What is Hospice?

Hospice is a philosophy of care that focuses on the person, rather than the disease. Hospice care is specialized medical care for people with a life-limiting illness or disease, who may be experiencing difficult symptoms or distress. Hospice uses an interdisciplinary approach to manage physical symptoms and focus on emotional and spiritual concerns. The goal of hospice care is not to cure illness or disease but to improve quality of life, allowing patients to focus on the things that are important and meaningful to them. Hospice care centers around the patient and their support system, helping to deliver care that preserves dignity and honors the needs and wishes of the patient.

Hospice is patient centered. Hospice is delivered where the person lives, either in their home or facility and provides extra care that specializes in the needs of patients at end of life.

What services does Hospice provide?

Medications

Your hospice team will work together to recommend medications or other interventions that help to manage pain or other symptoms. The goal of hospice care is to make sure that you, or your loved one, feel as comfortable as possible, while also focusing on your goals and wishes for your remaining days.

Medical Team Support

We will work with your primary provider and our medical directors to coordinate care aligning with your goals and needs. Our hospice medical directors are experienced in end-of-life care and the unique needs of our patients and families.

Skilled Nursing Care

The Nurse Case Manager and our team of amazing nurses will work to provide care and education to help the patient and caregiver manage symptoms. The nurse will regularly visit the patient and coordinate care that addresses the patient and their caregivers' needs. Professional nursing support is available 24/7 to answer questions and to coordinate care to meet patient and caregiver needs.
Our nurses are also experienced in effective would care and wound prevention.

Hospice Aides

The Hospice Aide can help with basic support like bathing, dressing, and grooming. Our hospice aides are experts in supporting patients and their families at end-of-life while treating everyone with dignity and respect.

Social Workers

Our social workers are available to assist with emotional support and counseling, end-of-life planning, assistance on advanced directives or insurance paperwork. They may also assist with funeral arrangements and other paperwork as well as referrals to resources in the community.

Chaplains

Hospice chaplains provide spiritual care in a non-denominational setting. They may also help to coordinate visits from clergy and other spiritual services in the community.

Bereavement Support

Following the loss of a loved one, hospice offers at least 13 months of bereavement support. This support includes access to grief support groups and, if needed, referrals to counselors. Bereavement support is available to help families to identify strengths, challenges and stressors allowing them to adapt and heal following a significant loss.

Volunteers

We are fortunate to work with over 100 trained hospice volunteers. These selfless people may be paired with a patient or family member to help bring joy or ease with regular visits. Volunteers can help with practical needs or simply provide companionship, sharing conversation, a card game, or reminiscing past times.

Therapy Services

While therapy services are often meant for people seeking treatment, hospice can provide physical, occupational, or speech therapy consults that may assist caregivers in caring for the patient. In these situations, the goal of therapy services would be to increase comfort and reduce symptom burden.

Meet the Team

Medical Director

These are physicians responsible for easing physical symptoms and managing your terminal illness or any conditions related to it. They are physicians who specialize in symptom management and will work closely with the rest of your care team. They ensure patients are truly hospice eligible and ensure they are receiving hospice-appropriate care. You do not have to physically see a provider for them to be involved in your medical care. They can take over as your primary physician or if your primary physician is not available, they will be there to meet your medical needs.

Registered Nurse Case Managers

Each individual receiving hospice care is paired with a dedicated case manager, their primary nurse overseeing all aspects of their well-being. Typically, these compassionate professionals conduct weekly visits, increasing frequency as required, to ensure comprehensive coordination of care. Collaborating closely with you, your loved ones, and your physician, they prioritize meeting your evolving needs. From administering nursing care and conducting routine physical assessments to ensuring an uninterrupted supply of medications, they leave no stone unturned in guaranteeing your comfort and stability. Moreover, they seamlessly integrate with the care team to provide expert symptom management. Rest assured, you have access to 24/7 emergency assistance through Riverstone Health Hospice registered nurses, offering peace of mind during any unforeseen circumstances.

