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**Philosophy**

The mission of Hands of God Hospice is to provide the care and compassion to patients, families, and caregivers for those whose physical journey nears an end. When supporting such a patient, undoubtedly, they are the focal point of our physician, nursing, and clinical care. Equally as important is the spiritual and emotional well-being which extends to all those involved in the love and care of the patient most visible with our chaplains and social workers.

**Mission Statement**

The mission statement of Hands of God Hospice is directly taken from II Corinthians 1:3-4. “***Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.”***

We believe that hospice in and of itself is a ministry. We believe that our patients have earned the right to pass from this life with:

* Dignity
* Integrity
* Peace of Mind
* Comfort

It is our purpose to provide and support each of those characteristics with every interaction.

**Criteria for Admission**

Admission to Hands of God Hospice is provided through the recommendation of your physician and based upon your needs as well as the stringent provisions of Medicare. In general, hospice patients:

* Have a life expectancy of six months or less provided there are no life-sustaining measures taken and the illness/disease runs its normal course;
* Desire palliative (comfort) treatment
* Have a primary care individual in a safe environment

Upon admission, one of our staff will meet with any and all decision-makers (to include the patient when applicable) to discuss hospice options, and questions, and to determine your hospice needs and expectations. If in agreement, our nurse will assess the patient and the needs. He/she will recommend a plan of care in an effort to meet those needs. In addition, a physician familiar with your medical condition will need to write an order for hospice that is signed and delivered to our agency prior to services beginning.

If the needs cannot be met by our agency, we will not admit you and will advocate on your behalf if there is an alternative health plan that will work.

**Hours of Operation**

Our office hours are 8:00 a.m. – 4:30 p.m. Monday through Friday except holidays. If you have questions regarding hospice care, please call either (217) 781-3162 or (217) 416-7066. We thank you for considering Hands of God Hospice, but will also be happy to consult with you on this hospice decision even if you choose another local agency.

For patients admitted to our service, a registered nurse is available 24 hours a day, 7 days a week (including holidays) to assist you with questions, concerns or change of condition. We will assess your needs and when appropriate, a nurse will make a bedside visit.

**Hospice Concept**

* According to the Centers for Medicare and Medicaid Services (CMS), hospice is defined as “a comprehensive, holistic program of care and support for terminally ill patients and their families. Hospice care changes the focus to comfort care (palliative care) for pain relief and symptom management instead of care to cure the patient’s illness.”
* Hospice care is delivered by a dedicated and passionate caregiver who is trained to deliver heart-felt comfort care physically, emotionally, and spiritually.
* Hospice treats the patient and not the disease. It is our promise to communicate with you throughout the entire journey and beyond.
* When hospice considers the “patient”, it extends to the family and caregivers that are cited by the patient/family.
* Nothing that Hands of God Hospice provides precludes or excludes you from being involved in the care. It is our hope to utilize the same physician as an “attending physician” that you have come to know. In some cases, the physician may decline and, in that case, our experienced and patient-centric medical director will become involved.
* Hospice Care does not end with the death of a patient. Bereavement counseling is provided for any/all needed loved ones for up to 13 months following the passing of our patient.
* The word “palliative” is frequently used. Palliation is loosely defined as providing care and comfort as opposed to attempting to cure the disease. Pain and symptom management is at the core of Hands of God Hospice.
* Hospice does not expedite, nor does it delay the death process. Studies, in fact, show that patients live on average 29 days longer by enrolling in hospice than those who do not. We believe that the date of death is determined by God. We intend to be His “hands on earth”.

**Services**

Hospice services include Nursing, Physician Service, Medical Social services, Hospice Aide, Spiritual Counseling, Physical, Occupational, and Speech Therapy, Volunteer Services, Dietary Consultation, and Bereavement Counseling. All of these services are under the direction of a physician and/or Hospice Medical Director.

The Hospice Care Team (Inter-disciplinary team/IDT) will meet every 15 days (maximum) with the sole purpose of discussion each patient’s plan of care in consultation with the Hospice Medical Director. The purpose is to create a holistic approach to your care that involves each member of the direct care staff.

**Roles of the Hospice Staff**

**PRIMARY CARE NURSE:** You will be assigned an RN Case Manager (or Nurse Practitioner) that will oversee and coordinate your care. A hospice nurse (RN) or nurse practitioner is assigned to the patient to assist with pain and symptom control and to monitor the patient’s changing needs. For those receiving hospice care at home or in a care facility, the hospice nurse visits at least once a week and more often if needed. A hospice nurse is on call 24 hours a day, seven days a week, to give the patient and their family support and assistance whenever needed.

**PHYSICIAN SERVICES:** The hospice doctor (Medical Director) works with the patient’s personal physician to develop a treatment and care plan. Often times, a patient’s Primary Care Physician (PCP) or Physician Specialist will continue as the attending physician meaning that the Case Manager will contact that doctor for all orders. In the event that the respective physician does not accept the role, Hands of God Hospice’s Medical Director will fill that role.

