

Hospice knowledge assessment

Getting the answers you need to better understand hospice

Check your knowledge of hospice care by deciding if the following statements are true or false. Then, read the correct answers on the following pages, along with more information about the hospice journey.

True or False:

- 1. Hospice staff are available by phone any time, day or night.
- 2. Hospice must stop services if an individual lives longer than 6 months.
- 3. Hospice care is available only to individuals with cancer.
- 4. Hospice services are typically paid for by health insurance.
- 5. Hospice provides grief support for families.
- 6. Hospice care can be provided in a nursing home.
- 7. Hospice care is only appropriate for people who have a few days to live.
- 8. While in hospice, spouses, partners or children of the dying individual are not allowed to directly participate in his or her care.
- 9. Hospice care helps the dying individual by speeding up the dying process.
- 10. Hospice care cannot be provided at home.
- 11. Only individuals over age 65 are eligible for hospice services.
- 12. Anyone can make a referral to hospice.
- 13. Hospice provides medications, treatments, medical equipment and supplies that are related to the patient's primary illness.
- 14. Hospice services end when the hospice patient dies.
- 15. Hospice care is available to any individual expected to live 6 months or less.
- 16. People who live alone are able to receive hospice services.
- 17. A primary goal of hospice is to treat the emotional needs of the dying individual and their family.



- 18. A person with Alzheimer's disease or dementia cannot have hospice services.
- 19. While receiving hospice care, individuals can also receive treatments such as chemotherapy, radiation or surgery to cure the person's primary illness.
- 20. Individuals receiving hospice care cannot be taken to the hospital for treatment.
- 21. Hospice care focuses on managing an individual's pain and other symptoms.
- 22. Hospice care helps caregivers and family members, as well as the dying individual.
- 23. The hospice care team includes physicians, nurses, social workers and chaplains.
- 24. Hospice care includes a minimum of 12 hours of daily bedside care provided by a clinician.

Hospice care: separating fact and fiction

See which of the following statements are true, and which are false, as you learn more about the resources available to hospice patients and their loved ones.

1. Hospice staff are available by phone any time, day or night.

TRUE

- Families can depend on 24/7 assistance and advice by phone.
- When a crisis or concern arises while receiving care, hospice should be your first call.
- If a crisis cannot be handled over the phone, it is common for a nurse to make an inperson patient visit.
- 2. Hospice must stop services if an individual lives longer than 6 months.

FALSE

- Care can be extended past 6 months if a person's health continues to get worse or the physician believes he or she still has 6 months or less to live.
- Under Medicare guidelines, hospices are required to stop care if the patient's condition improves beyond a brief or temporary period so that life expectancy is now greater than six months. Hospices refer to this as a discharge.
- The Hospice Medicare Benefit, which pays for the vast majority of hospice, does not expire.
- 3. Hospice care is available only to individuals with cancer.

FALSE



- The majority of patients have conditions other than cancer.
- Hospice serves those with other life-threatening illnesses, including heart and lung disease, dementia, kidney failure and many other conditions.
- 4. Hospice services are typically paid for by health insurance.

TRUE

- Hospice is covered by nearly all insurance plans, including Medicare and Medicaid.¹
- Individuals and families typically do not pay out of pocket for hospice services. However, there are some limits to what is covered by hospice. For example, nutritional supplements, disposable supplies (e.g., bed pads), nursing home room and board and over-the-counter medications unrelated to the patient's primary illness are not typically covered.
- 5. Hospice provides grief support for families.

TRUE

- Hospices are required to offer bereavement services to the grieving family for at least a year after a loved one dies.
- Grief support may be offered in a variety of formats: one-on-one counseling, group sessions or periodic phone calls. Many hospices also offer grief support to the general public, regardless of whether hospice was involved in caring for the person who died.
- 6. Hospice care can be provided in a nursing home.

TRUE

- Patients can get hospice care in a variety of residential settings, including nursing homes, assisted living communities or private residences.
- 7. Hospice care is only appropriate for people who have a few days to live.

FALSE

- After experiencing the quality and comfort that hospice provides, many individuals and families state that they wish they had started receiving hospice care earlier in the course of the illness.
- Hospice care tends to be most beneficial when families receive the full range of skilled medical, emotional and spiritual support services for at least a month or more.
- 8. While in hospice, spouses, partners or children of the dying individual are not allowed to directly participate in his or her care.



FALSE

- Hospice provides education and assistance to family caregivers.
- Hospice works to support the entire family and support system by partnering with them to improve their ability to cope with the stress involved in providing care.
- In many cases, family members provide much of the day-to-day patient care, while hospice nurses, social workers and other team members provide education and support to the family caregivers.
- 9. Hospice care helps the dying individual by speeding up the dying process.

FALSE

- Hospice providers do not speed up the dying process, nor can they or other medical professionals cure terminal illnesses. Some studies suggest hospice care may actually extend life.
- Hospice tries to maximize a patient's quality of life for the remainder of his or her life by addressing pain and symptoms. Hospice can also offer opportunities to do important things — like attend weddings, graduations, church services or other significant events.
- 10. Hospice care cannot be provided at home.

