Midwest Care Alliance
The source for home, hospice & palliative care

Frequently Asked Questions about Hospice

Is hospice care for cancer patients only?

No. This is a common misconception. Hospice care is for any individual, of any age, who has a life-limiting illness.

How do you "qualify" for hospice care?

An individual becomes eligible to receive hospice care when two physicians certify that an illness is terminal, and when the patient elects hospice care.

What diagnoses are covered under hospice?

Again, any illness that is life-limiting, and has progressed to advanced stages can permit a person to become eligible to receive hospice care.

When should a decision about entering a hospice program be made, and who should make it?

At any time during a life-limiting illness, it's appropriate to discuss all of a patient's care options, including hospice. By law, the decision rests with the patient. Understandably, most people are uncomfortable with the idea of stopping aggressive treatment to "beat" the disease. Hospice staff members are highly sensitive to these concerns and always available to discuss them with the patient and family.

What does the hospice admission process involve?

One of the first things that hospice will do is contact the patient's physician to make sure he or she agrees that hospice care is appropriate for the patient at this time. The patient will also be asked to sign some consent forms. The hospice election form reads that the patient understands that the care is palliative (aimed at pain relief and symptom control) rather than curative. It also outlines the services available.

Will a hospice accept a patient who has a feeding tube?

It is generally left up to individual hospices to implement policies regarding patients with feeding tubes. Please consult your local hospice(s) for information about this.

How do I choose the best hospice?

There is no organization authorized by the federal or state governments to rank or rate hospice agencies. A good indicator of quality hospice care is to find out if the hospice is accredited by an organization such as the Joint Commission, Community Health Accreditation Program (CHAP) or the Accreditation Commission for Health Care (ACHC). If a hospice is accredited, it agrees to inspections and must meet higher standards of care than those hospices that are not accredited.

Is hospice care available around the clock?

Hospice is an intermittent care program, meaning that care is provided through visits by hospice team members.

Hospice does not provide 24-hour care for the patient at home, nor does hospice provide caregivers when a family member is at work. However, hospice will provide support to the family, and will work with

families to “piece together” a plan that will provide appropriate care for the patient, as well as rest for the family members who are caring for the patient.

Do family members need to be in the house 24/7?

No. It is quite common for hospice staff or trained volunteers to give family members a break for an hour or so if they wish. Respite care can be made available for those families who have need of a break for several days. Respite care will allow the patient to be transported to a health care facility for several days while the family takes a break.

Do I have to use a hospital bed rather than my own bed?

No. Hospice seeks to increase the patient’s comfort. If you feel more comfortable in your own bed than in a hospital bed, please let the caregivers know. If there are reasons that a hospital bed would be helpful, the hospice staff will let you know.

Will hospice help me with funeral arrangements?

Hospice staff, especially the social worker and/or the chaplain, will be happy to guide the family in making decisions about the funeral. Let the hospice staff know you’d like to talk about this.

How many patients are assigned to each hospice nurse?

The National Hospice & Palliative Care Organization (NHPCO) recommends no more than 10-12 patients per nurse. Ask your local hospice(s) about their standard of care in this area.

What bereavement services does hospice offer, and for how long?

Hospice chaplains and social workers work with families in helping them deal with the grief of losing a loved one. The amount of time can vary depending on each individual case, but usually bereavement services end at 13 months following the death of the patient.

Do I have to have a 24-hour caregiver to receive hospice care?

No, there are no requirements for having or not having a caregiver.

Isn’t hospice a “place?”

While some hospices have a free-standing facility to offer care to patients, many do not. It is more accurate to think of hospice as a type of care, that is comprehensive care for persons facing end of life illnesses.

Must a patient have a Do Not Resuscitate Order (DNR) to be eligible for hospice?

The law states that hospices cannot discriminate against eligible patients because of any advance directive choices they have or have not made desired.

Do I have to give up my own doctor to receive hospice care?

You have the right to choose your own attending physician as desired.

Is the physician the only person who can refer a patient to hospice?

Anyone can make a referral to hospice. Admission requires a physician’s certification of eligibility, but it is every eligible person’s right to receive hospice care if they want it.

Is hospice care limited to six months?

Patients may receive hospice care as long as their condition remains appropriate. The hospice team continually assesses that the condition warrants continued care. To fully benefit from our services, patients and families should seek care early.

What if my condition improves?

Occasionally, the quality of care provided by hospice leads to substantially improved health, and life expectancy exceeds six months. When this happens, the hospice provider will transfer care to a non-hospice care provider. Later, when patients become eligible for hospice, they can re-elect the hospice benefit. There is no penalty for getting better!

Who pays for hospice care?

Hospice is covered by most insurance plans, including Medicare and Medicaid, with few out-of-pocket costs to the patient. The Medicare hospice benefit covers costs related to the terminal illness, including the services of the hospice team, medication, medical equipment and supplies. Medicare reimburses for different levels of hospice care recognizing sometimes patients require special attention.

What are the different levels of hospice care?

Most hospice patients live at home or in a nursing home. Routine home hospice care covers the services, of the interdisciplinary hospice team, medications and equipment. Other categories of care are available when needed.

Inpatient Care: Sometimes pain or symptoms cannot be controlled at home, and the patient is taken to a hospital or other inpatient care center. When the symptoms are under control, the patient returns home. Insurance usually covers the cost of inpatient room and board.

Respite care: Many patients have their own caregivers, often family members. When caregivers need a rest from their care giving responsibilities, patients can stay in a nursing home or hospice residential care center for up to five days. Medicare covers the cost of room and board, as do many other insurance plans.

Continuous care: Sometimes a patient has a medical crisis that needs close medical attention. When this happens, we can arrange for inpatient care, or the hospice provider staff can provide round-the-clock care in the home. When the crisis is over, the patient returns to routine home care.

What services does hospice provide?

Hospice provides medications, medical equipment and supplies necessary to promote comfort at home or in other hospice settings. Hospice also includes the services of an interdisciplinary team of health care professionals:

Physicians (the patient's own physician and the hospice physicians, who are specialists in controlling pain and other symptoms of serious illness) prescribe medications and other methods of pain and symptom control.

Nurses are experts at maintaining patient comfort. They assess the patient frequently and help family members provide the necessary support.

Nurse assistants and home health aides provide personal care and help the patient and family with activities of daily living. They also provide companionship and valuable emotional support.

Social workers coordinate community resources and help the patient and family with non-medical concerns. They can help family members mend damaged relationships, plan for the future and ease other emotional difficulties.

Chaplains and spiritual counselors help patients and families cope with spiritual questions and concerns at the end of life, either directly or by coordinating services with the patient's and family's spiritual advisors.

Bereavement coordinators help patients and families deal with grief. Grief support services continue for at least one year after the death of a hospice patient.

Volunteers provide companionship and emotional support and offer help in a myriad of ways.