

UNDERSTANDING HOSPICE CARE: ELIGIBILITY, EXPECTATIONS, INITIATION, AND CARE

- A Comprehensive Guide to Compassionate End-of-Life Care
- Presenter: Aj Reed
- Date: September 11, 2025
- Agenda: What is Hospice?, Eligibility, Starting Hospice, Myths, Expectations, Benefits/Challenges, Q&A

LEARNING OBJECTIVES

- 1. Define hospice care and its core principles
- 2. Identify eligibility criteria with real-world examples
- 3. Outline the step-by-step process to initiate hospice
- 4. Dispel common myths through evidence-based facts
- 5. Describe what to expect, including services and daily experiences
- 6. Explore benefits, challenges, and resources for support



WHY THIS TOPIC MATTERS

- Statistics: Over 1.5 million people receive hospice care annually in the U.S. (per NHPHO data) and its estimated that 2.4 million may be hospice appropriate.
- Personal Impact: Empowers informed decisions, reduces fear
- Audience Poll Prompt: 'How familiar are you with hospice? (1-5 scale)' – Suggest using a polling tool



BRIEF HISTORY OF HOSPICE CARE

- Origins: Founded by Dame Cicely Saunders in the UK (1967); introduced to the U.S. in the 1974
- Evolution: Medicare Hospice Benefit established in 1982; now includes diverse settings and holistic approaches
- Global Perspective: Available in over 100 countries, emphasizing dignity and comfort

WHAT IS HOSPICE CARE? (OVERVIEW)

- Definition: Specialized end-of-life care focusing on comfort and dignity, not cure, for those with terminal illnesses
- Philosophy: Honors patient wishes, centers on providing compassionate, patient-focused care that enhances the quality of life for individuals with life limiting illnesses and supports their families. It emphasizes dignity, comfort, and holistic care, addressing physical, emotional, and spiritual needs.
- Overall, it is care that is focused on what you consider to be quality life and making the most with the time we have



CORE PRINCIPLES OF HOSPICE

- Comfort Over Cure: Shifts from aggressive treatments to symptom management
- Holistic Approach: Addresses body, mind, and spirit
- Family-Centered: Includes caregivers in the process
- Interdisciplinary Team: Doctors, nurses, aides, social workers, chaplains, volunteers



FINANCIAL AND LEGAL CONSIDERATIONS

- Coverage: Medicare Part A covers most costs at 100%; no copays for hospice-related care
- Legal: Advance directives, power of attorney recommended, POLST
- Challenges: Out-of-pocket for unrelated treatments, deductible for some private insurances



HOSPICE ELIGIBILITY (OVERVIEW)

- Key Requirement: Terminal illness with a life expectancy of 6 months or less (if disease runs its normal course)
- Not a Strict Timeline: Prognosis can be extended if condition stabilizes
- An individual chooses comfort & quality over curative or aggressive measures



MEDICAL CRITERIA FOR ELIGIBILITY

- Physician Certification: Two doctors (attending and hospice) must agree
- Decline in Health: Functional decline, weight loss, frequent hospitalizations, infections, or disease progression
- The individual is no longer seeking aggressive or curative treatment and is in agreement with the hospice philosophy of care

TYPES OF HOSPICE CARE

- Routine Home Care: Most common; provided in the patient's home
- Continuous Care: For crisis management (e.g., severe pain)
- Inpatient Care: In facilities for short-term symptom control
- Respite Care: Temporary relief for caregivers (up to 5 days) in a skilled facility with 24 hour nursing

COMMON QUALIFYING CONDITIONS

- Cancer (e.g., metastatic stages), leukemia, lymphoma, multiple myeloma
- Heart Disease
- Lung Disease (e.g., COPD with oxygen dependency)
- Neurological (e.g., advanced dementia, Parkinson's, stroke, brain tumors)
- Other: Liver failure, Kidney failure,



