Understanding Hospice Care

A Guide for Patients and Families
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Northwestern Medicine Home Health & Hospice

We strive to provide you the highest levels of care and support during this difficult time.

Northwestern Medicine Home Health & Hospice (formerly CNS Home Health & Hospice) has been delivering quality, compassionate home care for thousands of patients in the community since 1958. At Northwestern Medicine Hospice, our services are based around a belief that the end of life can and should be dignified and peaceful. The purpose of hospice is respectful, compassionate care provided to those facing a terminal illness and to family members seeking emotional and spiritual support.

A team of professional and experienced caregivers

Northwestern Medicine Home Health & Hospice is one of the area’s largest home health and hospice providers

The Northwestern Medicine Home Health & Hospice staff makes more than 100,000 home visits annually—24 hours a day, 365 days a year

Caregivers can often make same-day visits

Our patients benefit from its affiliations with Northwestern Medicine Central DuPage Hospital and Northwestern Medicine Delnor Hospital, including their highly trained nursing staffs, which earned Magnet® recognition for nursing excellence from the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program®.

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Understanding your options

Considering hospice for your family member can be overwhelming. Knowing which questions to ask—and understanding what hospice care is and isn’t—can help you evaluate prospective caregivers, weigh your options and make an informed choice. The information in this guide and the support from your care team can help you choose the best and most appropriate option for you and your family.

Hospice goal and focus

To reduce or prevent pain and suffering

To focus on comfort and quality of life, not curing the illness

To help and support patients and caregivers
Frequently asked questions

**What is hospice?**
Hospice is a special way of caring for the physical, spiritual, social and psychological needs of patients and families faced with a life-limiting condition. If you or your loved one qualifies for hospice care, you can receive medical and support services from physicians, hospice nurses, hospice pharmacists, medical social services, chaplains, bereavement coordinators and trained volunteers. In many cases, you and your family can stay together in the comfort of your home. Hospice care may also be provided in a hospice facility, hospital or nursing home.

**How is hospice different from other medical care?**
The goal of hospice is to care for the patient and family, not to cure the illness. The family is the “unit of care,” as hospice recognizes that a life-limiting illness affects the entire family. Controlling pain and symptoms, as well as providing emotional and spiritual support at the end of life, is the focus of hospice. Family members often benefit from the attention of hospice caregivers just as much as the patient does.
What is the goal of hospice?
Hospice was created to provide comfort and care, and alleviate the issues and symptoms that may occur near the end of life. The focus is on comfort, not on curing an illness. In fact, hospice care seeks to develop a proactive plan that uses the most up-to-date interventions to achieve maximum symptom management. Hospice strives to allow patient, family and caregivers to focus on living each day to the fullest.

Does hospice care mean giving up?
Hospice does not mean giving up hope. Hospice recognizes that some illnesses cannot be cured, so the focus changes to ensure the patient is as comfortable and pain-free as possible.

Who is eligible?
A physician and the hospice medical director must certify that a hospice patient has a terminal illness with an estimated life expectancy of six months or less. The patient must agree to elect hospice care. The patient and the hospice provider will work together to identify a primary caregiver.

How long can hospice last?
Hospice may continue as long as the patient is terminally ill. Medicare will pay for hospice care as long as a patient’s physician and the hospice medical director continue to certify that the patient has a terminal illness. Hospice care does not end after six months.

**How is hospice paid for?**
Hospice is covered by most insurance plans, including Medicare and Medicaid. The Medicare hospice benefit covers costs related to the terminal illness, including the services of the hospice team, supplies, medical equipment and medication. However, medications for a condition not related to the terminal illness are not covered by the hospice benefit.

The hospice team will work with the family to determine the patient’s medication, supply and equipment needs. Equipment and supplies can be conveniently delivered to the home.

**What is not provided under hospice?**
For patients in hospice, Medicare will not pay for treatment to cure an illness. Patients should talk with their doctors if considering potential treatments to cure an illness. Hospice patients always have the right to stop receiving hospice care and go back to their regular doctors or health plans. Medicare will not cover treatment given by another provider related to the terminal illness. All care needs to come from your hospice provider.

**How do hospice services begin?**
A physician order is necessary to initiate hospice services. Any patient or family member can initiate hospice care with a call to a hospice provider. The provider will work with your referring physician to determine the appropriate level of care.

**How do you select a hospice?**
Talk with your physician, nurses and social workers. You may contact your local or state office on aging. Friends and family may also offer advice.
Hospice includes the services of a multidisciplinary team of healthcare professionals including:

- Physicians
- Advanced practice nurses (APN)
- Hospice nurses
- Hospice pharmacists
- Certified nurse assistants and home health aides
- Social workers
- Chaplains and spiritual counselors
- Bereavement coordinators
- Volunteers who provide companionship and emotional support

The Northwestern Medicine hospice staff is available by phone, 24 hours a day, 365 days a year.
Levels of hospice care

Depending on the needs of both the patient and his or her family, hospice can be provided in different locations and involve different levels of caregiving.

**Routine care**
Patients receiving routine home care have clinical needs that are intermittent, rather than continuous. A patient may require visits from caregivers like skilled nurses, social workers and chaplains, as well as the services of a home health aide.

**Inpatient care**
Inpatient care may be required when a patient’s symptoms can no longer be managed at his/her place of residence. In this case, the patient is temporarily placed in an acute-care hospital.

**Respite care**
A patient may enter respite care when his or her caregiver, usually a family member, needs a break from caregiving. The patient is temporarily placed in a medical facility with 24-hour skilled care so the family can rest and recharge.

**Continuous care**
Continuous care is also referred to as crisis care. Occasionally a patient’s symptoms are acute and can be challenging to manage. When this occurs, hospice can provide skilled care in the patient’s home for a short period of time in order to achieve symptom management when a patient does not wish to be transferred to a medical facility.
Choosing a hospice provider

When choosing a hospice provider, ask the right questions* to help make an informed decision:

Is the hospice Medicare-certified?

Has the hospice been surveyed by a state or federal oversight agency in the last five years?

Is the organization a National Hospice and Palliative Care Organization member and does it comply with all aspects of NHPCO’s Standards for Hospice Programs?
Is the hospice accredited by a national organization?

Does the hospice conduct a family evaluation survey?

Does the hospice own or operate a care facility to provide home-like care in a hospice residence, hospital or nursing home?

Are clinical staff (physicians, nurses, social workers) certified or credentialed in hospice and palliative care?

What services do volunteers offer, and if requested, how quickly will a volunteer be available?

Will staff come to the home if there is a crisis at any time of the day or night and on weekends? Who is available to make the home visit (nurses, doctors, social workers, chaplains)?

If I need to go to a hospital or nursing home, which ones does/doesn’t the hospice work with?

What “extra” services does the hospice offer?

How long has the hospice been operating in the community?

How many patients at any one time are assigned to each hospice staff member who will be caring for the patient?

What screening and type of training do hospice volunteers receive before they are placed with patients and families?

How quickly can the intake/admissions staff come to begin the admissions process? Is someone available at night or on weekends?

What is the organization’s governance structure?

Is the hospice a We Honor Veterans Partner?

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Northwestern Medicine Home Health & Hospice accepts Medicare, Medicaid and most commercial insurance plans. Please contact us to learn more about the commercial plans that we accept.

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