**SOCIAL WORKER:** We understand that facing a terminal illness can lead to family issues, estate planning, funeral arrangements, and when necessary, skilled nursing placement. The role of our social worker is to support these and other emotions and challenges that may arise. While the physical care of the patient is attended to by the nurse, aide, and Medical Director, the Medical Social Worker (MSW) is available to the patient, family, and caregivers.

**HOSPICE AIDE:** Our hospice aide services are provided under the direction of the RN Case Manager to patients who have a need for personal care. A certified home health aide or licensed vocational nurse (LVN) visits the patient often two or three times a week (or as needed) to take vital signs (blood pressure, temperature) and assist with bathing and personal care.

**SPIRITUAL COUNSELOR:** Hospice spiritual care (Chaplaincy) is provided with the utmost respect for a patient’s personal faith and belief. Hands of God Hospice holds the mission statement that “we may comfort others because of the comfort that God gives us.” It is to that philosophy that our Spiritual Counselor is available to not only the patient, but to extended family and caregivers. The role offers visits to include prayer, devotions, Bible reading, conducting funerals, and memorial services as requested. The Spiritual Counselor will also be in contact with the patient’s own clergy, when applicable as we understand the relationship many have with their respective pastor/priest/etc. Ours is to compliment that relationship and not replace it.

**PHYSICAL, OCCUPATIONAL, and SPEECH THERAPIES:** Services are proved by a licensed therapist or therapy assistant in instances where the specific service is deemed necessary for symptom control and/or to maintain basic activities of daily living. If ordered by the patient’s physician, physical and occupational therapy services to manage symptoms related to the terminal illness are provided through arrangements with contracted agencies or individuals.

**VOLUNTEERS:** The types of support provided to patients and their loved ones by hospice volunteers include running errands, preparing light meals, sitting with the hospice patient when caretakers need or want to take time for themselves for a few hours, and lending emotional support and companionship to patients and their loved ones. Volunteer schedules are arranged as requested by patient and family as based on availability.

**DIETARY COUNSELOR:** Hands of God Hospice has a dietitian under contract to provide patients and families with nutritional counseling, as needed.

**GREIF & BEREAVEMENT COUNSELOR:** Hands of God Hospice includes this role as an essential part of its care. Following a patient’s death, hospice continues to provide bereavement support to grieving families. This support is offered to any loved one involved in the patient’s care. The services include regular mailings, phone contacts, grief support groups and individual visits as welcomed by the family member/loved one. Grief and Bereavement Counseling is available for 13 months following the patient’s death.

**Medicare Hospice Benefit**

**What Medicare covers**

You can get a one-time only hospice consultation with a hospice medical director or hospice doctor to discuss your care options and managing your pain and symptoms. You can get this one-time consultation even if you decide not to get hospice care.

Once your hospice benefit starts, Original Medicare will cover everything you need related to your terminal illness, but the care you get must be from a Medicare-approved hospice provider. Hospice care is usually given in your home (including a nursing facility), but it also may be covered in a hospice inpatient facility. Depending on your terminal illness and related conditions, the plan of care your hospice team creates can include any or all of these services:

■ Doctor services

■ Nursing care

■ Medical equipment (like wheelchairs or walkers)

■ Medical supplies (like bandages and catheters)

■ Prescription drugs

■ Hospice aide and homemaker services

■ Physical and occupational therapy

■ Speech-language pathology services

■ Social worker services

■ Dietary counseling

■ Grief and loss counseling for you and your family

■ Short-term inpatient care (for pain and symptom management) ■ Short-term respite care

■ Any other Medicare-covered services needed to manage your terminal illness and related conditions, as recommended by your hospice team.

**What your hospice benefit won’t cover**

When you start hospice care, you’ve decided that you no longer want care to cure your terminal illness and related conditions, and/or your doctor has determined that efforts to cure your illness aren’t working. Medicare won’t cover any of these once your hospice benefit starts:

■ Treatment intended to cure your terminal illness and/or related conditions. Talk with your doctor if you’re thinking about getting treatment to cure your illness. You always have the right to stop hospice care at any time.

■ Prescription drugs that aren’t for your terminal illness or related conditions.

■ Care from any provider that wasn’t set up by the hospice medical team. You must get hospice care from the hospice provider you chose. The hospice team must give or arrange all care that you get for your terminal illness and related conditions. You can’t get the same type of hospice care from a different hospice, unless you change your hospice provider. However, you can still see your regular doctor, nurse practitioner, or physician’s assistant, if you’ve chosen him or her to be the attending medical professional.

■ Room and board. Medicare doesn’t cover room and board. However, if the hospice team determines that you need short-term inpatient or respite care services that they arrange, Medicare will cover your stay in the facility. You may have to pay a small copayment for the respite stay.

■ Care you get as a hospital outpatient (like in an emergency room), care you get as a hospital inpatient, or ambulance transportation, unless your hospice team arranges it or it’s unrelated to your terminal illness and related conditions.

