Fact or Fiction?
An Overview of Home Health and Hospice Services

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Our mission
To improve the health and well-being of eastern North Carolina

Our vision
To become the national model for rural health and wellness by creating a premier, trusted health care delivery and education system

Our values
Integrity
Compassion
Education
Accountability
Safety
Teamwork
Vidant Health components

- 14,000+ Employees
- 1,600+ Medical staff
- Critical care transport
- Home health services
- Partnerships
- Wellness centers
- Hospice care
- 5 Foundations and 3 development councils

Hospitals:
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duolin Hospital
- Vidant Edgecombe Hospital
- The Outer Banks Hospital
- Vidant Reannoke-Chowan Hospital

Medical Group:
- Vidant Medical Group
Our system of care today

- 12,800 + team members
- 9 hospitals
- 90+ physician practices
- Outpatient, home health and hospice services
- Critical care transport
- Serving 1.4 million people in 29 counties, 1/3 of NC
Our service area

Green-shaded counties represent Vidant Health’s 29-county service area.
Fact or Fiction?

- Home health and hospice are services only for old people.
Criteria for Home Health

• Must be ordered/cosigned by a physician
  • APRN or PA
  • (MD must cosign all orders when ordered by an APRN or PA)

• Patient must have a skilled need
• Patient must be home bound
• Patient must be willing to participate in their plan of care
Fact or Fiction?

• Home health and home care are the same thing.
Difference between home health and home care

**Home Health**
- Medical
- **Intermittent** visits
- Requires MD order
- Time limited
- Requires Medical Professionals
- Assists with activities of daily living
- Restores patient to the highest level of independence
- Patient resides in the least restrictive environment
- Typically covered by insurance

**Home Care**
- Non-medical/custodial
- Extended hours
- No MD order required
- Ongoing
- Does not require medical professionals
- Cooking, light house keeping, meal preparation, companionship, run errands, drive to appointments
- Patient is usually at nursing home level of care
- Typically paid privately
Fact or Fiction?

Home health provides care 24/7.
Fact or Fiction?

Every home health agency is the same.
Fact or Fiction?

- Patients have no say in which agency will provide care.
What are the services under the home health benefit?

- Skilled Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Worker
- Home Health Aide
- Registered Dietician
What if...

- You had to make decisions about your health?
- End of life Care (What would that look like?)
  - Seeking treatment
  - Side effects
  - Dealing with pain
  - Fear of the unknown
  - Expenses
  - Family
  - Faith
  - Being a burden
What is the right choice for you?
Which path do you take?
What are the choices?

Options:
- Surgery
- Chemotherapy
- Radiation
- Radiation and Chemotherapy
- Hospice
- Deny anything is really going on
The word hospice itself comes from the Latin word "hospis," meaning host and guest. It is the root for words such as hospitality, hospital, hotel, hostel, and hospice in English, as well as in many Romance languages.

The word "hospice" derives from Latin hospitum, meaning hospitality or place of rest and protection for the ill and weary. Historians believe the first hospices originated in Malta around 1065, dedicated to caring for the ill and dying en route to and from the Holy Land.
Hospice isn’t about dying. It’s about living with comfort and dignity. It’s about providing our patients — and your loved ones — with the highest quality of life for whatever time remains.

• Does not seek to prolong or shorten life
• Focus is on comfort, not cure
• Concentrates on patient’s and family’s wishes
It’s about the patient and family
Why don’t medical professionals talk about death and dying?

- Struggle with the limitations of medicine
- Some perceive death as a failure
- Some don’t feel prepared to talk about the facts
- Some believe it’s the caregiver’s role to open the door to a conversation

Criteria for Hospice

- The patient must have the following:
  - Terminal/End Stage Diagnosis
  - Physician must verify a life expectancy of 6 months or less
  - Patient has chosen to not seek a curative treatment
  - 24 hour primary caregiver
  - Willing to participate in the plan of care
  - Hospice patients are not required to be homebound.
Fact or fiction?

