Inpatient Hospice Frequently Asked Questions

Q: What types of care are provided at the Inpatient Hospice Center?

A: There are three levels of care at the inpatient hospice center, determined by the needs and conditions of the patient:

- General Patient Care - is intended to be short-term and allows the staff time to develop a plan to help the patient and family. Under Medicare Hospice Regulations, General Inpatient Care can only be used for uncontrolled symptoms or complications.
- Residential Care - If a patient no longer meets the criteria for General Inpatient Care, he or she is switched to Residential Care. This can occur even though the patient is still terminally ill and continues to require hospice care from the nurses and aides.

  If a patient who has been switched to Residential Care develops uncontrolled symptoms or complications, he or she is returned to General Inpatient Care. The key is the patient's daily medical condition.
- Respite Care - Medicare allows Respite Care under specific circumstances to provide relief for a caregiver at home. A hospice patient can leave his/her own home and enter CHP's Inpatient Hospice Center for up to five days.

  Examples of circumstances when respite care can be used include: the caregiver is exhausted and can no longer provide adequate care; a family emergency occurs; the primary caregiver becomes ill; or the primary caregiver must be out of town. This level of care is based on the recommendations of the hospice professionals, and the patient is transferred back home after the respite period ends.

Q: How much will care cost and how is it paid for?

A: Reimbursement is received from many sources and depends on the level of care assigned:

General Patient Care -
- Medicare: 100% paid
- Medicaid: typically covered agency will verify coverage with Medicaid Case Manager

Residential Care -
- Medicare: covers routine hospice care in the facility. Room and board not covered by Medicare and is the patient's financial responsibility.
- Medicaid: not covered

Respite Care -
- Medicare: 100% paid
- Medicaid: typically covered agency will verify coverage with Medicaid Case Manager

Q: Does the patient already have to be enrolled in hospice to be admitted to the inpatient center?

A: Enrollment in hospice is required, however it does not have to be established prior to admission. In such cases, enrollment is incorporated into the admission process.

Q: Will our loved one's primary care physician still be involved in his/her care?

A: It is welcomed and encouraged that a patient's primary care physician continue to follow care whenever possible. When it is not possible, our hospice medical director can provide physician services.

Q: Can IV fluids and nutrition be continued or initiated at the inpatient hospice center?

A: Both therapies are possible, but rarely administered. Determination is on a case-by-case basis and is influenced by a patient's condition, goals and the potential effects on quality of life.

Q: Does my loved one have to have a DNR (Do Not Resuscitate) order?

A: A DNR is not required, but much education is directed at full understanding of this status in relation to patient condition and wishes. If a patient is a Full Code (versus DNR status), it is necessary to understand that the facility is not equipped for aggressive resuscitation and can provide only the same measures as are available in the home (i.e.: basic CPR).

Q: Are there accommodations for family at the inpatient hospice center?

A: The entire facility was designed and furnished with consideration not only for the comfort of our patients, but for their families as well. Family amenities include: family space and sleeping area in each room; shower facilities; kitchen, lounge, chapel and dining areas.

Q: Are meals available at the facility?

A: A dining room is part of the facililty; offering meals for visitors from a scheduled menu or from an a' la carte menu for a small cost. Families may also choose to store and prepare food of their own in the family kitchen located in the facility.

Q: Can I still be involved in the care of my loved one?

A: Participation in care may be maintained to whatever the degree of comfort is for the patient and family, under the guidance of the nursing staff.

Q: Can my loved one return home?

A: Absolutely! Should symptoms be brought under control and a manageable regimen is established for caregivers; then a patient may be returned to home and followed-up with by home-based hospice care.

Q: Is hospice care only for cancer patients?

A: No. This is a common misconception. Hospice care is for any individual, of any age, who has a life-limiting illness. Any illness that is life-limiting, and has progressed to advanced stages can permit a person to become eligible to receive hospice care.

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

A: 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.

Q: What does the hospice admission process involve?

A: 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.

Q: Will hospice help me with funeral arrangements?

A: 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.

Q: What bereavement services does hospice offer and for how long?

A: 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.