Caregiver Connections
An Educational Webinar Series With The Experts

The presentation will begin shortly.
Thank you for your patience!

dukefamilySupport.org
919-660-7510
HOSPICE 101

Katerina Leyzerovich, LCSW & Christie Smith, LCSW
“You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to live until you die.”

-Dame Cicely Saunders (founder of the modern hospice movement)
WHAT IS HOSPICE?

• Program that focuses on comfort and quality of life
• Comprised of an interdisciplinary team
• Designed to meet individuals specific needs
Who Is Eligible?

A patient is eligible for hospice care if:

• Two physicians determine that the patient has a prognosis of six months or less to live.
• Patients must be re-assessed for eligibility at regular intervals, but there is no limit on the amount of time a patient can spend under hospice care.
Goals of Care

• Care designed to manage symptoms, these symptoms may be physical, emotional, or spiritual.

• Individuals and families who wish to have the patient in their preferred environment with their care needs met
Where is care provided?

- Home – the patient’s or loved one’s home
- Nursing Facility
- Assisted Living Facility
- Hospital (GIP)
- Hock Family Pavilion (IPU)
- Wherever the person is located
Duke Hospice Values

Hospice represents many values within its philosophy. Here are but a few examples of values critical to the Duke Hospice Philosophy:

• Compassion – Caring for our patients, their loved ones and each other.
• Excellence – Quality care and identifying service failures
• Integrity – Confidentiality, accountability, identifying patient needs
• Safety – responding, educating
• Diversity - Culture, spiritual beliefs and practices
HISTORY

• Triangle Hospice
  – 1979 Started by volunteers
  – 1995 Unicorn Bereavement Center opened
  – 1998 Bought by Duke University Health System
  – 2002 Duke Community Hospice Service
  – 2007 Duke HomeCare & Hospice (DHCH)
  – 2009 Hock Family Pavilion Inpatient Facility opened

Duke Hospice has been serving the Durham and surrounding communities for 40 years!
How is Hospice Paid For?

• Medicare
• Commercial Insurance
• Private Pay
Medicare Hospice Benefit

• Established 1983.
• Considered the “Model” for quality care for people with life limiting illnesses.
• Provided Medicare Beneficiaries with access to high quality end of life care.
• Patient Centered, Cost Effective Philosophy of Care.
• Utilizes an Interdisciplinary Team of Professionals.
• Provides compassionate and expert medical care, pain management, emotional and spiritual support tailored to the patients needs and wishes.
What does Hospice Provide?

• Patient/family focused
  – Interdisciplinary care team
  – Interdisciplinary case management
  – Medications
  – Durable medical equipment
  – Supplies
  – Volunteers
  – Grief support
Hospice Team

Our team of caregivers

• Registered Nurse
• Nurse Practitioner/Medical Director
• Licensed Clinical Social Worker
• Chaplain
• Volunteers
• Certified Nursing Assistants
• Bereavement Counselors
Obstacles that Hospice can help with:

- Advance Care Planning
- Resources for Caregiving
- Pain Management
- Coping/Anxiety
- Fear of the unknown
- Legal Resources
- Grief
Hospice Inpatient Unit (Hock Family Pavilion)

• Serve patients with acute symptom management such as uncontrolled pain, shortness of breath, restlessness, agitation and anxiety.
• Patients can come from Duke Hospice or hospice appropriate referrals from the hospital.
• Average length of stay is 7-10 days or when acute symptoms are managed.
Duke Hospice - Bereavement

Bereavement Team provides group and one-on-one counseling after the death of a loved one

Hospice
Part of the Hospice Benefit

Community
Small donation asked but not necessary
CAMP RELEAF

An overnight bereavement camp for Youth in Grades K – 8

Benefits:
- Coping skill development
- Learning they are not alone
- Developmentally appropriate activities
- Professionally staffed as well as trained volunteers
Hospice Myths

• You are giving up hope by enrolling onto Hospice care
• Hospice is for people who only have a few days left to live
• Hospice is only for people who will accept that they are dying
• Hospice care ends after the death of a loved one
• Hospice is only for cancer patients
Dementia by Numbers

• According to the CDC, 44.5% of Hospice patients within the United States have an Alzheimer’s Dementia Diagnosis.

• Within the United States there are 4.639 Medicare Certified Hospice Organizations.

• Averaging 1.55 million Medicare beneficiaries who received Hospice care (in 2018).
When to initiate Hospice for Dementia patients?

• Earlier the better – families will have more support

• Engage physician on this discussion as changes occur
Case Study
Support Systems for Caregivers

• Duke Dementia Family Support Program

• Dementia Alliance of North Carolina

• Alzheimer’s Association

• The 36 Hour Day written by Nancy Mace

• The Caregiver Action Network

• Your Hospice Team
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Thank you for joining us today!

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