**Note:** Contact your hospice team before you get any of these services, or you might have to pay the entire cost.

If you are receiving care under the Medicare Hospice Benefit, Medicare requires that no more than 30 days prior to the beginning of the third benefit period (180 days) and prior to each subsequent benefit period, a hospice physician or nurse practitioner must conduct a face-to-face visit with you to determine continued eligibility. If you refuse to allow the face-to-face visit, you will be considered no longer eligible to receive hospice care under the Medicare Hospice Benefit.

If you have Medicare Part D coverage, Hands of God Hospice will work with your physician and pharmacy to determine which medications will be covered under the Hospice Medicare Benefit, which medications will be covered under Part D, and if continued, which medications are determined to be no longer medically necessary and would become your financial responsibility if you chose to continue those medications.

**Charges**

In the majority of cases, your insurance company will pay hospice directly; however, not all insurance plans provide full coverage for hospice care, and some hospice services may not be covered under your individual plan. Hands of God Hospice receives reimbursement from Medicare, Medicaid and private health insurance for services rendered.

All patients meeting eligibility requirements are admitted to service regardless of the ability to pay. Medicare and Medicaid patients will not be refused care or have their hospice service terminated due to the inability to pay for that care. Our staff will meet with the patient/family to address any questions or concerns.

In the event that you are an Original Medicare (fee-for-service) beneficiary and we believe Medicare may not pay for an item or service that Medicare usually covers, you and your authorized representative will be issued and asked to sign and date an Advance Beneficiary Notice (ABN) prior to receiving the service.

Hands of God staff will coordinate care with your provider prior to services started in an effort to minimize/eliminate any confusion after the service has begun.

**Plan of Care**

Hands of God Hospice includes professionals and staff members in developing your individualized plan of care (POC). The POC centers around identified problems, needs and goals, medications ordered through the hospice physician, treatment and care, frequency of visits respective to each discipline, your living environment, and personal wishes if applicable. Comfort and pain management is the most essential part of the POC.

The plan contains five primary areas:

* Physical Care
* Spiritual Needs
* Psychosocial Needs
* Personal Care and Comfort
* Bereavement Care.

The POC is reviewed and updated as needed, based on your changing needs. You have the right to refuse any medication or treatment procedure. However, such refusal may require Hands of God Hospice to obtain a written statement releasing the agency form all responsibility resulting from such action. Should this occur, you will be encouraged to discuss the matter with your physician for further guidance.

Upon admission, you and a Hands of God Hospice Nurse will create a list of your current medications (including over-the-counter medications, herbal remedies, and vitamins). We will compare that list to the medications ordered by your physician. Our staff will continue to perform a medication verification while you are under our care. This is performed to avoid any discrepancies such as omissions, duplications, contraindications, unclear information, potential interactions and changes.

The POC is to recognize your right for individuality, integrity and dignity. Included is your right to privacy in treatment. In the event that an additional individual is determined to be present for your visit, you will be notified in advance. This could be for safety, education/training, or supervision. You have the right to refuse any additional individual without compromise to your care.

It is mandatory that there is a willing, available and capable caregiver responsible for your care between hospice visits. This person can be you, a family member, a friend, or a paid caregiver.

**Advance Directives and DNR**

You have the right to make decisions about the health care you receive. Hospice does not alter that. An ADVANCE DIRECTIVE is a written statement you prepare about how you want your medical decisions to be made in the event that you are no longer able to make them for yourself. A DNR is a medical treatment order that says CPR will not be used if your heart and/or breathing stops.

Federal law protects you of your right to be told of the right to make an advance directive when admitted to a health care facility. There are three basic types of advance directives:

* Health Care Power of Attorney – lets you choose someone to make healthcare decisions for you in the future if/when you are no longer able to make the decisions. You can also list specific directions regarding the health care you either do or do not want.
* Living Will – tells the healthcare professionals of the death-delaying procedures used if you have a terminal condition. The living will only applies in the event of a terminal condition.
* Mental Health Treatment Preference Declaration – allows for the type of treatment and medications you may receive in the event of a mental illness.

You may choose to discuss your options with your physician, attorney and family members. Please understand that whether you have an advance director or DNR or not does not stop you from admission into hospice care. However, our staff will have the discussion with you and the family as to the hospice philosophy and what your wishes are. We are also available to join in the discussion about any of the above options and are able to provide the basic tools.

**Conclusion**

We want to thank you for considering Hands of God Hospice. Hospice neither hastens or delays the dying process. We believe that our timeframe of ending this life’s journey is determined by God. It is our purpose to be with you throughout the journey.

We invite you to speak with family, clergy, friends and physicians regarding this decision. The concept, development and implementation of our agency is 100% God-inspired. We trust in Him and humbly offer hospice services to fulfill the calling to be Christ-like and a reflection of God’s love.

May God bless you during this time and thank you for considering Hands of God Hospice.