

HOW DOES HOSPICE WORK?

- **Hospice is a choice.** Patients can leave hospice care at any time for any reason. Patients can also come back to hospice at any time, as long as they meet hospice eligibility guidelines.
- **Hospice provides medicines as needed to manage symptoms.** Hospice doctors aim to give just enough medicine to manage symptoms and ease pain, including medicines that bring comfort and improve quality of life.
- **Family or friends provide care with support from the hospice team.** Family or friends are the primary caregivers, supported and trained by an expert team that makes regular, scheduled visits. For patients who live in assisted living communities and nursing homes, the hospice team works together with the facility staff.
- **Hospice provides home medical equipment and supplies related to the cause of the illness.** This includes shower chairs, oxygen tanks, hospital beds, toileting supplies, and more.
- **Hospice supports the family.** After a patient passes, hospice addresses emotional and spiritual pain suffered by loved ones for more than a year.

WHERE CAN I RECEIVE HOSPICE CARE?

- **Hospice can happen anywhere. Hospice is a service that comes to the patient.** Whether you are at home, in an Independent or Assisted Living facility, Skilled Nursing Facility, or Adult Family Home, our hospice staff comes to you.

WHEN SHOULD HOSPICE BE CONSIDERED?

- Seeing increased hospitalizations or trips to the ER
- Desire to limit invasive treatments or wanting to forgo treatment options
- Decreased appetite and experiencing weight loss
- Frequent infections
- Requiring major assistance with Activities of Daily Living (ADLs)
- Seeing decline in ambulatory ability
- Changes in behavior or sleep patterns
- Incontinence
- Decision to focus on quality of life rather than aggressive treatments

Hospice is a choice. Our team of professionals are ready when you are to discuss options that focus on comfort-care and improve quality of life.

Our Interdisciplinary

Hospice Team is made up of:

- Physicians
- Nurses
- Case Manager (RN)
- Social Workers
- Licensed Practical Nurses
- Home Health Aides
- Volunteers
- Bereavement and Spiritual Counselors
- Physical, Occupational and Speech Therapy
- Massage Services

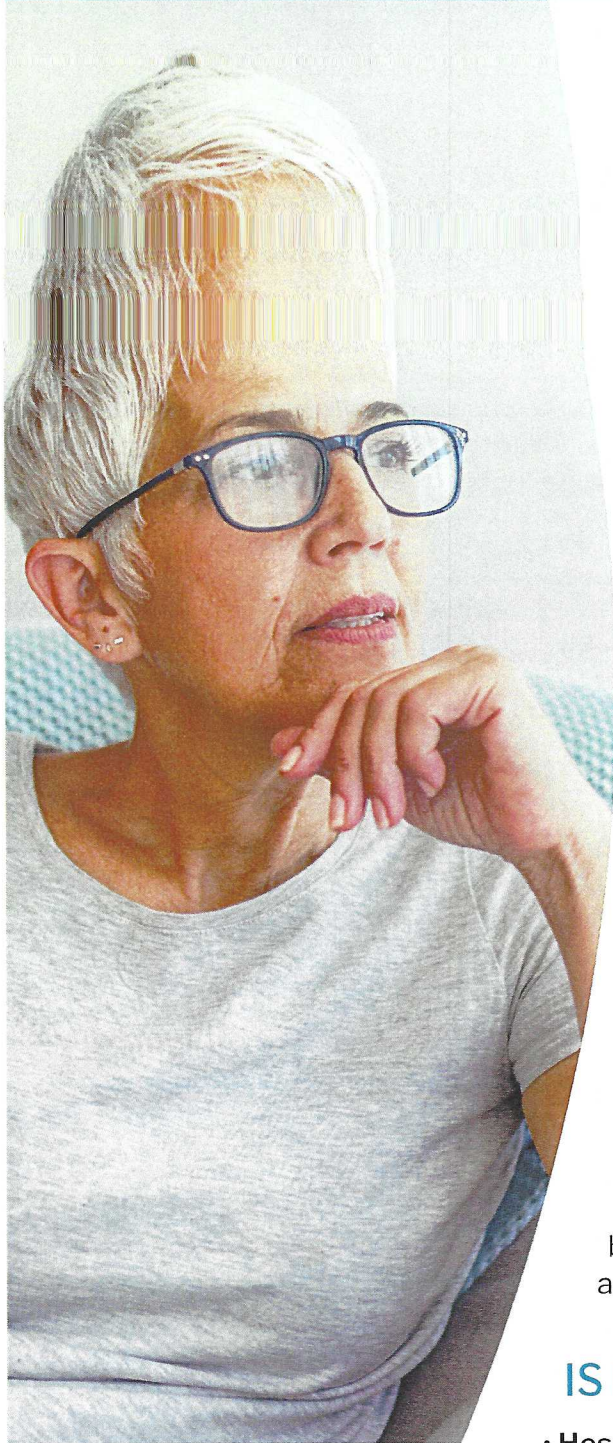
Kline Galland Home is proud to offer specialized, inpatient Hospice Care when a transition is needed from the home or another facility.



