



Overview of Hospice

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Hospice Care

Hospice care focuses on quality of life and comfort when a cure is no longer possible, or the burdens of treatment outweigh the benefits.

Hospice care is not just for cancer or for older people; it is for anyone who has a serious illness which is likely to lead to death.

Hospice is tailored to the patient's and family/inner circle's wishes and needs.

It brings not only medical care to the patient, but also emotional and spiritual support to the patient and to their family/friends/caregivers.

Consider talking about:

- Early History
- Communities
- Betty Brosius
- Inpatient Unit



Misconceptions about Hospice



HOSPICE IS ONLY FOR THE
LAST FEW DAYS OR WEEKS
OF LIFE



HOSPICE CARE HASTENS
DEATH



PATIENTS ARE NOT TREATED
FOR ANYTHING ONCE THEY
START HOSPICE



HOSPICE PROVIDES 24/7
PERSONAL CARE



HOSPICE IS ONLY PROVIDED
FOR SIX MONTHS



How Does Hospice Work?

Hospices includes:

- Interdisciplinary Staff Visits
- Twenty-four Hour Call Support
- Durable Medical Equipment (DME)
- Medication
- Supplies

Consider talking about:

- Hospice Care
- Ark Inpatient Unit
- Palliative Care



The Hospice Team

It is a team-oriented approach. Team members work under the guidance of the hospice physician and set up individual visits to see your resident.

Team members include:

- Hospice Physician
 - RN Case Manager
 - On-Call RNs
 - Nurse's Aide
 - Social Worker
 - Spiritual Counselor
 - Bereavement Counselor
- Ancillary treatments: Physical Therapist, Occupational Therapist, Speech Therapist, Nutritionist

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Who can refer to hospice?

Anyone, whether it is a family member, a friend, a member of the clergy, or a physician, can refer someone to hospice. Most patients are referred by a health care professional, but a call to your local hospice provider can begin the referral process as well.

- Anyone can refer a Patient as long as they have the Patient and/or Families' permission. You will want to follow the processes set up in your organization. Providers most often want to have the conversations, and make the referral to hospice, along with medical records.
- Hospice will schedule a time to meet with the Patient and/or Family and evaluate the patient for eligibility.



Who pays for Hospice?

- Medicare Part A and Medicaid cover 100% of hospice services, with no co-pay or additional cost.
- Most private health insurance plans pay for hospice and follow Medicare guidelines. Many private insurances have co-pays, coinsurances, or deductibles for which the Patient may be responsible. Most hospices check on funding ahead of time in order to let the Patient know about their responsibility.
- Hospice patients can keep getting Medicare benefits to treat health problems other than the terminal illness. (Hospice is responsible to cover the costs of the hospice diagnosis and related co-morbidities, and uncomfortable symptoms.)

****Roadrunner is contracted with all Medicare & Medicare Advantage Plans (Senior Plans), Western Sky Medicaid, NM Medicaid, True Health NM w/ out of network benefits, United Healthcare PPO, HMO, POS, all Presbyterian and BCBS plans.**

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General Hospice Indicators

- Trips to the Emergency Room
- Breathing Difficulties
- Decrease in Appetite, Difficulty Swallowing
- Mental Changes, Increased Confusion
- Increased Sleep
- Loss of Interest in Activities
- Difficulty doing Activities of Daily Living (ADL's)
- Nausea
- Chronic Pain

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Additional Indicators

Skin Breakdown/Tears/Bruising

Frequent Falls

Weight Loss or Gain

Swallow issues/Coughing/Choking

Speech not making sense/word salad

Decreasing ability to walk



Common Diagnoses

Dementia
Senile Deterioration of the Brain
Cancer
Congestive Heart Failure (CHF)
Chronic Obstructive Pulmonary Disease (COPD)
Liver Failure
Kidney Failure
Parkinson's, ALS
Stroke



A Few Ways Hospices Differ

- Medications Provided on their Formularies
- Type of Interventions they are willing to provide
- Service Area for Patient care
- Amount of visits they are willing to do
- Amount of Supplies provided
- Quality of Staff
- Emotional Approach to Hospice Care



Getting Started

- Contact the Hospice or the Provider
- Hospice gets a referral order and records
- The hospice nurse is scheduled to evaluate
- Services are explained
- The Hospice Physician must approve
- Paperwork is signed
- The nurse completes the clinical admission
- Service has begun