- Hospice patients must have a Do Not Resuscitate (DNR).
Hospice Levels of Care

- **Routine**: Interdisciplinary team manages care at home or other outpatient setting with intermittent visits and 24 hr nurse on call.
- **Respite**: Provides caregiver relief. Hospice pays for room and board for up to 5 midnights. Hospice determines frequency. Usually takes place in hospice facility or hospital.
- **Continuous Care**: Nursing care in home 8-24 hrs/daily for crisis/symptom management.
- **Inpatient**: 24 hr nursing care in SNF, Hospice Facility, or Hospital. Also referred to as General Inpatient, (GIP.)
Currently, statistics show that 40% of hospice diagnoses are cancer and 60% are non-cancer diagnoses, which includes:

- Heart disease
- Lung disease
- End-stage Alzheimer’s
- Kidney disease
- Liver disease
- Cancer
- Certain neurological disorders
- AIDS
- ALS
Vidant Home Health and Hospice History

- 1981 Ahoskie, NC (1st multi-county rural hospice)
- 1987 Medicare Certified
- 1996 Accredited by The Joint Commission
- 1997 Became part of UHS (University Health Systems)
- 1998 Opened Greenville Office
- 2005 Became part of Health Access
- 2006 Opened Tarboro Office
- 2007 Received CON Inpatient Facility
- 2008 Opened The Service League of Greenville Inpatient Hospice
- 2010 Combined Greenville and Tarboro Offices
- 2012 Integrated Home Health & Hospice Operations
- 2015 Carolina East merged with Vidant Home Health and Hospice
Hospice was originally designed to be a non-institutional benefit. However, it is possible to receive Medicare covered hospice care while residing in a nursing facility.

Care is provided wherever the patient calls home:

- Private residence
- Independent facility
- Assisted living facility
- Skilled nursing facility
Hospice benefits do not cover room and board

Hospice is a Medicare certified program (benefits include):

- The hospice interdisciplinary team
- Medications related to the terminal illness
- Durable medical equipment

- State Medicaid
- Most private insurances
- Private payments
- VA benefits
- Donations support care for uninsured patients

Hospice benefits do not cover room and board
Vidant Home Health and Hospice
Team Members

• Patient and Family (one unit)
• Primary Physician
• Hospice Medical Director
• Hospice Nurse Case Manager
• Certified Nurse Aide
• Medical Social Worker
• Hospice Spiritual Coordinator
• Bereavement Coordinator
• Volunteer Coordinator
• Hospice Volunteers
The importance of volunteers

• Volunteers are a valuable resource to patients and families
• Regulations require 5% of worked time is provided by volunteers
• Vidant Home Health and Hospice currently has <30 volunteers
Indirect Support

• The Service League of Greenville Inpatient Hospice House
  • Greeting visitors/offering tours
  • Companionship & Emotional Support
  • Stocking supplies
  • Administration/clerical support
  • Special projects
  • Community Education
  • Decorating for the holidays
  • Meal Train
Direct Support

- Provide a caring presence at the end of life
- Provide respite visits
  - Breaks for caregivers
  - Run Errands
  - Light housekeeping
  - Play with children
  - Walk the dog
  - Fold laundry
  - Reading
  - Life reflection
  - Playing games
  - Watching movies
Other volunteer opportunities

- “We Honor Our Veterans”
- Bereavement
  - Grief workshops
  - Annual memorial event
  - Calling families to offer support.
- Pet Therapy - Provides comfort to patients with a trained therapy animal.
- Music Therapy- Vocal and instrumental music soothes patients and families
Memory Bears

- Volunteer seamstress help patients and families to create a unique bear stitched from an article clothing that belonged to the patient.
Bruce Flynne and Anabelle

Anabelle is enormously popular with hospice patients at home or at the inpatient hospice house.

She brings peace, comfort, companionship and happy memories.
Service League of Greenville volunteers
Become a volunteer

• Volunteers are an integral part of the hospice team
  • Gratifying
  • Intellectually stimulating
  • Challenging
  • Emotionally meaningful
  • Rewarding work

• If you want to make a difference when it really counts, join our team, we need you!
How to become a volunteer

• Call Sarah Taylor at 252-847-2000
• Schedule a time to visit about the opportunities and what you would like to do
• Complete the application process
• Orientation and training is provided

You make the difference!
Thank you for your time!