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: When is the right time to ask about hospice?  
A: Now is the best time to learn more about hospice and ask questions about what to expect from hospice services. Although end-of-life care may be difficult to discuss, it is best for family members to share their wishes long before it becomes a concern. This can greatly reduce stress when the time for hospice is needed. By having these discussions in advance, patients are not forced into uncomfortable situations. Instead, patients can make an educated decision that includes the advice and input of family members and loved ones.

Q: How does hospice care begin?  
A: Typically, hospice care starts as soon as the patient’s doctor makes a formal request or a ‘referral’. However, anyone can contact the hospice to initiate care. Often a hospice program representative will make an effort to visit the patient within 48 hours of that referral, providing the visit meets the needs and schedule of the patient and family/primary caregiver. Usually, hospice care is ready to begin within 24 hours of the referral. However, in urgent situations, hospice services may begin sooner.

Q: What services does hospice provide that the nursing home staff is not already providing?  
A: Hospice care does not replace the nursing home staff or family but augments this care, providing additional expertise, support, and care for the resident and loved ones. Additional care is provided in the following ways:
- A team of highly trained professionals to augment the quality care already being provided by nursing home staff
- Hospice nurses with expertise in managing pain and other symptoms near the end of life to improve comfort and quality of life
- Personal care, counseling, and spiritual support services
- Support for the whole person—physical, emotional, mental, and spiritual.
- Trained volunteers to provide companionship and respite for caregivers
- Complementary therapies such as art, music, pet and massage therapies
- Grief and bereavement support both during the dying process and for at least one year following the death

Q: Who pays for hospice care in the nursing home?  
A: Hospice services are paid for by Medicare, Medicaid, and most private insurance plans. Hospice will contact the insurance company to ensure coverage.

Q: How long can someone be on hospice?  
A: There is no limit to the time someone can receive hospice care. However, usually life expectancy is months, not years. The doctor and the hospice team continue to assess the resident’s and family’s needs and recertify hospice care for as long as is necessary.
Q: Does the doctor taking care of my loved one remain involved?
A: Yes, the attending physician remains involved and is a critical part of the team. Hospice staff will develop an individual plan of care for you or your loved one and will make recommendations to the physician for implementation. The attending physician must approve all recommendations by the hospice team.

Q: Is hospice available after hours?
A: Hospice care is available ‘on-call’ seven days a week, 24 hours a day. Most hospices have nurses available to respond to a call for help within minutes, if necessary. Some hospice programs have chaplains and social workers on-call as well.

Q: How does hospice work to keep the patient comfortable?
A: Many patients may have pain and other serious symptoms as illness progresses. Hospice staff members receive special training to care for all types of physical and emotional symptoms that cause pain, discomfort, and distress. Because keeping patients comfortable and pain-free is an important part of hospice care, many hospice programs have developed ways to measure how comfortable patients are during the course of their time on hospice. Hospice staff members work with the patient’s physician to ensure that medication, therapies, and procedures are designed to achieve the goals outlined in the patient’s care plan. The care plan is reviewed frequently to make sure any changes and new goals are addressed.

Q: What role does the hospice volunteer serve?
A: Hospice volunteers are generally available to provide different types of support to patients and their loved ones including running errands, preparing light meals, staying with a patient to give family members a break, and lending emotional support and companionship to patients and family members.

Q: Do state and federal reviewers inspect and evaluate hospices?
A: Yes, there are state licensure requirements that must be met by hospice programs in order for them to deliver care. In addition, hospices must comply with federal regulations in order to be approved for reimbursement under Medicare. Hospices must periodically undergo inspection to be sure they are meeting regulatory standards in order to maintain their license to operate and the certification that permits Medicare reimbursement.

Q: How can I be sure that quality hospice care is provided?
A: Many hospices use tools to enable them see how well they are doing in relation to hospice quality standards. In addition, most programs use family satisfaction surveys to invite feedback on the performance of their programs. To help hospice programs in making sure they provide quality care and service, the National Hospice and Palliative Care Organization has developed recommended standards entitled “Standards of Practice for Hospice Programs” as one way of ensuring quality. There are also voluntary accreditation organizations that evaluate hospice programs to protect consumers. These organizations survey hospices to see whether they are providing care that meets defined quality standards. These reviews consider the customary practices of the hospice, such as policies and procedures, medical records, personal records, evaluation studies, and, in many cases, also include visits to patients and families currently under care of that hospice program. A hospice program may volunteer to obtain accreditation from one of these organizations.

Q: Where can I find more information about hospice care?
A: You can speak with your doctor, the nursing home staff, or a hospice representative, or you can log on to the National Hospice and Palliative Care website at www.nhpco.org.