Nurse Practitioners

Nurse Practitioners play a pivotal role in hospice care, providing expert clinical management, compassionate support, and holistic care to enhance the quality of life of patients and families facing terminal illness. A nurse practitioner will come visit you after your initial six months on hospice. They will be making sure your symptoms are being addressed and you are continuing to receive the care you desire.

LPN

Hospice Licensed Practical Nurses collaborate closely with RN Case Managers to deliver compassionate care to hospice patients. Their responsibilities encompass a wide range of vital tasks, including conducting home visits, conducting thorough pain assessments, administering wound care, and offering invaluable guidance and support to families facing the end-of-life journey. Their expertise and insights play a crucial role in fine-tuning each patient's care plan, ensuring that it aligns perfectly with their evolving needs and preferences.

On-call Nurses

For after-hours needs, RiverStone Health Hospice provides 24-hour telephone access to hospice nurses who can answer questions, support caregivers over the phone or dispatch a team member to the bedside, if needed. They specialize in assessment, triage, and symptom management. Overall, our on-call nurses play a vital role in providing compassionate, expert care to hospice patients and families during times of need, promoting comfort, dignity, and quality of life at the end of life.

Social Workers

Our dedicated Hospice Social Worker is here to support you and your family through the emotional challenges that come with illness. Beyond offering a compassionate ear, they specialize in connecting you with valuable community resources, including private care agencies, government support, and counseling services. As decisions about funeral arrangements or potential nursing home placement arise, they provide guidance and assistance. Additionally, they're equipped to help you navigate advance care directives and end-of-life planning, ensuring your wishes are honored with dignity and respect.

Chaplains

Hospice chaplains collaborate with you and our care team to offer personalized spiritual support, regardless of your religious beliefs. If you're affiliated with a faith community, they can facilitate connections with fellow members to address your spiritual needs. Moreover, they offer invaluable resources for coping with grief and navigating complex emotions while your loved one is under hospice care.

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Home Health Aides

Hospice Home Health Aides are available to provide essential assistance within the comfort of your home, offering support with activities like bathing, showering, massage, and skincare. Additionally, they play a pivotal role in educating families on essential caregiving tasks, such as turning, repositioning, and caring for individuals who may require increased assistance.

DME

Hospice DME is specialized equipment and supplies essential in providing comfort, assistance, and symptom management for hospice patients. DME is crucial in maintaining a patient's dignity, independence, and quality of life while in hospice care. Our DME delivery personnel will work with you to ensure that the appropriate DME is used and will deliver, set up, and pick up any needed DME.

Volunteers

Volunteers are an essential part of the RiverStone Health Hospice team providing needed and valued services. Medicare requires volunteers provide at least 5% of the total hours delivered by direct care staff of RiverStone Health Hospice staff. Volunteers are thoroughly screened, trained, evaluated, and managed. Volunteers are thoughtfully and carefully matched to positions, tasks, and patients/families by the Volunteer Coordinator.

Volunteers provide respite care and/or companionship to patients. In doing so, they might visit, play cards, write letters, create memory books, enjoy a television show, or be present while a caregiver rests or runs errands. Volunteers may also sit with patients and offer a peaceful presence at the end of life for those patients who don't want to be alone. Volunteers do not provide any hands-on medical care. You can request a volunteer at any time. If you are interested in having a volunteer or want more information, please call the Volunteer Coordinator, or talk with RiverStone Health staff.

Who Pays for Hospice Care?

Medicare, Medicaid, and the VA have special hospice benefits for people who qualify for hospice care. Many insurance companies may also cover these services in a comprehensive benefit.

RiverStone Health Hospice is a not-for-profit organization that provide professional hospice services. Services are based on patient needs and not their ability to pay.

RiverStone Health Hospice is committed to be a viable choice in the community and seeks reimbursement from Medicare, Medicaid, VA, and private insurance. Our hospice team works diligently on this, so it is one less burden for you.