KLINE GALLAND
HOSPICE

HOSPICE CARE

FAST FACTS



WHAT IS HOSPICE CARE?

- Care delivered in your home, wherever you call home
- Patient-centered interdisciplinary approach
- Comprehensive symptom management
- Pain control and promotion of comfort
- Emotional, social and spiritual care
- Visits from nurses, social workers, chaplains, nursing assistants, and volunteers
- Emphasis on respect, dignity and compassionate care
- Extra support for patients, families and caregivers during times of transition through teaching and guidance about the end-of-life process
- Respectful reinforcement that life is to be celebrated to the fullest
- Support for tough decision making related to the goals of care, focusing on quality of life
- Bereavement counseling and grief support
- Medicare Certified and CHAP Accredited

Hospice care from Kline Galland offers highly specialized and compassionate care – a commitment that life is to be cherished at every moment. Our program is based on a foundation of empathy, integrity and faith.

IS HOSPICE CARE RIGHT FOR ME?

- **Hospice is for people with advanced illnesses.** Hospice is comfort-base care for patients with serious illness regardless of age, and designed to meet the needs of patients of all cultures and beliefs.
- **There is no time limit for a patient on hospice.** Hospice is for patients who have 6 months or less to live according to a doctor, and it can be extended when needed.
- **Hospice Care is covered by Medicare.** Medicare Part A covers up to 100% of the cost of hospice care related to a hospice-eligible patient's illness with no deductible or copayment. Private or employer-provided health coverage can vary. Check with your insurance provider for details about hospice eligibility coverage and out-of-pocket expenses. Medicaid provides

HOSPICE CARE

MYTHS & FACTS

MYTH	FACT
Enrolling in hospice means you are giving up.	By enrolling in hospice services, you are choosing to focus on quality-of-life through patient-centered care. People enrolled in hospice live, on average, 29 days longer than those who are not enrolled.
If I enroll in hospice, I will no longer be able to see my primary doctor.	When enrolled in hospice, your primary doctor, the hospice care team, and you will collaborate to create a care plan that meets your goals. Your primary doctor and the hospice team will communicate on a regular basis to ensure these goals are being met.
To get hospice care, I will have to leave my home and go to an inpatient facility.	Hospice is not a place, it is a concept of care. Hospice usually takes place in the comfort of your home, but can be provided in many settings including skilled nursing homes, residential care, and assisted living facilities.
Hospice is only for individuals who have a cancer diagnosis.	Hospice serves people of any age dealing with serious illnesses with a prognosis of six months or less. This can include: heart, lung, kidney, dementia and neuro-muscular diseases.
Hospice "dopes people up" so they become addicted to medication or sleep all the time.	When patients have a legitimate need for pain medication, they do not become addicted to it. Hospice has unmatched expertise in managing pain so patients are comfortable yet alert, and able to enjoy each day to the fullest extent possible given the circumstances of their medical condition.
Hospice patients can't have feeding tubes or IV hydration.	Each patient is evaluated on a case-by-case basis, and receives the treatments necessary to provide support and comfort for the goals of care.
Hospice patients must have a DNR (Do Not Resuscitate) status.	Hospice patients do not have to have a DNR in place to be admitted to hospice care.
If it is time for hospice my doctor will talk to me about it.	Many doctors wait for a patient to bring up hospice, leading to a late enrollment. Often families and patients wish they would have known about hospice sooner. Anyone can inquire about hospice.
Hospice care is expensive and my family will not be able to afford it.	Hospice is covered by Medicare and Medicaid almost 100%. Many commercial plans now have a hospice benefit with little to no out-of-pocket expenses to the patient or family.
Hospice is only when you have a few days to live.	Hospice care can be provided when a cure is no longer possible and it's believed a patient has six months or less to live.
Hospice provides nursing care in the home 24 hours a day.	The hospice team makes regular visits to the patient wherever the patient resides, whether in the home or care facility. A hospice nurse visits when needed and is available by phone 24 hours a day, 7 days a week.

