

FREQUENTLY ASKED QUESTIONS

Does hospice provide 24-hour in-home care?
No. Hospice team members make frequent visits to the patient to monitor symptoms and comfort level, but it is the responsibility of the patient to have a continuous caregiver if they cannot care for themselves. The Hospice team provides the tools and education needed to help the family provide care giving. Hospice team members are available by phone 24 hours a day, 7 days a week, for questions or concerns and can make a visit if needed.

Can I choose to stop receiving hospice care?
Yes. Patients may choose to discontinue receiving hospice care if they want to start curative treatments for their terminal illness. If a patient decides later they want to receive hospice care again, they can be re-evaluated for admission.

Do I have to be a DNR (Do Not Resuscitate) to be on hospice?
No. Patients do not have to be a DNR to receive hospice. Life-saving measures, such as CPR, are not considered treatment for a terminal illness and may be performed if it is the wish of the patient. Patients are encouraged to discuss this further with their hospice team.

Does hospice care cause death to happen sooner?
No. Hospice does not do anything to prolong life or to hasten death. Hospice care provides comfort and quality of life for whatever period of time the patient has left.

Do I have to be homebound to have hospice services?
No. Hospice is about quality of life and doing the things that bring a person joy. Hospice encourages patients to stay active as long as they are able.

Can my doctor continue to care for me while on hospice?
Yes. The patient chooses the doctor they wish to have follow their care while on hospice and their doctor monitors their condition through communication with the hospice team. Additionally, our hospice medical director consults with the Hospice team regularly.

Do I have to stop taking all my current medications?
No. Recommendations will be made regarding medications that are not expected to have a continued therapeutic benefit for the patient with the goal of reducing unnecessary medications.

Does morphine cause the patient to die?
No. Hospice physicians are specially trained in the safe administration of morphine and prescribe only the dosage necessary to relieve the patients' symptoms. When administered correctly, morphine helps terminally ill patients have a better quality of life at the end of life.

Does hospice mean I am giving up?
No. When medical treatment is no longer tolerable or effective, hospice can offer many things to assist in controlling pain, reducing anxiety, managing other distressing symptoms, offering spiritual and emotional support and improving quality of life for a terminally ill person and their loved ones.

COMMUNITY INVOLVEMENT

VOLUNTEER OPPORTUNITIES
Volunteers make a huge difference in the lives of our patients and their families and they are a long-standing and essential part of the hospice care team. They may have direct patient contact or provide indirect service such as office support. Hospice is also looking for Veterans who would be willing to volunteer as part of the *We Honor Veterans* program. For more information on the steps to becoming a volunteer email the volunteer coordinator at support@hospiceofnortheastmissouri.org.

SPEAKING ENGAGEMENTS
Hospice of Northeast Missouri representatives are available to speak to your club or organization. Topics include hospice services, end-of-life planning, healthcare decisions, grief, and bereavement support.

“
You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.”
—Dame Cicely Saunders

Hospice of Northeast Missouri complies with applicable Federal civil rights laws and does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, sex, sexual orientation, gender identity or expression or disability in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

If you believe you or someone you know could benefit from hospice services, but are unsure about medical eligibility, contact us at 660-627-9711. We are here to assist in determining if hospice is right for you and your family.



201 S. Baltimore, Ste. C
Kirksville, MO 63501
Phone: 660-627-9711 • Fax: 660-627-7005
support@hospiceofnortheastmissouri.org
hospiceofnortheastmissouri.org



Hospice of
Northeast Missouri

PROVIDING COMPASSIONATE PHYSICAL,
SPIRITUAL, AND EMOTIONAL END-OF-LIFE CARE.



About Hospice of Northeast Missouri Hospice

Hospice of Northeast Missouri began as Hospice 2000, a volunteer non-profit organization formed to address the community need for end-of-life care in Adair County. A.T. Still University assisted them in securing funding through a rural health outreach grant that allowed them to increase their coverage area that currently includes Adair, Clark, Knox, Lewis, Macon, Putnam, Schuyler, Scotland, Sullivan, and Shelby counties in Missouri. Hospice of Northeast Missouri, a service of Hannibal Regional, serves an average of 200 patients per year.