FALSE

- The majority of hospice care (66%) is provided in the home.²
- A smaller, but growing, percentage of hospice patients receive care outside of the home
 for example, in a nursing home community, hospital or hospice residence.
- 11. Only individuals over age 65 are eligible for hospice services.

FALSE

- Anyone expected to live six months or less can receive hospice care, regardless of age.
- 12. Anyone can make a referral for hospice care.

TRUE

- A patient, family member, friend or doctor can contact a hospice to ask about whether hospice care would be appropriate.
- After a conversation and assessment of the condition, the patient's doctor and hospice professionals, in consultation with the patient, will determine whether the individual could benefit from hospice care.



13. Hospice provides medications, treatments, medical equipment and supplies that are related to the patient's primary illness.

TRUE

- Hospices vary, but they should provide medication, treatments, medical equipment and supplies associated with the patient's terminal illness. Families should be aware of the exceptions, as they may need to pay out-of-pocket for these items.
- 14. Hospice services end when the hospice patient dies.

FALSE

- Grief support is available for the surviving family members up to a year after the patient's death.
- Social workers are available to assist families in navigating services after the patient dies

 such as connecting the family with bereavement resources or providing information
 about survivor benefits.
- 15. Hospice care is available to any individual expected to live six months or less.

TRUE

- Individuals can remain in hospice care for longer than six months. However, their health
 status must be reviewed on a regular basis by the hospice team to determine whether
 they are still eligible for services. Hospices may be required to end services if, after
 observing patients for a few months, they seem to have stabilized or show signs of
 continued improvement.
- 16. People who live alone can receive hospice services.

TRUE

- A majority of hospices (over 80%) will enroll patients who do not have a caregiver.³ Those living alone may need a caregiver at some point, but adaptations can usually be made so that the patient does not have to relocate.
- Hospice volunteers can provide help to patients living alone by preparing meals, performing light housekeeping or just being present to provide some company.
- 17. The primary goal of hospice is to treat the emotional needs of the dying individual and their family.



TRUE

- Dealing with a serious illness or loss of a loved one can be very difficult. The hospice team supports families by providing emotional support. Social workers, grief counselors and spiritual support personnel are part of the hospice team.
- Individuals and family can decide the extent of services they want and need to receive.
- 18. A person with Alzheimer's disease or dementia cannot have hospice services.

FALSE

- Patients with Alzheimer's disease or other types of dementia are welcome in hospice. In fact, they are a large and fast-growing segment of the hospice population, currently making up nearly 13% of all hospice patients.²
- 19. While receiving hospice care, individuals can also receive treatments such as chemotherapy, radiation or surgery to cure the person's primary illness.

FALSE

- In rare cases chemotherapy, radiation and surgery can be used to relieve pain or other symptoms while receiving hospice care. However, in order to receive these high-risk treatments for purposes other than comfort, the individual must stop hospice care.
- 20. Individuals receiving hospice care cannot be taken to the hospital for treatment.

FALSE

- Although the need for hospitalization is rare while patients are in hospice care, it is allowable. For example, patients can get hospital care for conditions that are unrelated to their terminal illness.
- Hospitalizations are usually unnecessary while receiving hospice care.
- While hospice should be notified before going to the hospital, a patient can seek other care at any time.
- Caregivers should tell emergency medical staff that their loved one is receiving hospice care.
- 21. Hospice care focuses on managing an individual's pain and other symptoms.

TRUE

- Hospice provides high-quality pain and symptom management, which is central to its mission.
- Most patients can expect pain relief and an increase in their quality of life while receiving hospice care.



22. Hospice care helps caregivers and family members, as well as the dying individual.

TRUE

- Caregiver burdens are significantly eased with hospice and the team of professionals who provide supportive services.
- Hospice can provide a break for caregivers who need one.
- 23. The hospice care team includes physicians, nurses, social workers and chaplains.

TRUE

- Hospice uses a team approach to care for the physical, emotional, social and spiritual needs of patients and their families.
- All hospice team members are involved in patient care. Some other team members may include hospice aides, physical and occupational therapists, pharmacists, trained volunteers and others providing direct and indirect care.
- 24. Hospice care includes a minimum of 12 hours of daily bedside care provided by a clinician.

FALSE

- Hospice patients generally receive a few visits each week. However, the frequency and duration of visits may vary depending on the patient's condition and resources and staff availability.
- Families may find it necessary to supplement hospice services with care from other sources.

For more information about home health or hospice, visit ehab.com.

Adapted with permission from Dr. John Cagle, University of Maryland School of Social Work

¹ As of January 2014, Oklahoma is the only state that does not include hospice through Medicaid.

² National Hospice and Palliative Care Organization. Fast facts and figures: hospice care in America. 2013 Edition: 1-18.

³ Carlson et al. 2012, Health Affairs, 31(12), 2690-2698.