HOW DO I KNOW MY LOVED ONE IS READY FOR HOSPICE?

Hospice is care for patients with serious, debilitating or terminal diseases. It may be time to consider hospice when the effects of an illness begin to impact quality of life and activities of daily living, despite the best care provided by medical professionals:

- Your loved one has a serious illness with a life expectancy of 6 months or less.
- Curative treatment is no longer the patient’s choice or option, and comfort and symptom management become the main goals.
- You, as the caregiver, no longer have the ability — either through lack of time or lack of expertise — to provide the substantial and sustained care that your loved one needs.
- Your loved one wants to relieve you of having primary responsibility for caregiving, but still wants to receive a high level and quality of care.

Understanding Your Options

If you have a life-limiting illness such as heart or lung disease, dementia or cancer, our palliative care program offers you a specialized treatment option that combines advanced management of pain and symptoms, with enhanced quality of life for you and your family. Like hospice, palliative care can include pain management, help with understanding care options towards the end of life, help at home, and emotional support for patients and for loved ones.

Palliative care can apply over a period of weeks, months, or even years, and can work alongside a long-term treatment plan that aims at patient recovery and healing.

If you are unsure about which option is best, either for yourself or for a loved one, Capital Caring can help. You may speak with one of our navigation specialists 24 hours a day, 7 days a week to discuss your options.

Even if it’s not time for hospice yet, understanding the choices and having a plan can reduce stress and help everyone feel better.
Hospice focuses on care, not cure, and is designed to let patients decide where and how they want to spend the rest of their lives. When properly and fully utilized, hospice often enables patients to spend their final days at home rather than in hospitals, and eases the emotional and financial burden on patients and families.

Quality hospice care should make the patient’s remaining life as comfortable and meaningful as possible. This can mean pain and symptom management, nursing care, spiritual and emotional support, and help with everyday activities.

**Quality hospice care usually features several key characteristics:**

**Flexible**
Hospice should emphasize the patient’s right to decide, and how to respect and satisfy the patient’s wishes. Whenever possible, care should travel to the patient — in his or her assisted living facility, nursing home or private residence — not vice versa. Planning and ongoing provision of care should always include the patient’s personal doctors.

**Comprehensive**
Hospice care should be managed by a team of professionals who attend to the patient as a whole person: not just physical but emotional and spiritual needs. Care should also be extended to the patient’s family caregivers and other loved ones, as they share the patient’s journey.

**Prioritizing comfort and pain management**
Minimizing pain and discomfort should be a major priority of hospice care. Medication, care and procedures to control pain should be an integral part of each patient’s care plan.

**HOW DO I ARRANGE FOR HOSPICE?**
Anyone can initially refer a patient to hospice – physician, nurse, social worker, clergy, family, friends, or the patient.

Contact Capital Caring at **1.800.869-2136** or visit **www.capitalcaring.org** to speak with a referral specialist who can answer all of your questions. Information regarding the patient’s diagnosis and prognosis will be requested of the attending physician. Capital Caring will arrange a meeting with patient and family to discuss hospice care and services.
WHO PROVIDES THE CARE, AND WHERE?

Hospice care is delivered by a team of providers, each of whom is trained to deal with one or more of the patient’s needs. This team creates and executes the care plan, and also adjusts the plan if necessary.

At Capital Caring, this team usually consists of:

- Patient and family
- Hospice Physician
- Your Physician
- Nurse
- Certified Nursing Assistance
- Social Worker
- Chaplain
- Volunteers
- Bereavement Counselors

The number of visits to the patient depends on patient needs. Home health aides, who provide personal care to the patient, visit most frequently. Hospice volunteers are generally available to provide services such as running errands, preparing light meals, providing companionship to the patient and lending emotional support to the patient and her loved ones.

WHAT DOES HOSPICE COST?

Hospice is covered by private insurance and by Medicare and Medicaid. Many people do not know that hospice is a covered benefit under Medicare. Most hospice patients have their costs covered through the Medicare Hospice Benefit, which covers end of life care for up to six months.

IS HOSPICE LICENSED AND REGULATED?

Hospice agencies must be licensed by their respective states, and comply with federal regulations in order to qualify for Medicare reimbursement. The National Hospice and Palliative Care Organization has developed “Standards of Practice for Hospice Programs,” which define quality of care for the industry.
WHY CAPITAL CARING?

- Over 40 years of experience
- One of the largest and most experienced hospice providers in Mid-Atlantic region
- Access to 14 specially trained doctors and 20 nurse practitioners
- Point of Hope support groups
- Inpatient services- 57 beds in four locations
- Center for Pain and Palliative Care
- TeleCaring™ program – daily outbound calls to patients

Call 1-800-869-2136 to speak with someone 24 hours a day, 7 days a week