WHAT IS HOSPICE?

Hospice care is a specialty health care service that focuses on quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness. Hospice care provides compassionate care for people in the last phases of an incurable disease so they may live as fully and comfortably as possible. While individual goals are unique, priority is placed on effective pain control and symptom management. Care is provided by a team of professionals, specially trained to address the physical, emotional and spiritual needs of the individual, their caregivers and families.

HOW DO YOU PAY FOR HOSPICE CARE?

Hospice services are covered by Medicare, Medicaid and many private insurances. Most plans cover hospice care and the medications, medical supplies, and medical equipment related to the hospice illness.

WHEN IS THE RIGHT TIME TO CONTACT HOSPICE

“We waited too long ... we should have called sooner.” This sentiment is often expressed during the follow-up bereavement care with patients’ families. Time spent getting to know the patient and family builds trust and increases comfort in sharing needs and concerns. It also provides time to identify and assist with achieving end-of-life goals. Individuals are encouraged not to delay starting care. This does not mean patients near death are denied admission. There is no reason for pain to be unmanaged or for families to struggle without support while trying to care for their loved one.

WHO IS ELIGIBLE FOR HOSPICE CARE?

The medical criteria for hospice care are a life expectancy of 6 months or less and a decision to focus on comfort care (rather than curative) with pain control and symptom relief.

There are many medically qualifying illnesses such as:

- Cancer
- End-stage Alzheimer’s disease
- ALS (Lou Gehrig’s disease)
- Cardiovascular disease / heart failure
- Neurological disease
- End-stage kidney / renal disease
- End-stage liver disease
- End-stage lung / respiratory disease

Other indicators of when contacting hospice is appropriate include:

- frequent hospitalization and/or trips to the Emergency Room
- decline in cognitive function, judgment and/or memory
- recurring or persistent infections
- unintentional weight loss
- loss of independence or unable to manage activities of daily living

WHERE IS HOSPICE PROVIDED?

Most hospice patients prefer to remain at home and our hospice team helps to make that happen. Care can be provided in the patient’s home, the home of a family member, a nursing home, senior apartments, or assisted living facilities.



TEAM-Oriented Care

Medical Director - provides medical management and is responsible for approving individuals as medically appropriate for hospice services.

Attending Physician - a physician of your choice who works with the hospice team to address your medical, emotional and social needs.

RN Case Manager - this nurse is your primary contact for pain management and symptom control. They teach, support and train caregivers to provide care and work to anticipate future needs.

Hospice Aide - available to provide, or assist with, personal care needs. Home care service for light duty housekeeping is available as needed.

Social Worker - provides education and support to patients and families. The social worker helps locate resources, coordinates planning for identified needs and supports the practice of effective coping strategies.

Chaplain - available to support the spiritual beliefs and preferences of the patient. Chaplains do not replace one’s pastor or faith leader but work alongside them to provide care. Chaplains are specially trained to provide care to all, including those who have no religious orientation.

Bereavement Team - The bereavement team provides support for the family members up to one year after the death of their family member.

Volunteer Services – volunteers provide companionship through presence or activities with patients. Volunteers may stay with patients, so caregivers have time to complete other responsibilities or take a break for themselves.

Hospice provides durable medical equipment (hospital bed, wheelchair, oxygen, etc.) when needed for comfort or physical care management of the patient. Medications related to the control and/or management of the terminal illness are also covered.



DONATIONS

As a 501(c) 3, not-for-profit agency, we rely on donations to continue our mission of providing compassionate physical, spiritual and emotional care to those in need. Please consider making a tax-deductible donation of support or designating a memorial gift in honor of a loved one. Hospice of Northeast Missouri is a Partner Agency of the United Way of Northeast Missouri.