hospice

What is Hospice

Hospice is a compassionate form of end-of-life care designed to provide comfort and support to patients and their families facing advanced illness.

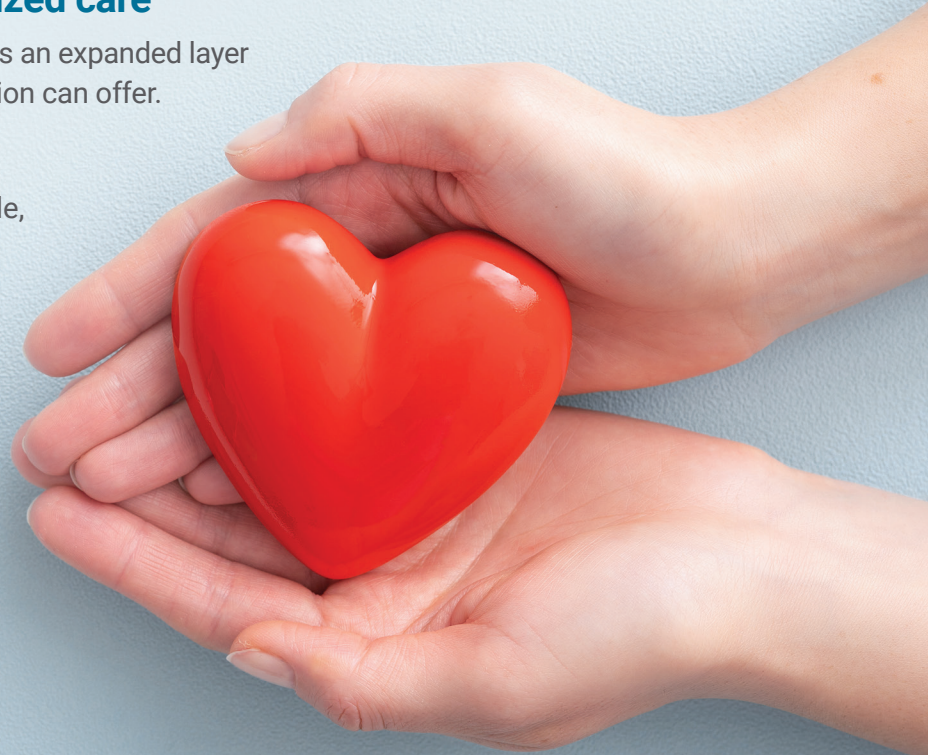
Hospice focuses on quality of life first

Unique from other types of care, hospice is focused on making the final months and days of a patient's life a time of joy and cherished moments for the individual and their family. This includes providing support and relief to caregivers, as well as spiritual and emotional support to the patient and their family.

Hospice offers an extensive level of specialized care

When an individual is in their final stages of life, Hospice adds an expanded layer of skilled care, support and comfort that no other care solution can offer. This includes:

- A dedicated care team: physician, nurse, nurse's aide, social worker, chaplain and volunteer
- Comprehensive care planning tailored to the patient's needs
- Advanced care for pain and symptom management



Hospice

Hospice is not a final decision

Patients who improve and stabilize can be discharged from hospice and provided with other levels of care as well as ongoing check-ins to ensure they do not require readmission. The goal is to provide patients with the best care available, and if hospice is not what's needed, that plan of care can change.

Insurance coverage and eligibility

Medicare covers 100 percent of hospice care expenses; other insurance plans have differing levels of coverage. To be eligible, a patient must have a life expectancy of six months or less, should their disease take its normal course.

Providing hospice care ... and so much more

Interim is committed to providing the highest quality of care to the patients and families we serve. Our HomeLife Enrichment® standard takes care to the next level, engaging the mind, body, spirit and family to provide an optimal care experience. We also offer complimentary therapies such as music, massage, aromatherapy, pet therapy, art time and life journaling to add joy to each day.

If you know someone who needs hospice care, we would be privileged to partner with you!

To find an Interim HealthCare office near you, please visit interimhealthcare.com.

