



6377 Clark Avenue, Suite 100 | Dublin, CA 94568-3024 | (925) 829-8770 | 1 (800) Hospice | Fax (925) 829-0868

Frequently Asked Questions

What is hospice? Isn't it a place where someone goes for care?

Hospice is not a place. It is a special kind of healthcare focused on keeping the patient comfortable once the patient and physician have decided that the underlying disease can no longer be treated or cured. Hospice helps the patient, their families, and other caregivers, and hospice care can occur in a variety of settings. It neither hastens nor postpones death and is focused on the belief that quality of life is as important as length of life. Hospice staff members help manage pain and symptoms and provide emotional and spiritual support so patients can make the most of each day.

When should a decision about hospice care be made - and who should make it?

At any time during a life-limiting illness, it's appropriate to discuss all of an individual's care options, including hospice. The choice to discontinue medical treatment is often made when all curative measures have been exhausted and the patient wants the comfort and dignity offered by hospice care. Hospice staff members are highly sensitive to the concerns of the patient, family and physician and are always available to discuss concerns and answer questions.

Is it necessary to wait for our physician to raise the possibility of hospice, or can I raise it first?

Patients and families are encouraged to discuss hospice care at any time with their physician, other healthcare professionals, clergy, friends or a Hope Hospice nurse. It is important to remember that the earlier the referral is made, the sooner the hospice team can make the individual's final weeks and months as comfortable as possible.

Does hospice only care for cancer patients?

No. Hospice care is available for anyone who has an illness for which the patient is given a life expectancy of six months or less by their doctor. Hospice care is not just for cancer patients and care can last longer than six months as long as the patient continues to meet the medical guidelines.

Why should I choose hospice care? Can't I get what I need from my doctor?

Hospice care doesn't replace the patient's doctor's care but enhances it. Our team of professionals has a wealth of experience, expertise, and specialized education. We offer a circle of support and pay attention to all of an individual's needs – physical, mental, emotional, and spiritual.

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How can someone be referred to Hope Hospice?

An individual can be referred to Hope Hospice in a variety of ways – by their doctor, by a family member, friend, health care agency, nursing home, residential care facility, or a hospital. No matter how the referral is initially made, the doctor must approve the referral, confirm the six month prognosis and then complete the referral with a formal order. Families often initiate the process and request that we contact the doctor.

If I think my loved one needs hospice, will you work with his/her doctor to get hospice care started?

Yes. We can easily facilitate a referral to Hope Hospice. In fact, often a family member is the first person to recognize the need for help and initiates the process. Families benefit from hospice, too, and we frequently hear how they wished they had started care sooner, never the reverse.

How can my physician learn more about Hope Hospice?

If your physician wants more information, our Medical Director or Medical Outreach Coordinator can answer his/her questions directly. We can also provide a complimentary booklet, *Hospice Care: A Physician's Guide*, published by the National Hospice and Palliative Care Organization (NHPCO). Other sources are the American Academy of Hospice and Palliative Medicine (www.aahpm.org) or the NHPCO Helpline at 1-800-568-8898.

How does hospice care begin?

A Hope Hospice nurse will contact the patient's physician to make sure he or she agrees that hospice care is appropriate for the patient at this time. If the individual does not have a doctor, our medical director is available to provide oversight. We visit the patient and family to explain hospice care. If the patient selects hospice care, he/she is asked to sign consent and insurance forms similar to those used when entering a hospital.

Who pays for hospice care? Is it covered by my insurance? Does Hope Hospice help if we don't have insurance?

Most health insurance plans, including Medicare and Medi-Cal pay for hospice care as part of their coverage. If no coverage is available, Hope Hospice will provide care through the generous donations provided by the community.

If the patient is eligible for hospice, are there any additional expenses?

No. There are no additional charges for care provided by Hope Hospice.



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What if I change my mind and don't want to use hospice?

The patient has the right to revoke hospice care at any time. If the patient improves, the disease stabilizes, or the patient goes into remission and no longer meets the medical criteria, hospice care would be discontinued. The patient can return to hospice care if their condition declines and they are once again hospice eligible.

Who is involved in the care of the patient?

Hope Hospice care is delivered by a qualified team of professionals with specialized training in hospice care. The hospice team includes a medical director, nurse, social worker, home health aide, spiritual counselor, and trained volunteers who work together to support the patient and family in this time of need. We routinely collaborate with the patient's primary care physician who directs the hospice team providing comprehensive care. The hospice team actively includes and supports the family and educates them to be the primary caregivers. We also provide medications, supplies, and equipment related to the individual's illness.

Do I have to change doctors to receive hospice care?

