



PEAK
DEVELOPMENT
RESOURCES LLC

**Peak Development for ...
Home Health Aides®**

Vol. 19 Issue 8

August 2018

End of Life Care: Hospice - Myths and Reality

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After reading the newsletter, the home health aide should be able to:

1. Identify requirements for hospice eligibility and trends in use.
2. Discuss common myths that may influence choices in hospice care.

According to the World Health Organization (WHO), close to 57 million people die worldwide each



year of various causes. For many people, the thought of death is uncomfortable, unpleasant, and something to be avoided. For healthcare workers who provide care to people at the end of life, however, this is an opportunity to make an enormous difference in the lives of these people and their families. Hospice care is one such type of supportive care, with the goal of relieving symptoms and providing improved quality of life for terminally ill clients and families.

This newsletter will discuss hospice care, focusing on common misconceptions that people may have regarding hospice care.

Factors in Hospice Care Decisions

Hospice care is available to people with a limited life expectancy (six months or less for Medicare; other insurers may have longer time frames). Another requirement is choosing to stop treatment to cure the terminal condition. The majority of terminally ill people who are eligible for hospice care do not choose to enroll in it. Those who enroll most commonly do so when there is very little time left to live. These people are therefore unable to receive the full benefits that hospice programs can provide. Data from studies in 2016 show that over half

of hospice clients were enrolled for just 30 days or less before dying, and 28% for less than a week.

There are many myths and misunderstandings surrounding hospice care. Some of these may influence whether or not people decide to seek hospice care for themselves or a terminally-ill loved one. Common myths include the following:

Hospice is a place: Hospice care is provided in many settings, including the home, hospital, long-term care facilities, and in hospice facilities. Clients do not have to leave their home to receive hospice care, and most hospice clients choose to die at home.

Hospice means giving up hope: It can be difficult for both the client and his/her loved ones to realize that nothing more can be done medically to cure an illness. However, choosing hospice care does not mean giving up hope. Hospice care helps the client and family to live as fully as possible in the remaining time. Hospice promotes hope— hope for improved quality of life with support, meaning, purpose, and comfort.

Medications and medical care are not used in hospice:

Treatment to cure the terminal condition is stopped in hospice. But medications and medical treatment are used to ensure that the client has



the best quality of life. This may include such care as pain medication and treatment for respiratory infections.

Hospice provides services only to people who are dying: While the dying client is the focus of care, hospice also provides supportive care to family members. This may include respite care to give families a break, teaching, emotional support, counseling, and bereavement services after death.



The family must pay for hospice care: For clients age 65 and older who meet eligibility requirements, hospice care is paid for by Medicare. Medicaid and most private insurance plans also cover hospice care. Individuals under age 65 who do not have health insurance may be able to receive hospice care under other federal or state programs.

People in hospice die sooner: Studies have shown that clients receiving hospice care tend to have a longer life expectancy than similar clients who are not enrolled in hospice. Hospice clients are also more likely to die more comfortably, and with fewer medical interventions, than non-hospice clients.

Hospice is only for people with cancer: Hospice care is available for any life-limiting condition. The only requirement is a doctor's certification that the client has a terminal illness with a life expectancy of six months or less. Other than cancer, common medical diagnoses for hospice clients include heart failure, respiratory illness, stroke, kidney failure, liver failure, and dementia.

Hospice provides 24-hour care: The hospice staff is on call for client needs 24 hours a day/7 days per week. However, they do not typically provide ongoing personal and nursing care for clients. The exceptions are for clients admitted to inpatient hospice facilities, and those in other settings who have crisis needs on a short-term basis. Most commonly, daily caretaking is provided by family members or a home care agency hired to provide care.

People are in hospice care until they die: In some cases, the client's condition may improve or the illness goes into remission. The client may then be discharged alive from hospice. Or, a client may leave hospice to try a new curative medical treatment. If the client needs hospice services at a later time, he/she can be enrolled again.

Hospice provides services for only up to six months: Hospice can provide services for as long as the client requires them. The client's need for hospice care must be re-certified at various periods of time, but there is no limit on the duration of service.

Hospice is only for the elderly: Most clients in hospice care are over age 65. However, people of any age who meet the requirements can receive hospice care, including newborns with terminal illnesses.

A Do-Not-Resuscitate (DNR) order must be in place for hospice clients: A DNR order is not required to receive hospice care. While many hospice clients do choose this directive, it remains a personal choice. The hospice staff should ensure that the client's wishes have been assessed and appropriately documented.

Once a client is admitted to hospice, his/her personal doctor can no longer participate in care: Each hospice has a medical director, a doctor who oversees the medical treatment of each client. The client's own doctor can still participate in care, however, if the client wishes.

Hospice will push certain beliefs or religion on clients: The goal of hospice care is to meet the needs of each individual at the end of life. For some clients, spiritual or religious needs are very important. Others may not have this need. The hospice program provides chaplains and other religious support as requested, but does not push this or automatically make it a part of each client's care. Each client's needs are assessed on admission to determine the most helpful services.



Hospice care should be delayed as long as possible, until the end is near: The earlier a client is admitted into hospice, the more benefits and care he/she is able to receive. Clients can be re-certified to receive care for an unlimited amount of time, so there is no risk of benefits "running out."

Once a hospice provider is chosen by the client, he/she must stay with that provider: Medicare clients can change their hospice provider once during every certification period (60 or 90 days). Medicaid and most private insurance programs provide similar conditions.

Having an understanding of common hospice myths and misunderstandings can help you to provide reassurance to and improve the quality of life for clients with terminal illnesses.



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NAME: _____ DATE: _____

Directions: Place the letter of the one best answer in the space provided.

- ___ 1. The term “hospice care” is most closely related to which of the following?
 - A. curing an illness
 - B. any type of medical care that promotes comfort
 - C. improving quality at the end of life
 - D. care delivered in the home setting

- ___ 2. To be admitted into a hospice program receiving Medicare payments, clients must:
 - A. have a diagnosis of either cancer or heart failure
 - B. have an estimated life expectancy of 6 months or less
 - C. decide to continue curative treatment for their life-threatening illness
 - D. have an illness that causes severe pain, but is not necessarily terminal

- ___ 3. The majority of people who are eligible for hospice care do not enroll in it.
 - A. True
 - B. False

- ___ 4. The majority of hospice clients are enrolled for how long before they die?
 - A. 12 months
 - B. 6 months
 - C. 3 months
 - D. 1 month or less

- ___ 5. Hospice care is provided in which of the following settings?
 - A. hospitals
 - B. homes
 - C. hospice facilities
 - D. all of the above

- ___6. Hospice care is paid for by:
- A. Medicare
 - B. Medicaid
 - C. most private insurance plans
 - D. all of the above
- ___7. The maximum amount of time a client can receive hospice care is:
- A. unlimited
 - B. 1 year
 - C. 6 months
 - D. 3 months
- ___8. Hospice care typically includes 24-hour coverage for routine personal and nursing care of the client.
- A. True
 - B. False
- ___9. If a hospice client decides she wants to receive curative treatment for her terminal illness, which of the following options are available to her?
- A. she can request, and receive, treatment while in hospice care
 - B. she can leave hospice for treatment, but then cannot re-enroll in hospice
 - C. she can leave hospice for treatment, and re-enroll in hospice later, if desired
 - D. there is no way for her to seek curative treatment
- ___10. Clients receiving hospice care must have a Do-Not-Resuscitate (DNR) order.
- A. True
 - B. False

