

Admission to the Hospice Care Center:

Comprehensive Health Care and Palliative Care for Patients with Limited Life Expectancy and Their Families

DESCRIPTION:

The Justin T. Rogers Care Center was created to provide quality, end-of-life care to patients with limited life expectancy and their families. Three levels of care are offered at the Hospice Care Center: **Acute Inpatient Care, Respite Care and Residential Care**. Levels of care are based on the patient's status and physical needs at the time of admission. **Requirements for admission for all levels of care are:**

- Patient meets Hospice Benefit eligibility requirements.
- Patient and family are aware of limited life expectancy diagnosis and prognosis.
- Patient and family are choosing palliative/comfort care for management of distressing symptoms versus aggressive life-prolonging treatments.

Levels of Care:

Acute Inpatient Care — is available when interventions in the patient's home environment have failed to control distressing symptoms. The patient is admitted for a short-term stay, usually 3-7 days, for the purpose of alleviating or stabilizing the uncontrolled symptoms.

Eligibility is based on the need for frequent monitoring and active intervention to manage uncontrolled symptoms. General indicators that may qualify a patient for Acute Inpatient Care include:

- Significant and rapid change in general status (pain, shortness of breath, uncontrolled bleeding, nausea and vomiting, ascites requiring intervention);
- Aggressive or endangering behavior that poses a physical threat to patient, caregiver or others (delirium, agitation, hallucinations, suicidal ideation, spiritual distress);

Respite Care — is offered when the patient is active with the Hospice Benefit and the patient's caregiver requires a break from the demands of patient care. The patient is admitted to the Care Center for four consecutive nights (five consecutive days) for each benefit period (every 90 days). Respite care needs to be planned with members of the Hospice Team and depends upon bed availability.

Residential Care — is offered to Hospice patients who have been admitted to the Care Center under the pain and symptom level and have stabilized. If the Hospice Medical Director feels the patient has only a matter of weeks to live, the patient may change to the residential level. This is offered on a 2-week basis and reviewed at the end of the 2 weeks. Room and board is not covered for this level of care by Medicare, Medicaid, or most insurances. Cost of room and board is \$240.00/day.

Hospice & Palliative Care of Visiting Nurse Service

3358 Ridgewood Rd
Akron, OH 44333
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800-335-1455
Fax: 330-668-4685
www.vnsa.com

To ensure that your patients receive our comprehensive, quality care, **please specify "Hospice of VNS"** on your patient's orders or call the number noted above.

Our purpose is to alleviate suffering, engender hope, promote living and facilitate grieving among patients with serious or life-limiting illnesses, their families and their communities.

Program Goals:

The goal of admission to the Hospice Care Center is to alleviate or stabilize the distressing symptoms. The Hospice team will assist with discharge planning which may include:

- Discharge to home with hospice care
- Discharge to nursing facility with hospice care

Reimbursement:

Insurance coverage for each level of care is different because the type of care being provided is different. The Medicare Hospice Benefit, and most other insurance Hospice Benefit Plans, cover acute inpatient care and respite stays. The Hospice billing department will investigate and verify each patient's coverage with his or her own insurance company.

Critical Factors for Referring to Hospice Home Care:

The ideal time to refer a patient to Hospice is when one or more of the following occur:

- The patient is determined to have a limited life expectancy (prognosis of six months or less if the disease follows the expected course);
- The physician determines cure is no longer possible;
- The patient or family has indicated a need for emotional or spiritual support.
- When distressing symptoms need managed patient will be admitted to the Hospice Care Center.

Hospice Interdisciplinary Team:

During a patient's stay at the Hospice Care Center, he or she will be in the care of an interdisciplinary team of hospice care providers. The role of the interdisciplinary team is to coordinate and develop an individualized plan of care, based on the changing needs of the patient and family. The team includes:

- Medical Directors
- Registered Nurses
- Medical Social Workers
- Nurse's Aides
- Hospice Chaplain
- Dietician
- Physical, Occupational, and Speech Therapists
- Massage Therapist
- Volunteers
- Bereavement Counselors



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A virtual tour of the Hospice of VNS Justin T. Rogers Care Center is available at www.vnsa.com!