

Choosing Hospice

Answering Common Questions
From Families & Caretakers

Serving all of
Fremont County, Wyoming
since 2008
(307) 856-1206



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What does comfort mean to me?

Everyone has their own understanding of comfort. Some things, however, are commonly true.

Many find comfort in being in a warm and familiar place with their loved ones.

Many also find comfort in being listened to by open hearts, having their wishes and choices respected.

It frequently means choosing treatments and care that makes them feel better instead of worse, knowing their family is supported and taken care of, and being able to do the things they want for as long as possible.

Wouldn't you want the last months of your life to be filled with comfort?



Help for Health's mission is to provide comfort to those most in need here in Fremont County. We're here to listen about what comfort means to each patient and deliver the best care possible.

Our team of professionals specially trained in end-of-life care provide an important tool that enables people facing the end of their lives to spend their time the way they most want; that tool is hospice care.

Choosing what's best for you and your loved ones can be difficult; Help for Health understands that. That's why this packet is here: to answer the most common questions regarding end-of-life decision-making, care, and the help hospice can provide and help you talk with your family about it.

Living the way you want matters. Hospice can give you control during difficult times so that you can make the most of the time you have.

Why should I talk about end-of-life care with my family and loved ones?

If you or a family member becomes ill or unable to communicate their desires without already having had a talk about end-of-life care, choices can become stressful and complicated. Caregivers often report that the greatest source of stress is being forced to guess about what their loved one would have wanted.

There is no shame or harm in talking about the end-of-life process. Your family and loved ones will be thankful when the time comes.

When should I talk about end-of-life care with my family and loved ones?

The best time to talk about end-of-life care is early when everyone is still healthy and able. No one can fully control or predict the future, and there is no harm in early discussion about your personal wishes and how you wish to be cared for. Talk about what comfort means to you or them and make plans ahead of time.

How do I talk about end-of-life care with my family and loved ones?

Conversations don't have to happen all at once, but it does help to schedule a time and place where all parties involved can talk and cover without distraction. Think about who else needs to be included, such as you or your loved one's legal, spiritual, or medical advisors. Write down decisions and choices regarding the most major issues. Even if there is a chance these choices may change, writing down things now provides security and peace of mind into the future.

Who makes these decisions if the patient can't?

If a patient has talked with their family and has written an advanced directive, then their loved ones can follow the patient's directions with ease. An advanced directive most often includes instruction on who can make healthcare decisions in the patient's stead. Your medical provider or legal advisor can provide more information on how to create one.

If not, then the hard work of figuring out a plan and direction falls to their family members and caregivers. They must agree and work together with their chosen healthcare providers.

If you are in such a position, focus on your loved one's best interests and values rather than your own. That will ease the process and comfort everyone involved.



What is hospice?

Hospice care is care tailored to providing maximum quality of life for those with advanced illnesses that cannot be cured. Its primary goal is to ensure the comfort of a patient during their end-of-life process and support their family during and after. Unlike many kinds of medicine, hospice care is not limited to a building or a single place; it can be provided wherever a patient calls home so that they can be with their loved ones for as long as possible.

Hospice is a team effort; many professionals, all specially trained in end-of-life care, come together to ensure a patient's pain, symptoms, and discomfort are managed. It is holistic, which means it addresses all parts of a patient's life and is tailored to meet their unique and individual needs, whether physical, emotional, psychological, or spiritual.

Hospice does not seek to hasten death. In fact, if care is provided early enough, hospice care can not only increase a patient's quality of life but also their quantity of life. Some studies have found that patients choosing hospice care can live an average of 29 days longer than similar patients who did not accept hospice.¹

¹ Connor S., Pyenson B., Fitch K., Spence C., Iwasaki K. (2007). Comparing hospice and nonhospice patient survival among patients who die within a three-year window. *Journal of Pain and Symptom Management*, Mar;33(3): 238-46.

How is hospice paid for?

Most hospice patients never pay out-of-pocket costs for hospice care. So how is hospice care paid for?



Medicare

Medicare Part A covers up to 100% of the cost of hospice care related to the qualifying diagnosis with no deductible or copayment.² Medicare Advantage, through original Medicare, also covers most costs of hospice. A qualifying diagnosis is an illness or decline that causes the patient to likely, according to a doctor, have six months or less to live. The patient must also agree to focus their care on improving quality of life.



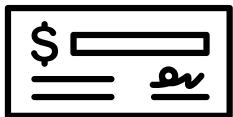
Medicaid

Wyoming Medicaid offers 100% coverage for hospice care. These benefits and requirements are roughly equivalent to Medicare's benefits.



Private Insurance

Most private insurance plans have the same full coverage of hospice care and requirements for entry as Medicare and Medicaid. For more information, check your coverage details or ask your insurance representative.