No, it is not necessary to change doctors. Hope Hospice works directly with an individual's physician assuring that, through close collaboration, the patient receives care that meets their individual needs.

How often will a hospice nurse visit us?

The number of visits and duration of visits are determined by the patient's needs. In addition to regular nurse visits, we provide an on-call nurse, available by phone for medical advice or for emergency visits 24 hours a day, 7 days a week.

Does Hope Hospice only visit patients in their homes?

No. Though most people prefer to be cared for at home, Hope Hospice can also provide hospice care for patients who live in skilled nursing facilities, assisted living residences or board and care homes.

How does hospice differ from the care provided in a residential facility? Isn't that the same kind of care they offer?

Hospice care is provided in addition to the standard care received in a skilled nursing facility or a residential care facility. The hospice team delivers specialized services for end-of-life care. Hope Hospice coordinates care with the staff of the facility to provide an integrated approach.

Frequently Asked Questions

Are there any changes I have to make in my home or special equipment I have to get before hospice care begins?

When an individual chooses to receive hospice care they may have some new and special needs. The Hope Hospice team assesses those needs, recommends any necessary equipment, and helps make arrangements to obtain it. This equipment is covered by the hospice benefit. The need for equipment is usually minimal at first and may increase over time.

How will we care for the patient at home?

At the initial visit, our team prepares a comprehensive individualized care plan. In addition to noting the needs of the patient, we determine the amount of care required. This plan is very customized and may change over time. The Hope Hospice team will conduct ongoing assessments and make recommendations to meet the patient's needs and help find resources as additional help is necessary.

In the early weeks of care, it may not be necessary for someone to be with the patient all the time. Over time, the hospice team may recommend that someone be there continuously. While family and friends must be relied on to give most of the care, Hope Hospice does provide trained volunteers to assist with errands and to allow relief for caregivers. We also provide a referral list of caregiving agencies for families who wish to hire additional help.

Does hospice care do anything to make death come sooner?

No. Hospice does not speed up or slow down the dying process. Just as doctors and midwives lend support and expertise during the time of child birth, the hospice team lends their presence, knowledge, and specialized care at the end of life.

How does hospice “manage pain”?

Hope Hospice nurses and doctors are experts in managing pain and have a high degree of success in pain control. The hospice staff check with the patient frequently to assure the patient is comfortable. The doctors and nurses on the team consult with a pharmacist weekly and remain current on the latest medications and treatments for pain and symptom relief.

What is the success rate of Hope Hospice in relieving pain?

Feedback from patient satisfaction surveys confirms that we have an exceptionally high success rate in helping patients attain a level of comfort that is acceptable to them. The benefits of managing pain include ease with rest, eating and socializing. Patients can participate in activities they enjoy the most.

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Will pain medications prevent the patient from being able to talk or know what's happening?

It is the goal of Hope Hospice to help patients be as comfortable and alert as they desire. Some people may react to an appropriate pain medication by becoming sleepy until their bodies adjust to the dose. By frequently consulting with the patient, the Hope Hospice team has been very successful in balancing pain control with the ability to interact with others.

Will the hospice team help me understand the dying process?

Dying is a natural physical, emotional and spiritual process that is part of life. Our team of caring professionals can provide guidance, instruction, materials, and support in learning what to expect as someone nears the end of life. Our social workers, vigil volunteers, spiritual counselors, and grief support team stand ready to help before, during, and after the death of a loved one.

Does Hope Hospice provide any help to the family after the patient dies?

Hope Hospice offers grief support for family and friends for 13 months following the death of a loved one in our care. We also offer support groups and activities for adults, teens or children in the community who have experienced the death of a family member, friend, or loved one but have not used hospice care.

Does Hope Hospice help a family handle Living Wills and Advance Directives?

Our social workers are specially trained to provide resources and guidance in a variety of legal and ethical matters and have ready access to Advanced Directive forms. Some documents are simple, such as Five Wishes and the Physician Order for Life Sustaining Treatment (POLST) and you can fill them out easily. Others may require professional advice. We have a list of referral resources.

Is Hope Hospice affiliated with any religious organization?

No. Hope Hospice is a non-sectarian, nonprofit organization.

Is Hope Hospice open to serving all types of people?

Hospice care is available for everyone, without discrimination on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition, age, veteran status, ancestry, sexual orientation, gender identity, marital status or citizenship. Hope Hospice respects and supports cultural differences in regards to providing our end-of-life care and grief support.

What communities does Hope Hospice serve?

Hope Hospice provides services to Alamo, Blackhawk, Castro Valley, Danville, Diablo, Dublin, Livermore, Pleasanton, San Ramon, Sunol and surrounding areas.