



Provider Update

A Newsletter for Physicians and Allied Health Care Professionals · Summer 2017

Hospice Myth Busters, By Dr. Thomas Caprio



When we think about end-of-life care it can be an emotional and burdensome time for individuals and family caregivers, especially for those who are unsupported in the experience or access hospice services with just hours or days. Sadly, when this happens the hospice team doesn't have the opportunity to ease the journey, address symptoms, listen to the stories and celebrate the life that has been lived. **Unfortunately many people do not know about the benefits of hospice care until very late into their illness.**

Hospice doesn't mean that hope is lost; it is a refocusing of the goals of care to support the best quality of life for patients in whatever time is available. It is a program and philosophy of care which is designed to provide a supportive

environment to meet the physical, emotional, and spiritual needs of those with life-threatening illness. Hospice does many things including: providing compassionate care for people with a terminal illness until death occurs, focusing on relieving symptoms and increasing comfort of the person who is dying, assisting family and loved ones as well as the patient, and assuring that wishes for end-of-life care are honored. Hospice is unique because it focuses on preventing, treating or eliminating discomfort and managing distressing symptoms. It focuses on the whole person and their caregivers. UR Medicine Home Care's Chief Medical Officer and Hospice Medical Director, Dr. Thomas Caprio, helps dispel the following myths.

Here are a few myths that you might have heard about Hospice:

1. Hospice is a place

Hospice care providers go to where the patient is residing. It may be a person's home or that of a family member, a comfort care home in the community, The Leo Center for Caring, the hospital, or a skilled nursing facility. The key is education and sharing our message that we go to where the patient is at that moment in time.

2. Once you're receiving Hospice care, you are bed-ridden

Did you know that often when a patient begins receiving hospice care their symptoms and pain are managed to the point where they feel well enough to go out of the house or make visits with family friends? Did you know that hospice care is not just for the patient but for the entire family? Hospice improves the quality of life for those facing end-of-life.

The hospice team of specialized professionals, along with the patient's primary physician, acts as a direct extension of the patients' family to address the personal, emotional, spiritual and medical needs of both the caregiver and their loved ones. Simply, our goal is to enhance the quality of life.

Although Visiting Nurse Hospice and Ontario-Yates Hospice, programs of UR Medicine Home Care, have been providing care to the community for many years most people still do not know what hospice really is. We repeatedly hear from patients' family members and friends that they wish they had known about hospice much sooner.

3. Hospice is only for patients with cancer

Some patients who enroll in hospice care have a cancer diagnosis and either no further treatment options can be offered to address the cancer or patients

continue to have progression and spread of the disease despite the best treatments. But actually the majority of patients who receive hospice care in the U.S. currently have non-cancer diagnoses including advanced dementia, neurologic disease, cardiac disease, lung disease, kidney failure, or liver disease. The hospice team is equipped with the specialized skills to assess and manage the unique needs for all of these patients faced with serious illness.

4. Hospice means you've given up and is a last resort option.

Hospice neither hastens nor prolongs the dying process. Some patients live longer with hospice care than they would if they continued standard treatments, especially if a disease is not responding to that treatment. The Hospice team provides its support and specialized knowledge during the last phase of life. The earlier that someone be referred to the hospice program, the better chance our team can get to know the person and identify their specific needs and address any worries. The idea of not giving up hope shouldn't just apply to the patient, but the family as well. Being able to enjoy your time with your loved one provides great opportunity.

Please help your patients to find out more about hospice.



Hospice in a SNF Setting

For some patients with a terminal illness the skilled nursing facility is their home. UR Medicine Home Care Hospice programs have contracts with most SNF's and have the ability to provide care in the facilities. Research finds that there is great value, along with physical and emotional supports to the patient who receives care in the nursing home setting. A key benefit is that patients enrolled in hospice were less likely to be hospitalized in the final 30 days of their life.

Benefits from having hospice care in a nursing home includes;

- Supplemental care from a specialized interdisciplinary hospice team meeting the needs of patients as they transition to end-of-life care.
- Expert management of pain and other symptoms.
- Education for staff, patients and families about the patient's condition, and what to expect during this phase of the illness
- Emotional and spiritual support for both the patient, their family, residents.
- Coordination of care across all of the patient's medical providers.



Leo Center for Caring

*A hospice partnership
St. Ann's Community
& Visiting Nurse Service*



UR Medicine Home Care and St. Ann's Community's Leo Center for Caring offers specialized care when it's needed most. Together we've expanded hospice care in the region by creating the center, developed to provide your patients and their families with an atmosphere of comfort and distinctive levels of care.

Located on the fourth floor of the new building on St. Ann's Community's Irondequoit campus, our 10-bed unit offers hospice care to those who can benefit from a specialized hospitalization environment, while providing closeness with family and loved ones.

Counties:	<u>Monroe, Wyoming & Livingston</u>	<u>Ontario, Wayne, Seneca & Yates</u>
Referrals:	(585) 787-2233	(800) 253-4439
Questions & In-services:	Ellen Avery, RN & Karen Ihrman	Karen Quartaro



Home Care