



**VIDANT™**  
Home Health & Hospice

# 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

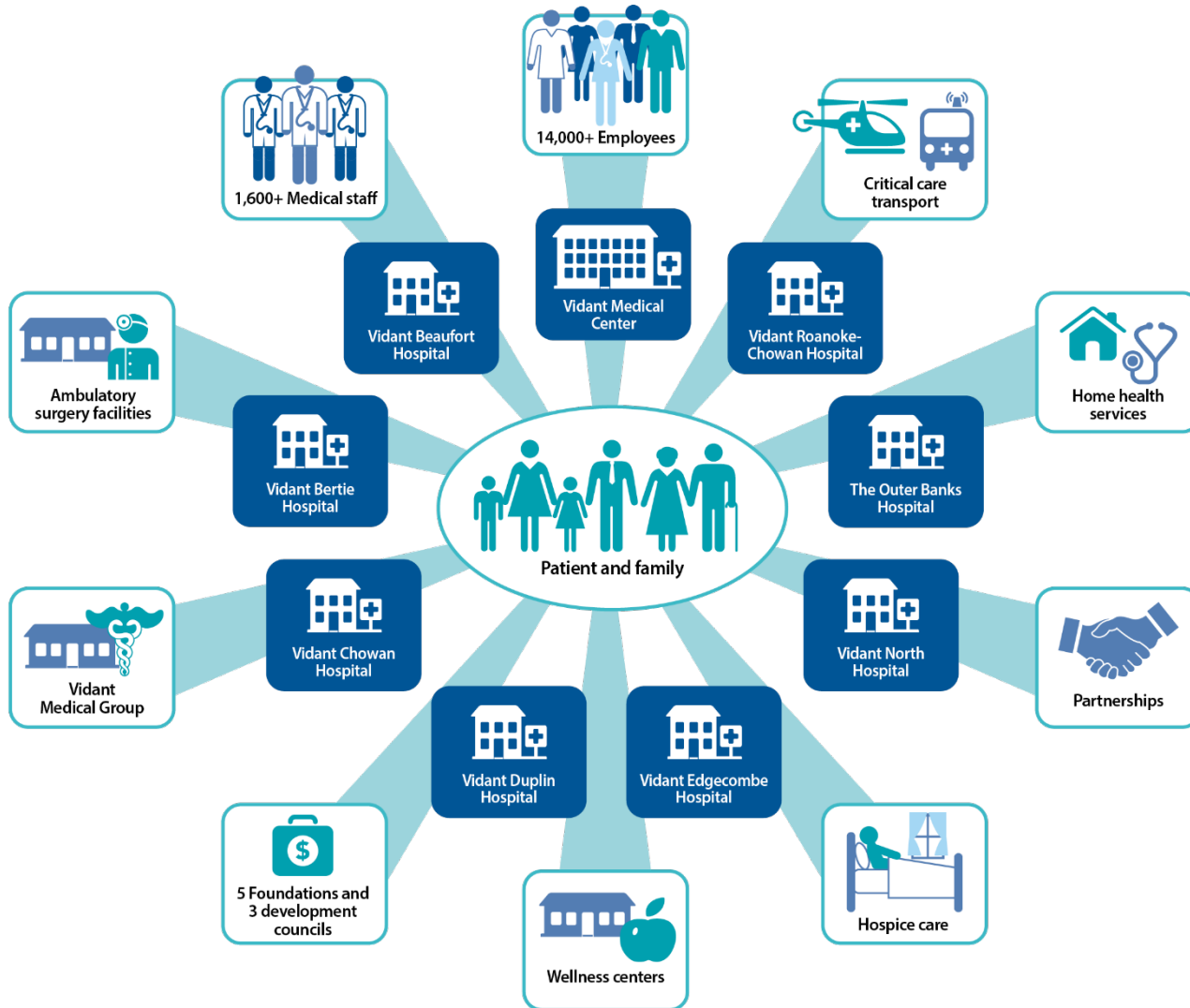
## Our vision

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

