



Visiting
Nurse and
Community
Health

Home Health Care ■ Hospice Care ■ Private Care

FAQ'S about hospice

From the patients point of view.....

Why should we choose hospice?

The decision to choose hospice is a very personal one. It directly involves the patient, family, physician and any loved ones who may serve as caregivers. Here are a few things you should consider. Hospice's expertise in palliative, or "comfort" care, assures state-of-the-art pain control and symptom management.

Hospice enables patients to focus on living their remaining days fully, at home, among family and friends. This emphasis on family involvement - understanding that everyone's definition of "family" is unique - helps individuals to support each other during this time of life.

Where is hospice care provided?

Hospice care takes place in the home. For some, "home" may mean a house or an apartment. For others, it may be some form of extended care facility, such as a nursing home or assisted living community. In addition, there are several hospice residences operating in Massachusetts exclusively for hospice patients. Regardless of your circumstance, the hospice team will come to you where you live. The majority of hospice patients live in their own home with the help of a family member or friend who serves as the "primary caregiver." This caregiver works closely with the hospice team to provide for needs.

What makes hospice care unique?

Hospice care centers on the patient and family. The goal of the professional hospice team is to empower the patient to make their own choices with its support and assistance. The team serves as advocates, helping to access the information and resources you need during this very challenging time.

In addition to providing the care directly, hospice team members serve as teachers, enabling the family to care for their loved one at home. Hospice recognizes that the family and caregivers need an extra measure of support both during and after their experience of caring for a seriously ill patient.

May I keep my own doctor?

Yes. In fact, your physician will play a crucial role on the hospice team. Your doctor will work closely with hospice to develop a plan of care that best meets your individual needs and those of your family and caregivers. In addition, the hospice nurse will keep your doctor regularly informed as to your

condition and any changes which may be taking place.

What if my doctor hasn't spoken with me about hospice?

Your doctor may feel that it is not yet appropriate for hospice. However, it is wise to request information about hospice before you need it, so that you can understand your options and access appropriate services when you want and need them. Feel free to raise the issue with your physician, and if you would like additional information, speak with a hospice staff member.

May I continue with my treatments and therapies?

Hospice specializes in palliative, or "comfort" care. Therefore, treatments and therapies focus on controlling symptoms and managing pain, rather than attempting to cure. Some treatments, such as chemotherapy, can be either curative or palliative, depending on the circumstance. You should discuss with your physician which palliative treatments will be provided in your plan of care. Patients who wish to continue to aggressively seek a cure should seriously consider whether hospice is right for them at this point in time. Some members of the Hospice & Palliative Care Federation provide palliative care services for patients with life-limiting illnesses earlier in the course of their disease and who still may be in active treatment. Sometimes patients choose these services when the goal of care begins to transition from the cure to the relief of pain and suffering. These programs may offer pain and symptom management, assessment, consultation, or supportive services to the patient and family. They may be provided as a program of hospice, in cooperation with a home health or visiting nurse association, through a group medical practice, or within a hospital or extended care facility.

Will I be in pain?

Pain is not an inevitable side-effect of terminal illness. For more than 20 years, hospice doctors and nurses have dedicated themselves to providing the very best pain control and symptom management. With proper medication and management of an individual's changing condition, the vast majority of hospice patients can live alert and pain-free throughout the course of an illness.

Does Hospice care for patients with any kind of terminal illness?

Yes. Years ago, hospice was associated primarily with a cancer diagnosis. However, in the last decade, hospice care has been made available to individuals with any life-limiting diagnosis, including: cardiac and respiratory diseases, neurological diseases, AIDS, liver disease, Parkinson's disease, Alzheimer's disease, dementia and others. If you are not certain whether your diagnosis is appropriate for hospice, speak with your doctor or a hospice in your community.

What if I get better?

It is possible that your condition may improve to the point where you no longer need hospice, or where it again becomes appropriate to seek curative treatment. In such cases, your hospice team can discharge you from the hospice program and help you to carefully transition to a different level of care. Patients discharged from hospice care can always be readmitted should your doctor find that your condition once again is appropriate for hospice care.

Will I become a burden on my family?

Many patients worry about this. You should know that hospice provides considerable support to your family, helping them to manage your care in an environment of trust and respect. Almost all families describe their hospice experience as one of the most meaningful in their lives - a time when they strengthened relationships and captured valuable memories.

What if my family is unable to care for me?

Hospice understands that some people do not have the option to stay with a family member who can serve as their primary caregiver. In such cases, you may choose to live in an extended care facility, or you may speak to your local hospice about private services arrangement to meet your needs. Several hospices offer services in their own residences. Hospice will work with you to address your unique situation to ensure your safety and well-being.

How often will I see my hospice team?

The plan of care developed by your physician and hospice will determine the frequency of scheduled visits from the various members of the hospice team. This plan will evolve to meet your changing needs. In addition, you can reach a hospice nurse by telephone around-the-clock, and emergency visits will be provided whenever necessary.

Will my personal beliefs be respected?

One of the founding philosophies of hospice involves an abiding respect for each individual's unique values. All hospice team members appreciate diversity in cultural heritage, faith, spirituality and lifestyle. If requested, hospice chaplains and social workers can provide an extra measure of support, offering spiritual comfort with an attitude of openness and acceptance.

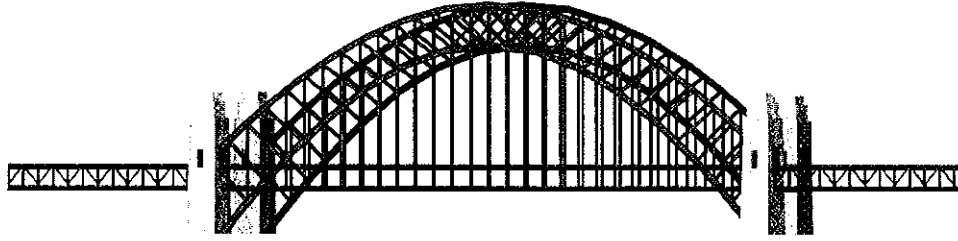
How can I let my family know my informed health care decisions?

You can help your family to understand your wishes by preparing them in advance. You may wish to discuss your choices with your family, friends, doctor, clergy or others close to you, so that you can gain a clear sense of the options and decisions which lie ahead.

If you have any questions please contact us :

Visiting Nurse and Community Health Hospice Program @ 1-781-643-6090

An Update from VNCH Hospice



We are continuing to build our Bridge Program !!

- Our Bridge patients now have shared case management with a Hospice RN and a Homecare RN
- Our Hospice Case managers are available 24/7 for pain consults and symptom management
- Our Bridge patients can have their DME's and O2 ordered directly from the Hospice DME provider at discharge.

American Homecare Specialists @ 1 800-870-2607*

*Mention VNCH Bridge Program

- *American Homecare Specialists* bills most all insurances including Medicare
- When patient signs on to Hospice then all billing will revert to Hospice and the patient will not have to physically change equipment.

We're here to make it easy for discharge planning and for the patient who needs a Bridge to Hospice.

Call Lauren Shaughnessy RN, Hospice Manager
with any questions
781-643-6090 x 1206