Affording Hospice Care

The Centers for Medicare and Medicaid Services (CMS) have established admission criteria to assist hospices and physicians in identifying when a patient is eligible for hospice care. Physicians must sign a certification statement that says that the physician believes "the patient has a prognosis of 6 months or less if the disease runs its normal course".

Medicare Hospice Benefit – Part-A

All Medicare Certified Hospices operate under the same rules and regulations and all hospices are paid the same based on where the patient lives. There are different hospice models; for profit, not for profit, hospital based, community based, part of a home health agency or part of a nursing home. Hospice receives a daily reimbursement to provide care to a patient and support to the family. The hospice must provide services and supplies that the patient will need to improve their quality of life. This care is limited to comfort measures and supportive care and not aggressive or curative measures.

SERVICES AND SUPPLIES:

Skilled Nursing Care	Home Medical Equipment
Personal Care Services	Prescriptions related to the terminal illness
Medical Social Services	and related conditions
Spiritual Care	Medical Supplies
24 hour "On Call" Services	Oversight by Hospice Medical Director

Routine Home Care:

Patients receive home care services in their home, assisted living center or nursing home. Hospice staff members make scheduled intermittent visits to assist the family with the care the patient needs. These visits are typically one time a week for about an hour unless there is a need for more frequent visits.

Respite Care:

A short term (limited to 5 days) of care provided by the hospice in a contracted facility to provide a break in the day-to-day care of the patient.

Continuous Home Care:

During a period of crisis, it may be necessary for the hospice nurse to work with the patient in order to stabilize the patient's condition. This care is usually lasting between 8 and 72 hours due to intractable pain or new symptom.

General Inpatient Care:

Short term care in the hospital or special unit used to provide symptom management when symptoms cannot be managed at home. Once the symptoms have subsided, the patient will return home.

Nursing Home Room and Board

Medicare <u>does not</u> offer nursing home room and board payment for patients on hospice. If the patient qualifies for Medicaid LTC, the hospice can bill Medicaid LTC and reimburse the nursing home for their usual and customary charges minus the patient responsibility.

Private Insurance

Many insurance programs offer a hospice benefit subject to co-pays and deductibles.

Medicare Pharmacy Part D

The Medicare Hospice Benefit pays for prescriptions related to the terminal illness and related conditions.

It is the responsibility of the hospice program to list all the medications a patient will receive while on hospice and to identify which medications are related to the terminal illness and which medications are the responsibility of the patient. This list is reviewed by the hospice team and patient's physician.

WHY HOSPICE?

The goal of hospice is to improve the quality of each individual's life, relieve the suffering brought on by their symptoms and to help them live each day in comfort. The goal of delivering hospice care is to improve the patient's physical and emotional well-being and to provide support to care givers with services and education.

Hospice team members: nurses, certified nurse assistants, social workers and pastoral care persons schedule and make intermittent visits to provide care wherever the patient is, at home, nursing home, assisted living facilities, hospitals or freestanding hospice units or houses. The hospice team identifies patient/family needs and problems, formulate a written plan of care, and submits to the patient's doctor for approval.

WHY NOW?

Every hospice wants patients to be as active and as independent as long as possible. Patients do not have to be homebound to be on hospice. Eventually, patients will begin to have difficulty with caring for themselves or begin having symptoms that need attention. A hospice nurse, with approval from the patient's physician, can make and evaluation visit to see what types of problems the patient is having and to see if the patient meets the criteria established by Medicare. Riverstone Health Hospice will evaluate each patient using the admission guidelines established by Medicare and the National Hospice and Palliative Care Organization. This evaluation is a tool to help patients and families determine what type of care they may qualify for and which they wish to choose.

Hospice is a voluntary program which means the patient and or family may choose hospice care for assistance. It also means a patient may enter a hospice program and have the right to change to a different hospice company or get out of hospice all together and return to traditional care.