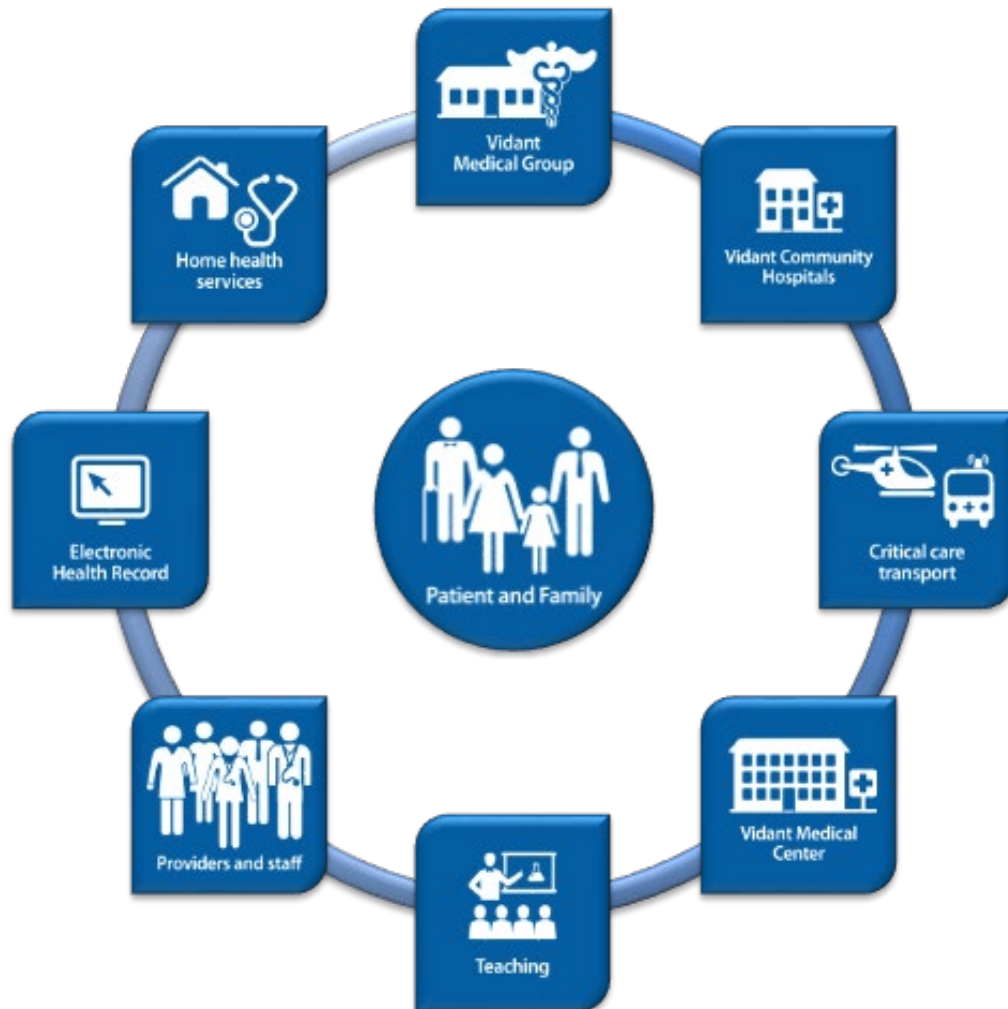
## Our values

Integrity  
Compassion  
Education  
Accountability  
Safety  
Teamwork

# Vidant Health components

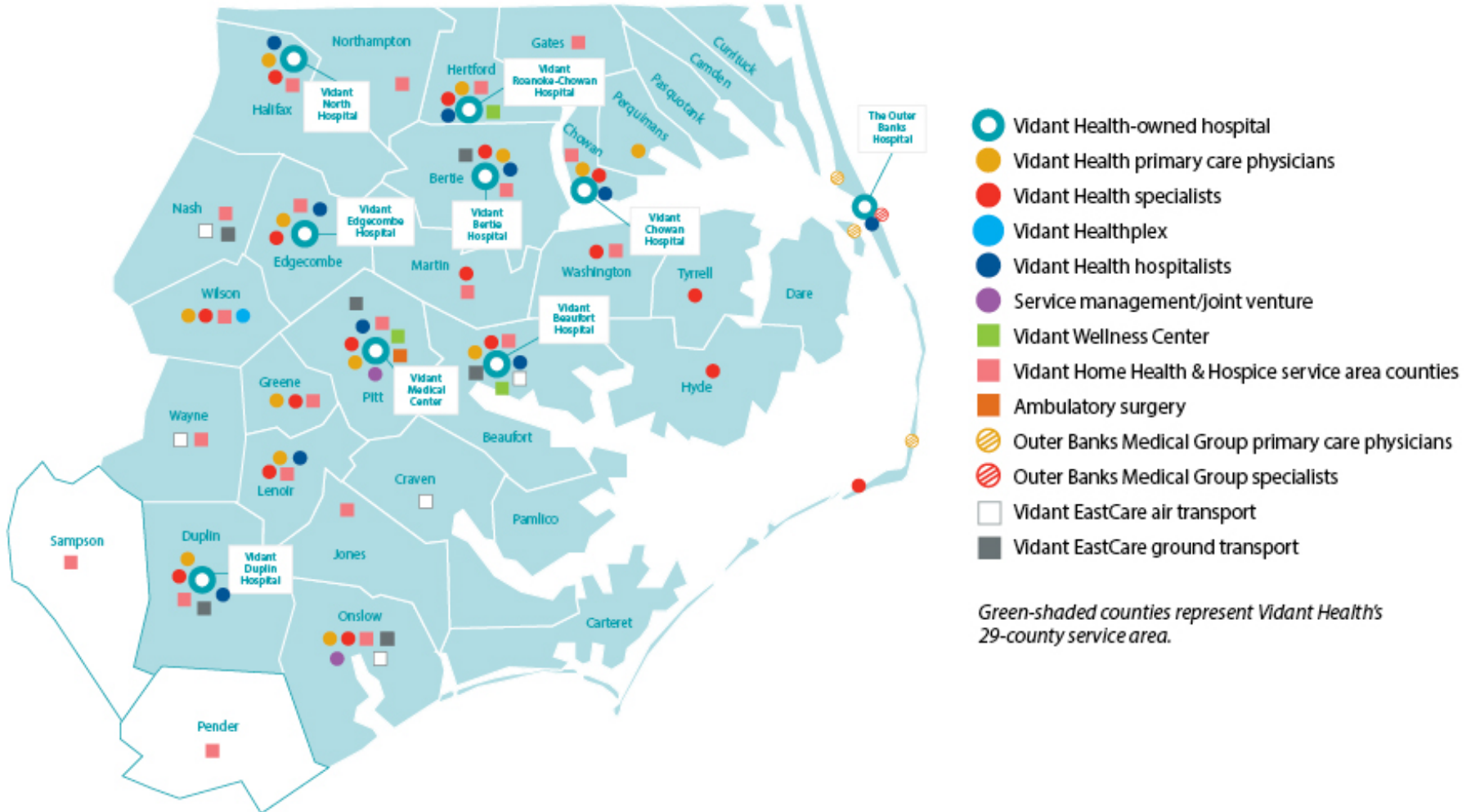


# Our system of care today



- 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



# Fact or Fiction?

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





- 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

- Home health and home care are the same thing.





