


Myths & Facts About Hospice Care

<p>MYTH #1 When I refer patients to Hospice they die quickly.</p>	<p>FACT #1</p> <ul style="list-style-type: none"> • Hospice has a short length of stay nationally and locally. In Buffalo, median length of stay is between 11 and 14 days. Many patients are referred “at the brink of death”, and as a result, the myth is often accurate. • Patients and families uniformly report that they wish they had involved Hospice sooner. • Patients and families are satisfied with Hospice care. • National data indicates that, when referred appropriately, patients under Hospice care live longer than those under “usual” care. The largest variance is in patients with CHF.
<p>MYTH #2 The patient needs a DNR to be in Hospice.</p>	<p>FACT #2</p> <ul style="list-style-type: none"> • Hospice does NOT require a DNR order for admission. • Hospice does NOT require ICD deactivation for admission.
<p>MYTH #3 Hospice just gives patients pain medication.</p>	<p>FACT #3 Hospice supports many advanced therapies that assist a patient in meeting a goal or in achieving comfort. Treatments include but are not limited to: TPN, IV, enteral feeds, select palliative chemotherapy, palliative radiation therapy, select pressors, any and all “usual” medications for advanced cardiopulmonary or neurologic disease.</p>
<p>MYTH #4 Hospice is just a philosophy of care.</p>	<p>FACT #4</p> <ul style="list-style-type: none"> • Hospice is a philosophy of care, and a campus, but also: • Hospice is a rich Medicare benefit/entitlement that provides, at no cost: <ul style="list-style-type: none"> • 24/7/365 coverage by an interdisciplinary team • Weekly and PRN RN visits in the home • Hospice MD visits in the patient’s home • Nurses Aide service • PT, massage therapy as indicated • Social work and pastoral care • Bereavement services for a year after death • Durable medical equipment and oxygen as needed • Medications related to admitting diagnosis

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Myths & Facts About Hospice Care, continued

<p>MYTH #5 I get too many calls and too much paperwork when I have a patient in Hospice.</p>	<p>FACT #5</p> <ul style="list-style-type: none"> • If desired, the Hospice MD can assume care for your patient. • Providing excellent care in the home does involve increased physician contact.
<p>MYTH #6 If I'm wrong about a "6 month prognosis", I'll get in trouble with Medicare.</p>	<p>FACT #6</p> <ul style="list-style-type: none"> • Referral criteria include a "6 month prognosis" if the disease "takes its usual course". • The referring MD is at no risk for Medicare penalties for a reasonable prognosis, and the Hospice Medical director must concur. • Hospice is responsible for ongoing certification that is "unlimited" if the 6 month prognosis is reasonable at the time of re-certification. If a patient stabilizes, discharge from Hospice services can occur. • Physicians are typically overly-optimistic prognosticators. Studies have shown physicians are frequently "off" by up to a factor of 5.
<p>MYTH #7 A patient needs to have cancer to be in Hospice.</p>	<p>FACT #7</p> <ul style="list-style-type: none"> • Hospice is appropriate for any patient with a potentially life-limiting disease or combination of diseases. In addition to published disease specific criteria, consider Hospice for any patient with: <ul style="list-style-type: none"> • Declining status • Increasing ADL needs • Multiple hospitalizations • Unexplained weight loss • Difficulty getting to appointments • Increasing caregiver stress
<p>MYTH #8 A patient cannot receive artificial hydration or nutrition while in Hospice.</p>	<p>FACT #8 There are many instances when artificial hydration and nutrition are appropriate for hospice patients. Each case is reviewed individually by the hospice care team with the patient and family. Decisions are made based on the mutually established goals of care.</p>

<p style="text-align: center;">Why Hospice ?</p> <p>Do you know someone who makes frequent visits to the emergency room – or who has been hospitalized frequently during the past year?</p> <p>Do their symptoms continue to affect their quality of life?</p> <p>Are these individuals more dependent on others to meet their daily needs?</p> <p>Are they at the point in their disease process where quality of life and comfort are the priority?</p>	<p style="text-align: center;">Call for a free evaluation today.</p> <p>Hospice Buffalo staff are available to meet with, evaluate, and educate patients and families who you believe are appropriate for Hospice services. If, during this evaluation, your patient chooses Hospice care and you approve of this decision, admission to the program can start right away. Contact Hospice Buffalo Admissions Dept. at</p> <p style="text-align: center;">(716) 686-8000</p>
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