Families have often said that they wish they would have known about hospice care sooner because they could have benefitted from the help and guidance. It was reported by the National Hospice and Palliative Care Organization that approximately one third of hospice care is provided within the last week of a person's life. Patients and families can receive services, medication, medical supplies, and equipment when they first start having problems instead of waiting until the patient becomes bedbound. Very often, patients may live longer or better because the hospice is monitoring their care closely and making sure they have access to the things they need. Hospice promotes living each day to the best of one's ability and to help the patient and family adapt to changes caused by the disease.

In addition to physical needs of the patient, patients and families have emotional needs. Hospice has people to walk with the patient and family along the journey. Hospice does not have all the answers or solutions to all the problems but having someone to work side by side with the patient and family through these trying times does improve the overall care of the patient.

Initially, the Medicare Hospice Benefit was for 210 days, once the patient used them up, they were gone. Over the years, the US Congress has modified the program, making hospice care more accessible, if the patient and family want to choose this type of care. Medicare has established some guidelines in determining Hospice Eligibility. They have been developed to help hospices and physicians determine the patients' prognosis.

Sometimes patients do better and "graduate" from hospice because their disease has stabilized. Patients can come off the special Medicare Hospice Benefit and return to hospice Care when and if the need and desire arises.

When should Hospice be considered?

This is a hard question to answer because each patient is an individual and they respond differently to their disease process and treatment. Patients who are referred early, reap the benefits of all that hospice has to offer. Some guidelines to consider when considering hospice:

- Patient is suffering from a life limiting illness such as end stage heart disease, end stage lung disease, cancer, or dementia. This means the patient's health cannot be restored and their disease continues to progress, BUT their symptoms can be treated to improve the quality of the time they have remaining.
- Patient has additional problems called co-morbid conditions such as Diabetes, COPD, Ischemic Heart Disease and Parkinson's disease.
- Patient has been hospitalized or was treated in the emergency room for the same condition multiple times in the past 12 months.
- Patient's heart condition or lung condition requires the need for oxygen to become comfortable and their primary doctor has provided optimum treatment.
- Patient requires assistance with several activities of daily living including dressing, bathing, and ambulation.
- Patient has had significant unintentional weight loss in the last 6 months or lack of desire to eat.
- Recurring infections, even with treatment.

Transitioning to Hospice

Transitioning treatment options and outcome goals from the acute medical model to hospice is a critical decision patients and families make under the guidance of their primary physician. Riverstone Health Hospice can help make the decision easier.

• A Riverstone Health Hospice representative can explain advance directives and POLST forms from Montana Department of Health.

• A Riverstone Health Hospice nurse can explain the goals of comfort care and how our services help support the patient and family during this time.

• Riverstone Health Hospice works with the patient's primary physician to provide for the needs of the patient having equipment and prescriptions delivered to their place of residence.

• Riverstone Health Hospice can offer the special Medicare Hospice Benefit that provides coverage for medication, equipment supplies and services that are related to the patient's terminal condition.

Refer: Patients, medical providers, families, nurses, social workers, or discharge planners can refer to Riverstone Health Hospice. Upon making the referral Riverstone Health Hospice seeks approval to access medical records and schedule a visit.

Eligibility: Once the medical documentation is obtained, the Riverstone Health Hospice team reviews the CMS approved admission criteria guidelines to determine if the patient qualifies for hospice. The Riverstone Health Hospice notifies the primary physician, patient, family of the determination. Contact us at 406.651.6500.

Admission: If the patient, family, primary physician, and hospice team agree to the admission, Riverstone Health Hospice completes a comprehensive assessment to identify the physical, emotional and spiritual needs of the patient, initiates the plans of care to meet those needs and puts the services equipment, prescriptions and medical supplies in place.

Advanced Directives

What kind of medical care would you want if you were too ill or hurt to express your wishes? **Advance directives** are documents that allow you to convey your decisions about medical care ahead of time. They provide a way for you to communicate your wishes to family, friends, and health care professionals, and to avoid confusion later on. Any person 18 years of age or older can prepare an advance directive.