## 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

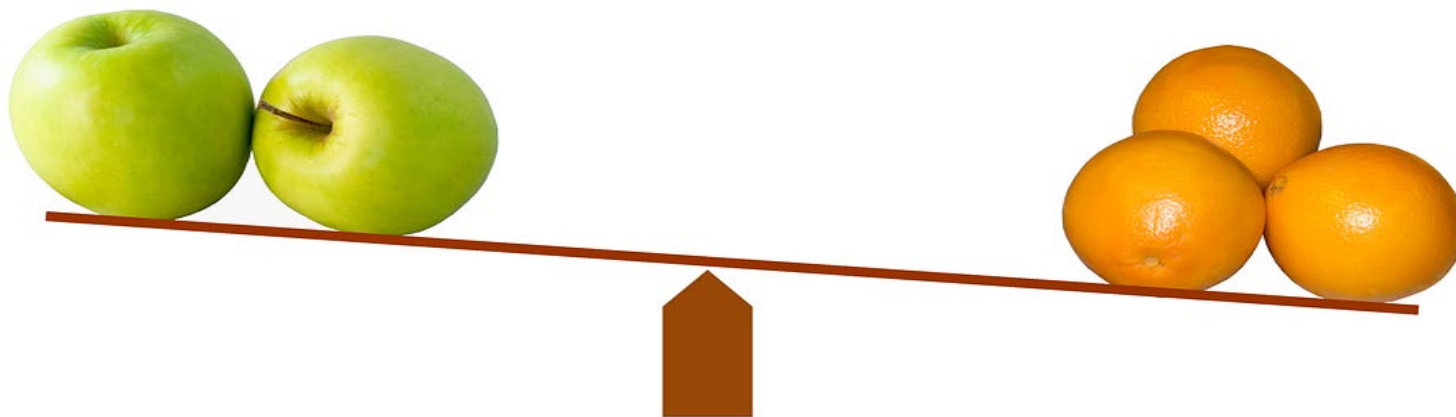
# Fact or Fiction?

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?



# What is Hospice?

- 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

Brown, Sarah, 2019. Jan 7, 191 (1) E22-E23, Doi 10.1503/cmaj.109-569 [cmajnews.com](https://doi.org/10.1503/cmaj.109-569)

- 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.)

# Hospice Diagnoses

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 (1<sup>st</sup> 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

# Where is Hospice care provided?

- 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



# How is Hospice Care Covered?

- 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

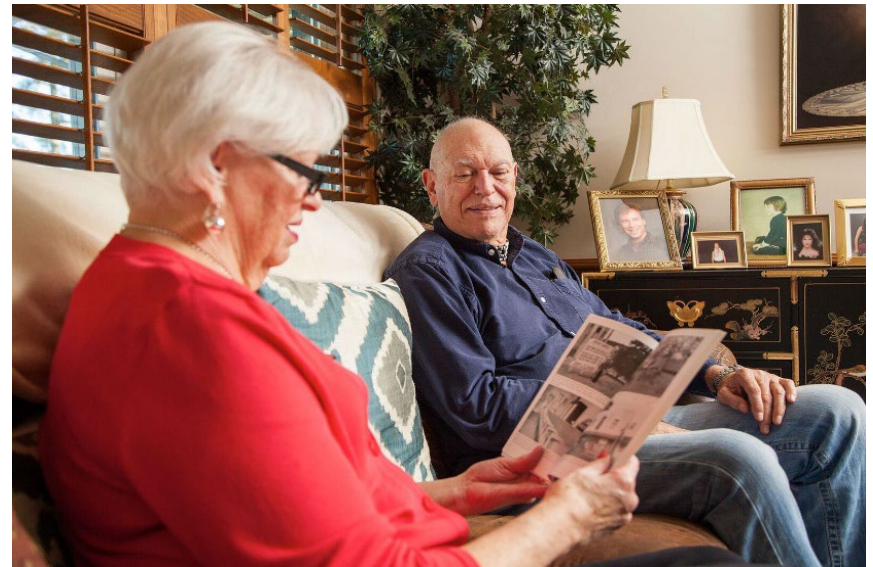


- The Service League of Greenville Inpatient Hospice House
  - Greeting visitors/offering tours
  - Companionship & Emotional Support
  - Stocking supplies
  - Administration/clerical support
  - Special projects
  - Community Education
  - Decorating for the holidays
  - Meal Train



# 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 seamstresses help patients and families to create a unique bear stitched from an article of clothing that belonged to the patient.



# Pet therapy

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!

