

Personal Care Home Finders

Assisted Living Facilities & Personal Care Homes

MYTH: HOSPICE MEANS GIVING UP HOPE.

FACT: HOSPICE IS ABOUT QUALITY OF LIFE AND HOPE PRESERVATION. HOSPICE PATIENTS ARE ENCOURAGED TO LIVE LIFE TO THE FULLEST.



MYTH: SUFFERING IS A PART OF HOSPICE CARE BECAUSE TRADITIONAL MEDICINE IS NO LONGER ALLOWED.

FACT: MANAGING PAIN AND SYMPTOMS IS ONE OF THE KEY GOALS IN HOSPICE CARE. MEDICATIONS ARE USED AS NEEDED TO CONTROL BOTH.

MYTH: HOSPICE IS A PLACE.

FACT: WHILE THERE ARE HOSPICE INPATIENT UNITS, THE MAJORITY OF CARE IS ADMINISTERED IN THE PATIENT'S FAMILIAR SURROUNDINGS SUCH AS THEIR HOME, PERSONAL CARE HOME, ASSISTED LIVING FACILITY OR NURSING HOME.

MYTH: HOSPICE CARE IS ONLY FOR CANCER.

FACT: HOSPICE CARE IS FOR ANY PATIENT WITH A TERMINAL ILLNESS, WHICH CAN INCLUDE END-STAGE HEART DISEASE, COPD, ALZHEIMER'S DISEASE, ALS (LOU GEHRIG'S DISEASE) AND AIDS, TO NAME A FEW.

MYTH: ONLY A DOCTOR CAN REFER A PATIENTS FOR HOSPICE CARE.

FACT: ACTUALLY, ANYONE CAN REFER A PATIENT TO HOSPICE CARE. THE INFORMATION WILL BE TAKEN AND THE PATIENT'S DOCTOR WILL BE CONTACTED TO GAIN PERMISSION TO ASSESS THE PATIENT FOR ELIGIBILITY.

MYTH: IF YOU CHOOSE HOSPICE CARE YOU CAN NEVER SEE YOUR FAMILY PHYSICIAN AGAIN.

FACT: YOUR FAMILY PHYSICIAN BECOMES A MEMBER OF THE PATIENT CARE TEAM AND IS REGULARLY INFORMED OF THE PATIENT'S CONDITION.

MYTH: I CANNOT AFFORD HOSPICE CARE.

FACT: MOST INDIVIDUALS WHO HAVE MEDICARE HAVE THE HOSPICE MEDICARE BENEFIT, AND MOST PRIVATE INSURANCES NOW HAVE A HOSPICE BENEFIT. IN FACT, CARE IS PROVIDED REGARDLESS OF ONE'S INABILITY TO PAY. WITH MEDICARE OR PRIVATE INSURANCE BENEFIT, ALL HOSPICE SERVICES ARE PROVIDED AND ALL MEDICATIONS, EQUIPMENT AND SUPPLIES RELATED TO THE PATIENT'S TERMINAL ILLNESS ARE COVERED.

MYTH: THE MEDICARE HOSPICE BENEFIT COVERS ONLY 6 MONTHS OF CARE.

FACT: THE MEDICARE HOSPICE BENEFIT COVERS THE CARE OF THE HOSPICE PATIENT AS LONG AS THE PATIENT REMAINS ELIGIBLE AND IS REEVALUATED EACH 3 MONTH EPISODES.

THE FOLLOWING ARE NOT QUALIFIED UNDER HOSPICE UNLESS TREATMENT ENDS PRIOR TO DISCHARGE AND BEFORE HOSPICE BEGINS.

CRISIS CARE: ALSO CALLED CONTINUOUS CARE, IS NURSING CARE TO CONTROL PAIN & OTHER SYMPTOMS, AS WELL AS PROVIDE SKILLED OBSERVATION AND ASSESSMENT OF A PATIENT DURING A "PERIOD OF CRISIS." HOME HEALTH REFERS TO E.R OR HOSPICE IF ELIGIBLE.

TPN : (AKA: PARENTERAL NUTRITION) PREFERRED HOME INFUSION FOR HOME HEALTH REFERRAL: WALGREENS

TOTAL PARENTERAL NUTRITION (TPN) IS A METHOD OF FEEDING BYPASSING THE GASTROINTESTINAL TRACT. FLUIDS ARE GIVEN INTO A VEIN, PROVIDING MOST NUTRIENTS THE BODY NEEDS. IT'S HOME INFUSION AND MUST BE ADMINISTERED BY A PHARMACY VIA PEG TUBE, J TUBE OR DEPENDENT ON OTHER POINTS OF ENTRY. CAN BE QUALIFIED THROUGH HOSPICE.

CHEMOTHERAPY , DIALYSIS & IV ANTIBIOTICS

PCH Finders

Personal Care Home Finders, LLC

Assisted Living Facilities
Personal Care Homes



Hospice Eligibility



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Hospice does not mean giving up. It's about quality of life and hope preservation. Patients are encouraged to live life to the fullest.

PCH Finders, LLC Hospice Eligibility Indicators



Additional possible hospice indicators:

- Life expectancy six months or less
- Increased fatigue / time in bed or chair
- Increased calls to physician's office

The time to refer to hospice can vary, but discussions about what hospice is and how it can help can occur at any time.

www.personalcarehomefinders.com

Hospice FM#082522



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