Personal Payment

For patients without insurance, with only partial coverage, or with costs not directly related to hospice care (such as room and board costs for residential care in our hospice home), private pay or payment plans may be necessary.



Non-Profit Assistance

For those in need, money should not be a reason to avoid hospice care. Our financial officer can answer questions and help find resources or ways to reduce their hospice bill so that patients can get the peace and comfort they deserve regardless of financial status.

² Your Medicare Coverage — Hospice Care Coverage. Retrieved May 24, 2022, from <https://www.medicare.gov/coverage/hospice-care>.

When should I start asking about hospice?

It can be difficult to tell when hospice might be right for a loved one. While qualifying patients who join earlier benefit more from hospice care, many do not know when a patient may qualify.

Here are a few questions you can use to figure out when hospice care might be appropriate:

- Has the patient's condition gotten worse?
- Are their symptoms difficult for existing care to manage?
- Has the patient been to the hospital, emergency room, or other healthcare services several times in a short period of time?
- Has their doctor said that the patient's illness can't be easily slowed or likely cured?
- Has the patient said their treatments don't make them feel well enough to be worth the side effects?

If some of the answers to the above are “yes”, ask their doctor if your loved one is eligible.

You can also call Help for Health to ask about care, and we will help you determine if your loved one may be eligible. This consultation does not cost anything, and we will then directly reach out to the patient's doctor for more information if we believe hospice can be beneficial.

What happens next?

After a consultation and evaluation, if the patient's doctor and the hospice doctor agree a patient is eligible and the patient chooses hospice, then they begin creating a plan of care. This plan is made by our whole team and takes into account the patient's existing medical history, their current symptoms, and their reported wants and needs. As the patient's wants and needs change, our team will change the plan of care to match.

Where do we go for hospice?

Wherever is best for the patient! Hospice is a service, not a place, and the patient's wishes come first.

The hospice team works with the patient's doctor, the patient, and their loved ones to decide on the right level of care for the patient. The patient may move between levels as necessary to meet their changes in health and situation.

Hospice is at-will; patients may also go off hospice if their health significantly improves or if they wish to pursue curative treatment. There is no limit to the number of times a patient can be placed on hospice services so long as they continue to meet the criteria for admission and commit to a plan of care focused on quality of life.



What levels of care are offered?

Routine Home Care

Help For Health Hospice provides care in Fremont County wherever the patient considers home. This could be their own home, their nursing home, their assisted living facility, or any other place of residence. Our team will visit regularly as the patient's needs require, determined by their plan of care, and a nurse is on call 24/7 to answer pressing questions and arrange aid as necessary. Volunteers can also visit to assist and provide companionship.

Inpatient Care

For patients with symptoms or pain that cannot be managed at home, Help For Health is proud of its inpatient hospice home in Riverton. Our warm, home-like facility has around-the-clock nursing support so that updates and care adjustments can be made easily and efficiently. Friends and family are welcome to visit at any time, and our staff and volunteers are responsive to meet whatever needs and wants we can provide.

Respite Care

For home hospice patients and their caretakers, hospice allows for respite care for up to five days a month. This allows the patient to stay in our hospice home temporarily and be cared for by our staff so that their caretakers may relax, recover, and be at their best for their loved one.

How does hospice help the patient?

Pain Management

Pain management is one of the primary goals of hospice. Hospice providers are required by law to make every reasonable effort to control their patients' pain. Our team are experts in pain management and are entirely focused on the patient's comfort. We listen to the patient, their family, and understand non-verbal cues. Our physician makes a management plan and orders all necessary treatments and medications. Nurses administer the treatment and watch the patient closely. Together, we aim to make the end-of-life process as pain-free as possible.

The plan may start with over-the-counter medication if possible. Stronger medicines are prescribed as necessary. These medications are normal for patients with advanced illness. Other therapies and treatments may be tried if the physicians believe it is right for the patient's comfort.

Particularly strong treatments for pain may mean that your loved one will have reduced time awake, aware, or being interactive. In these instances, our team will talk with the patient's caretakers and loved ones, consult the patient or the patient's advance directive, and discuss what is best for everyone.

Hydration and Nutrition

Food is important. It is often a comforting part of our routines and our identities.

Hospice starts by helping suggest meals that may help reduce or avoid uncomfortable issues. The best way to encourage eating is by providing foods they like where possible. Familiar and comfortable foods are also a healthy part of treatment.

However, eating sometimes becomes difficult. The patient may stop feeling hungry or thirsty. These can be normal parts of the end-of-life. If your loved one experiences this, our team can help you understand what's happening and what the next steps can be.