NON-MEDICAL FACTORS

- Patient Choice: Must elect hospice and sign consent
- Must have a legal POA or family to sign consents if they are unable to
- Revocation: Can leave hospice anytime for curative treatment
- Patients have the right to change hospice agencies at any time

HOW TO START HOSPICE CARE (OVERVIEW)

- Best to start early for maximum benefit
- Anyone can call hospice for information but care can't begin until a doctor's order is received
- Involves Collaboration: Patient, family, doctors, hospice team
- Can be an emergent situation at times



STEP 1 – DISCUSSING WITH HEALTHCARE PROVIDERS

- Talk to Primary Doctor or Hospital: Share concerns about quality of life
- Get Prognosis Info: Ask about life expectancy openly and what the current trajectory is. What to expect as time goes on?
- Ask would treatments would look like and how effective are they?
- Tip: Prepare questions like ‘Is curative treatment still effective?’
- Referral Process: Doctor can refer directly or suggest agencies



STEP 2 – CHOOSING A HOSPICE PROVIDER

- Research Options: Check ratings, services, coverage area
- Ask providers, caregivers, friends for recommendations
- Be a good consumer of healthcare- interview a few
- Questions to Ask: Team size? 24/7 availability? Cultural/religious accommodations, medication coverage, night shift coverage, primary nursing/CNA
- www.medicare.gov/hospicecompare

STEP 3 – INITIAL ASSESSMENT

- Hospice Nurse Visit: Evaluates needs at home or facility. Provides education on hospice services and answers all questions
- Care Plan Development: Personalized goals (e.g., pain relief, spiritual support)
- Timeline: admission to hospice can begin as soon as there is a MD order and patient/family are ready to begin

STEP 4 – SIGNING ON AND BEGINNING CARE

- Consent Forms: Outline rights, services, revocation options, election of benefits
- First Visits: Equipment delivery (e.g., hospital bed, medications)
- Family Orientation: Training on care basics
- Admissions process can take around 3 hours as the nurse reviews full medical history, documents all symptoms, reviews and orders medications, and completes a full head to toe assessment. Tuck in call may occur that night

WHAT TO EXPECT FROM HOSPICE CARE (OVERVIEW)

- Hospice physician to guide care. May facetime during the hospice admission. Will be the MD writing for medications.
- Weekly visits average about twice a week from a nurse and may increase with changes in conditions. Monitoring symptoms, providing education, monitoring vital signs, supporting family with hands on care, and emotional support
- CNA (bathing and personal care) 2-3 times a week
- Social worker visit to help with advanced directives, provide additional resources, help with any billing questions, support with any family dynamics, changes in living location, bucket list
- Chaplains to provide spiritual and emotional support as well as grief support



WHAT TO EXPECT FROM HOSPICE CARE (OVERVIEW)

- Volunteers as needed for additional socialization, sit with a patient for a short period of time if the primary caregiver needs to run errands. They try to match personalities or hobbies
- 24/7 on call support for any needs, Call hospice before going to the ER
- Medications related to the hospice diagnosis will be covered by the hospice agency. Unrelated medications will be covered by insurance as usual.
- Most medical equipment will be provided by hospice
- Supplies like briefs, gloves, skin creams, baby wipes, etc will be provided by hospice.



BENEFITS OF HOSPICE CARE

- Enhanced Quality of Life: Less pain, more comfort
- Emotional Relief: For patients and families
- Cost Savings: Avoids unnecessary hospitalizations
- Strong focus on what matters most and where you want to spend your time. What is important to you and how the hospice team can best support you in achieving your individual goals. Hospice gives control back to patients and families



FAMILY INVOLVEMENT AND BEREAVEMENT

- Caregiver Support: Training, respite breaks
- After Death: 13 months of grief counseling
- What Families Say: Reduced burden, more meaningful time, helped them understand what to expect, and were able to better care for their loved one

DISPELLING COMMON MYTHS (OVERVIEW)