In the State of Montana Advance Directives include:

- **Living Will:** A legal document that tells others how you feel about care intended to sustain life. You can accept or refuse medical care. There are many issues to address, including:
  - The use of dialysis and breathing machines
  - If you want to be resuscitated if your breathing or heartbeat stops
  - If you would like to receive tube feedings if you're unable to eat or swallow
  - Organ or tissue donation

  A living will need to be signed, dated, and witnessed. According to Montana State Law, only Living Wills created in the State of Montana can be recognized.
  - In order for the Living Will to be valid, the health care provider must declare the person to be in a terminal condition, or a condition that without life sustaining treatment will result in death within a relatively short time.

- **Durable Power of Attorney (DPOA) for Health Care**: A written document that names your health care proxy. Your proxy is someone you trust to make health decisions if you are unable to do so. The health care proxy has the ability to make decisions regarding your medical treatment, including:
  - Refusal of treatment
  - Agreement to treatment
  - Withdrawal of treatment

A DPOA for health care becomes active any time you are unconscious or unable to make medical decisions. It needs to be signed, dated, and witnessed.

- **Five Wishes**: An advance directive document that combines a living will, DPOA, and also addresses matters of comfort and spirituality. The document is based upon the following five wishes:
    - Wish 1: The Person I Want to Make Care Decisions for Me When I Can't – This section assigns your health care proxy.
    - Wish 2: The Kind of Medical Treatment I Want or Don't Want - This section is a living will.
    - Wish 3: How Comfortable I Want to Be – This section addresses matters of comfort care including pain and symptom management, personal hygiene, and whether you would like to know about options of hospice, among other things.
    - Wish 4: How I Want People to Treat Me - This section speaks to personal matters, such as whether you would like to be at home or have friends visit you during your illness.
    - Wish 5: My Wish for What I Want My Loved Ones to Know – This section deals with matters of forgiveness, how you wish to be remembered, and final wishes regarding funeral or memorial plans.

  Wishes 1 and 2 are both legal documents. The Five Wishes document needs to be signed and witnessed in order to be valid in Montana.

    - For more information on Five Wishes, you may visit: www.agingwithdignity.org/five- wishes.php
    - To complete an on-line version of the document, you may visit: https://fivewishesonline.agingwithdignity.org/

- **POLST (Provider Orders for Life Sustaining Treatment)**: This document is technically not an advanced directive; it is a physician's

order. POLST is intended for anyone with an advanced life-limiting illness. A POLST is recommended in addition to a living will. It is a medical form indicating what types of life-sustaining treatments you do or do not want if you become seriously ill. The POLST must be signed by a healthcare provider (physician, nurse practitioner, or certified physician assistant). The POLST can be utilized during emergent transport situations, transport between care settings, in the hospital, at home, or in long-term care.

- For more information, visit http://www.polst.mt.gov.
- To see or print on the document online, you may visit: http://www.dphhs.mt.gov/sltc/services/vethome/MVHForms/POLST.pdf

When Your Health Care Documents Take Effect

Your health care documents take effect if your doctor determines that you lack the ability to make your own health care decisions. Lacking ability usually means that:

- You can't understand the nature and consequences of the health care choices that are available to you.
- You are unable to communicate your own wishes for care, either through speaking, writing, or gestures.

You Can Choose to Change Your Advance Directive(s)

You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Your changes must be made, signed, and notarized according to state laws. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

Contacting RiverStone Health Hospice

406.651.6500

A nurse is available 24/7.

Monday through Friday 8am-5pm

If you would like to schedule an admission let the person who answers the phone know and they will direct you to the right individual.

After Hours and Weekends

You will reach our hospice answering service. Tell this person that you need to speak to a nurse and the nurse will return your call as soon as possible. If you have not received a call back within 15 minutes, please tell the operator to page the nurse again.

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Notes