Comfort Treatments and Aid

Hospice staff can manage symptoms and discomforts, ensuring that the patient's remaining time has as few distractions as possible. Comfortable skin, relief from soreness, easier movement, communication aids, and infection care are all part of a strong quality of life. Our nurses and doctors take all of these factors into account and address them however possible.

Mental Health Care and Engagement

The end-of-life process can be stressful and difficult; psychological pain is still pain, and hospice is ready to help ease it wherever possible. Help for Health staff are trained in providing open ears and hearts to those dealing with mental health issues.

Staying engaged is also important. We provide volunteers and services to help our patients find joy and companionship so that their time might be fulfilling. Wherever possible, we help fulfill special requests such as celebrating weddings, holidays, renewing vows, pet visits, and long-distance visits. We also have close relationships with veterans groups and are proud to honor our patients wherever possible with our We Honor Veterans program.

Spiritual Care

Spiritual care isn't just for those who are religious. It is about dealing with grief and loss, helping with ethical questions, facing tough choices, and finding peace. Proper hospice care must not neglect the spirit.

Our chaplains offer non-judgmental and loving service to patients of all backgrounds. If the patient has a close spiritual advisor, such as a priest or minister, our chaplain reaches out to work with them so that the patient can be at peace in their faith. They can also serve as another avenue for the patient and their family's concerns to be heard and be passed on to the rest of the team.





Who is part of a patient's hospice team?



Hospice Physician

Our hospice physicians are experienced with and focused on the care and comfort of those with advanced illness and end-of-life complications. They help develop the plan of care, give advice on comfort care, and follow the patient's progress. They either work with the patient's personal doctor or, if the patient chooses, they can follow the patient as their primary physician instead.



Hospice Nurse

The patient's nurse is their most frequent point of contact. The nurse visits regularly to check on the patient and provide comfort and are on call when further help is needed. They order medications, set up necessary equipment, and organize hospice team activities. They do all of this according to the established plan of care and report directly to the following doctors.



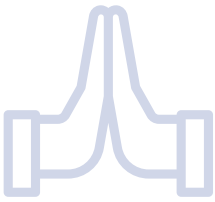
Hospice Aide

Hospice aides are certified nurse assistants and are trained to aid the patient with personal care and hygiene. They also help the nurse where necessary in providing comfort care.



Social Worker

The social worker is an crucial source of counseling and non-medical information for the patient and their family. They help the family with access to financial, community, healthcare decision-making, and end-of-life planning resources. They also offer grief and bereavement support groups for up to 13 months after the patient has passed.



Chaplain

The chaplain is in charge of meeting the patient and their family's spiritual needs. They offer emotional support, work with the patient's clergy, address ethical concerns, and help adjust services and care to account for the patient's own beliefs and customs.



Community Volunteer

Volunteers are trained to offer companionship and non-medical care wherever possible. They are active listeners and respond to the patient's needs. Their services may include help with shopping, reading, writing letters, playing music, singing, providing bedside vigils, and more.



The Patient and Their Caregivers

Hospice works with and supports the patient and their existing caretakers, and so they always remain central to our team. Patient and caretaker input and reporting are crucial to ensuring our services provide up-to-date care. Our plan of care changes to meet the patient's needs, and the caretakers are always kept up to date.

Summary and Facts

1. Hospice is entirely focused on providing care that maximizes patients' comfort and quality of life

When curative care is too difficult or not worth the side effects, hospice care steps in to ensure a patient's remaining time is as free from pain and concern as possible.

2. Hospice is holistic care, addressing the physical, emotional, psychological, and spiritual needs of patients

Hospice understands that pain, especially pain related to a patient's end-of-life journey, comes in many forms and provides means to find relief for all of them.

3. Hospice can be provided anywhere

Hospice is a service, not a place. Anywhere a patient calls home, hospice services can be provided. Help for Health serves anywhere in Fremont County, WY.

4. Hospice is a choice

Patients can revoke hospice status at any time for any reason. Patients who do so still can return to hospice services so long as they still meet eligibility requirements.

5. Hospice can do more the earlier a patient joins

The more we get to know a patient and their specific needs, the more we can do to address those needs. Studies continue to show the benefits of early referral.

6. Hospice provides all medical equipment, supplies, and medication related to the patient's illness

These help caregivers have the tools necessary to best and most comfortably treat the patient, improving quality of life for both the patient and the caregivers.

7. Hospice supports the family and caregivers

Caregivers remain an important part of care and are trained on best techniques where needed. Even after a patient has passed, hospice continues to support the family with the emotional and spiritual pain of bereavement.

7. Most hospice patients have no out-of-pocket expenses

Medicare, Wyoming Medicaid, and most private insurance covers 100% of hospice care related to a patient's illness.



HELP FOR HEALTH

Quality Hospice and Home Care

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