- Why Myths Persist: Fear, misinformation, cultural stigmas
- Importance: Accurate info leads to better utilization



MYTHS AND CLARIFICATIONS

- Myth: You must be a DNR (do not resuscitate). Fact: you can be a full code. It is an individual's right and not a condition of participation.
- Myth: Only for elderly. Fact: Available at any age
- Myth: Hospice is a place you go to. Fact: can be provided anywhere a person calls home
- Myth: Hospice begins morphine immediately and patients pass away quickly. Fact: pain medication is only given when needed. Hospice doesn't hasten death but provides comfort for the full span of time
- Hospice is only for the last few days of life. Fact: is at least 6 months and longer. Controlling symptoms have helped many achieve trips and bucket list goals



MYTHS CONTINUED

- Myth: Hospice hastens death. Fact: studies show patients may live longer due to reduced stress
- Myth: Hospice is expensive- I can't afford it – Fact: covered 100% by Medicare, Medicaid, VA, and most private insurances. Some hospices accept pro bono
- Myth: Hospice means giving up hope. Fact: Redefines hope to comfort, dignity, and legacy. 'It's about adding life to days, not days to life.' – Cicely Saunders
- Myth: Hospice is only for cancer diagnosis Fact: Any terminal illness
- Myth: You can't See Your Primary doctor. Fact: Coordination continues but you may have to discontinue seeing specialty physicians related to your terminal diagnosis



WHY IS A DPOA, ADVANCED DIRECTS, AND POLST IMPORTANT?

- Do you have someone to make decisions for you in the event you can't speak for yourself (Durable Power Of Attorney)? Healthcare providers may provide treatments you don't want
- Does your DPOA know your wishes and will then abide by them?
- Advanced Directives or Living wills can spell out your wishes- it can help your loved one with these decisions.
- Do you have a POLST (physicians order for life sustaining treatment) PINK form



LINE IN THE SAND

- Do you know what your own goals are? Would you want CPR, intubation, feeding tubes?
- Does your DPOA know your answers to these questions?
- Do you know where your line in the sand is?



LINE IN THE SAND EXAMPLE

- My grandfather was hospitalized with a cardiac issue
- Developed swallowing issues and failed a swallow eval- required a modified diet
- Could no longer eat what meant the most to him
- Hospice alleviated this issue
- He passed peacefully with his boots on
- Can your proxy do this for you?
- I challenge everyone to contemplate what is your line in the sand?



REAL-LIFE IMPACT: CASE STUDY I

- Scenario: 95 year old patient with advanced dementia has been doing well.
- Falls and fractures a hip which requires surgical intervention
- Patient post surgery has a decline in cognitive capabilities, sleeps a majority of the time, and is only eating a few bites or a few sips of fluids
- Options include: feeding tubes, skilled nursing, or hospice care
- Outcome: Can vary as feeding artificially can extend time. Skilled nursing will attempt to provide restorative care, may include additional hospitalizations. Or a peaceful passing at home with family

CASE STUDY 2

- Scenario: Middle-aged cancer patient that refuses all aggressive treatment
- Hospice Role: Recieves symptom relief, emotional counseling, living will for family, education on what to expect and how to be prepare, time to discuss funeral arrangements
- Outcome: Fulfilled bucket list items, strong family bonds, decreased stress, quality time at home with friends and family.

INTERACTIVE REFLECTION

- What surprises you most about hospice?
- Would you consider hospice earlier knowing this?
- Have you considered your own goals of care?
- Do you know what your line in the sand is?
- Are you comfortable talking about end of life care? With a doctor or a loved one?



TESTIMONIALS

- Hospice turned our fear into peace. We had peace of mind
- We wish we had started this care sooner, we had no idea how much support would be provided
- Our team was an extension of our family. We looked forward to each person's visit
- We could focus on making memories. We made videos with our loved one and now have heartfelt times captured
- Hospice sends angels to show us the way



Q&A SESSION

- Open Floor: Invite questions