

What is Hospice?

Hospice is a special way of caring for people with terminal illness and their loved ones. The focus is on care, not cure. Hospice uses a team approach consisting of people with many different skills working together to plan and coordinate care. The team consists of:

- Family
- Patient
- Physicians
- Medical Directors
- Nurses
- Home Health Aides
- Chaplain
- Volunteers
- Pharmacist
- Dietician/nutritionist
- Social workers
- Psychiatrist
- Psychologists
- Therapists
- Homemakers
- Counselor

Why Choose Hospice?

- Greater control in making decisions about care.
- Family involvement in the care of a loved one.
- Specialized services for patients to help enjoy each day to its fullest, including:
 - Symptom management
 - Pain management
 - Grief and spiritual counseling
 - For those living alone at home: Hospice will help to find a caregiver or help arrange an alternative setting where the patient's needs can be most appropriately met.
- Specialized services for families, such as:
 - Helping families learn to care for their loved ones as well as assistance with care.
 - Managing practical tasks, such as completing financial applications, running errands, preparing meals, and giving caregivers time off or respite care.

- Providing support to deal with the stress of an approaching loss, as well as the demands of being a caregiver.
- Providing support, helping the family come together in a time of crisis. Hospice helps create a loving and nurturing environment where the family can say good-bye.

Compare Benefits of Hospice to Original Medicare

Benefits/ Required Services	Covered Under Medicare		
	Hospice Election	Part A	Part B
Pain- or Symptom-Control Medications (self-administered)	Yes	No	No
Coverage For Non-Homebound Patients	Yes	No	No
No Deductibles/ Co-Payments	Yes	No	No
Inpatient Respite Care	Yes	No	No
Continuous RN Care In the home during periods of crisis	Yes	No	No
Homemakers	Yes	No	No
Bereavement Services	Yes	No	No
Trained Volunteers	Yes	No	No
Continuity of Care between inpatient and home settings	Yes	No	No

A person may leave the hospice program at any time and return to routine coverage under Medicare, if needed.

BUTTE Home Health & Hospice

"A Promise of Excellence"

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MEDICARE-CERTIFIED PROVIDER
FOR BUTTE, GLENN,
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COUNTIES

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BUTTE Home Health & Hospice



Hospice Care



Non Profit • Community Owned

Butte Home Health Hospice Care Program



Our Hospice Philosophy

We believe:

Hospice is an affirmation of life.

Hospice seeks neither to hasten nor postpone death, but accepts it as a part of life.

At the end of life, every person deserves the best possible care in the comfort and dignity of their home, or the environment of choice.

Each patient has the right to direct his or her own care as long as possible.

Goals of Hospice

- Control and alleviation of pain and debilitating symptoms in the patient.
- Provision of holistic treatment (physical, social, emotional and spiritual) for the patient and his/her family as a whole.
- Effective use of the hospice team: Physician, nurses, therapists, and social workers working together to provide quality care.
- Bereavement support and follow up care for the family.

Admission Criteria

Approval of the Hospice Medical Director and the attending physician, who continues to supervise the care of the patient.

- Life expectancy limited to weeks and months rather than years.
- Patient and family consents to the hospice program.
- Patient has a willing and able caregiver (we will assist in finding a caregiver for those without one)



Who Pays for Hospice?

Whenever possible, reimbursement is sought through Medicare, Medical, or private insurance. Private fees are based on the family's ability to pay. Charitable funds from the community are used for patients and families who do not have resources available.

Hospice Services

All care and services are coordinated by the hospice team. Care and programs include:

- **Nursing** available 24 hours a day, to provide and manage pain and symptom control. Nurses supervise and coordinate services and disciplines of care for the patient and family.
- **Physician Services** from the Hospice Medical Director who provides direction to the hospice team; as well as collaborating with the patient's attending physician.
- **Dietician/Nutritionists** provides dietary planning and support to reduce nausea, minimize weight loss, and maximize health and wellness.
- **Physical Therapists**, Occupational and Speech Therapists train caregivers and improve quality of life with environmental changes.
- **Medical Social Workers** for patient and family counseling, psychological support, community resources, and financial assistance.
- **Home Health Aides** provide intermittent personal care, support, and environmental hygiene. Home Health Aides are on call 24 hours a day and are activated by the hospice nurse on call to provide care after hours, and to support and relieve caregiver crisis and patient need.
- **Medication** for pain control and symptom management, including: IV and subcutaneous pain control pumps, pain control skin patches, and other innovative approaches to old problems.
- **Medical supplies** as related to the hospice diagnosis.



- **Medical equipment**, such as beds and oxygen for comfort.
- **Homemaking workers** to assist with housekeeping and shopping.
- **Spiritual care and counseling** for both patient and family, provided by a chaplain. Our chaplain assists with resources for end of life issues. Our chaplain is also available for crisis intervention at the time of death and to assist with funeral or memorial services.
- **Bereavement and grief support** is available for the patient and loved ones.
- **Trained volunteers** provide respite, emotional support, shopping and errands.

Special Levels of Care Available

- **Routine Home Care Day.** The basis upon which the hospice program is provided; comprehensive care at home.
- **Continuous Care.** 24 hour continuous nursing care to manage symptoms and crises.
- **Respite Care.** A rest for the patient and the family, when caregivers need a few days away. This is provided in the form of a stay at a contracted skilled nursing facility where continuation of the care plan is carried out by the hospice team.
- **In-Patient Acute Care.** When hospitalization for symptom control becomes appropriate.