

Hospice Criteria/Eligibility

What is Hospice Care?

Hospice care focuses on symptoms and pain management for the patient and emotional, spiritual, and physical support for the patient and family when the patient no longer seeks curative treatments for terminal illness. In general, to be eligible for hospice, a patient must:

- The patient has 6 months or less to live, according to a physician.
- The patient is rapidly declining despite medical treatment (weight loss, mental status decline, inability perform activities of daily living).
- The patient is ready to live more comfortably and forego treatments aimed at prolonging life.

The hospice philosophy accepts death as the final stage of life: it affirms life, but does not try to hasten or postpone death. Hospice care treats the person and symptoms of the disease, rather than treating the disease itself.

General Inpatient Care

General Inpatient Care (GIP) is provided for pain control or other acute symptom management that cannot feasibly be provided in any other setting. GIP begins when other efforts to manage symptoms are not sufficient. GIP can be provided in a Medicare certified hospital, hospice inpatient facility (for example Shanti Niketan Hospice Home), or nursing facility that has a registered nursing available 24 hours a day to provide direct patient care.

- Is typically 5 days or less to get symptoms controlled and return the patient back to home.
- Insurance pays for this service and no out of pocket payment required from the patient.
- GIP is not appropriate with general decline, caregiver crisis, unsafe living conditions in the patient's home, or if the patient is a fall risk and supervision is needed.
- There must be pain or symptom management and skilled nursing needs present for GIP.
- GIP is not appropriate if the patient is actively dying unless there are unmanaged symptoms.

Respite Care

Inpatient Respite Care (IRC) is available to provide temporary relief to the patient's primary caregiver. Respite care can be provided in a hospital, hospice facility, or a long-term care facility that has sufficient 24 hour nursing personnel present. **It is provided for a maximum of five consecutive days within a 30-day period.** The Hospice patient would then return to their home. Respite care is covered by Medicare and Medicaid and required a \$50.00 copay.

Routine Hospice Care

- Routine Hospice Care (RHC) is the most common level of hospice care. With this type of care, an individual has elected to receive hospice care at their residence.
- This can be a private residence, assisted living facility, nursing home, or a residential hospice care facility (i.e. Shanti Niketan Hospice Home).
- Insurance does not cover room and board fee for a nursing home, assisted living facility, or residential hospice care facility. The cost differs for each individual facility.
- Room and Board fee for the Shanti Niketan Hospice Home is \$250.00 per day.
- The daily rate covers the room charge, housekeeping, linens, and patient's meals. Insurance continues to cover medical care, medications related to the hospice diagnosis, equipment, and supplies.

Routine hospice care allows hospice patients to relocate to the Shanti Niketan Hospice Home as their residence. Residential hospice care models/facilities provide access to our medical team as a substitute for the 24-hour family caregiver in a home hospice situation. **Patients and families who choose to stay at the Shanti Niketan Hospice Home long term are responsible for the room charge at the current daily rate.**

Shanti Niketan Hospice Home

The Shanti Niketan Hospice Home at 1020 Glenview Drive in Glasgow, Kentucky is in close proximity to T.J. Samson Community Hospital. The facility includes:

- 8 Patient Beds
- Staffing: One Registered Nurse and CNA and after 5 patients an additional CNA, Social Worker, and Chaplain
- Services: Nursing, Medical Social Services, Physician Services, Therapy Services, Dietary, Hospice Aide, Volunteer Services, Spiritual Services, and Bereavement Counseling

How to Start Hospice Consult/Care (Hospital or Skilled Nursing Facility)

- Discuss with patient and/or family that Hospice may be an option for the patient's goals of care.
- Order a Case Management or Social Services Consult for Hospice.
- Case Management to notify Hospice of referral and send referral documentation needed.
- Hospice will review referral and discuss with patient/family regarding options with hospice.
- Case Management or Social Services Department to be notified of acceptance or refusal of referral.

How to Start Hospice Consult/Care (From Physician, APRN or PA Office)

- Discuss with patient and/or family that Hospice may be an option for the patient's goals of care.
- Provider to write an Order for Hospice Consult with diagnosis.
- The Provider's office may call T.J. Samson Hospice at 270-651-4430 or Fax to 270-659-3339. Send a Face Sheet, the order for hospice consult, progress note, and last office visit note with diagnosis and current medication list.
- Hospice will review referral and discuss with patient/family regarding options with hospice.
- Hospice Staff will notify provider's office of acceptance or refusal of referral.

Contact Information

Karla Turner, RN BSN
Hospice Clinical Coordinator
kturner@tjsamson.org
270.651.4430

Dr. Amelia Kiser
Hospice Medical Director
270.651.4444