Hospice Fact Sheet for Nurses

What is hospice? The purpose of hospice is to provide quality, compassionate support and care for people facing a life-limiting illness and their families. Hospice care is founded on the belief that, even when cure is no longer possible and time is measured in months or weeks, there is still an opportunity for quality of life, comfort, dignity, and hope. The care is provided by a trained team of health professionals and volunteers in the setting of choice (home, long-term care facility, hospital) supporting the physical, emotional, spiritual, and social needs of the patient while supporting family members throughout this difficult time. Hospice reaffirms the right of every person and family to participate fully in the final stage of life. Hospice care is covered by Medicare, Medicaid, and most private insurance companies and is available to persons of any age, religion, or race.

Q: What is the purpose of hospice in the nursing home?
A: The purpose of hospice in the nursing home is to provide access to specialized end-of-life care services and support to nursing home residents and their families. Access to these specialized services through the Medicare Hospice Benefit or other insurance is a resident’s right regardless of where the person calls home.

Q: What are the common hospice diagnoses?
A: The most common diagnoses of hospice patients are cancer, CHF, COPD, Alzheimer’s, dementia, Parkinson’s, ALS, and any other life-limiting condition in which the prognosis is poor and life is measured in months, not years.

Q: What services does hospice provide to my resident?
A: Hospice services are comprehensive in nature and include the following services: physician, nursing, personal care, social services, spiritual counseling, volunteers, complementary therapies, and bereavement support. The hallmark of hospice is management of pain and distressing symptoms and support of social, emotional, mental, and spiritual aspects of the resident. This is accomplished through the interdisciplinary hospice team in conjunction with nursing home staff.

Q: Does hospice hasten death or compromise a resident’s mental orientation?
A: No, the hospice philosophy does not hasten or postpone death but views it as a natural process, focusing on comfort, dignity, and choice. Addressing physical pain is one aspect of holistic care. The goal of treating physical pain is to help maximize comfort while maintaining orientation whenever possible. There are times, however, when temporary sedation occurs as the patient adjusts to prescribed medication.

Q: Is a DNR required to be on hospice?
A: No, a DNR order is not required for admission to hospice.

Q: Does hospice allow feeding tubes and IV hydration?
A: Yes, the resident’s individual goals and plan of care will be discussed between all parties in order to implement a comprehensive care plan that addresses feeding tubes and IV hydration.

Q: What are the financial considerations of hospice in the nursing home?
A: When hospice is recommended, residents and families should discuss their individual circumstances with the facility social worker as well as the hospice representative.

Q: Who is the hospice team?
A: The hospice team is comprised of the resident’s attending physician, the hospice nurse case manager, home health aide, social worker, spiritual counselor, volunteer, therapists, and bereavement counselors.
Q: **How does hospice benefit the family?**
A: Residents and families benefit from the combination the nursing home and hospice teams, each bringing its unique strengths to bear for resident and family benefit. The delivery of end-of-life care in the long-term care setting is implemented through a joint care planning process. Hospice staff can offer suggestions for improved comfort, often needed counseling support services to help with anticipatory grieving, preparation for the dying process, planning of advance directives, and financial or funeral arrangements. In addition, nursing home staff can be assured that the family will receive the benefit of bereavement counseling and support groups for up to 13 months after the death of their loved one if they so choose.