

What is Hospice?

Hospice provides comfort and support for people who are facing a life-threatening illness. Hospice focuses on *care*, not cure, and addresses the physical, emotional and spiritual well-being of the patient, along with their family.

The object of hospice is to treat the whole person, not just the disease. Hospice aims to make the person comfortable and relieve their symptoms and pain for the entire length of their illness.

Hospice cares for those with a wide-range of illnesses including end-stage lung, heart and liver disease, cancer, dementia, stroke and ALS. Hospice ensures comfort, dignity and quality of life.



*You matter because...
of who you are.*

*You matter to the last moment of your life.
And we will do all we can, not only to help you
die peacefully, but also to live until you die.*

Dame Cicely Saunders
Founder of the modern Hospice movement

Volunteer Opportunities

Our hospice volunteers provide valuable support to our hospice patients and families. Volunteers touch lives, and change them for the better, in these and other ways:

Patient Care Volunteers

Patient care volunteers provide companionship, respite, and support for both patients and their caregivers.

Bereavement Volunteers

Bereavement volunteers provide follow-up support for hospice families grieving the loss of their loved one.

Administrative Volunteers

Administrative volunteers provide support for the hospice team through a variety of projects.

Fundraising and Public Relations

Volunteers can assist in planning and creating special events to raise funds and friends for our hospice program.



As a non-profit, community-based organization, the Rutland Area Visiting Nurse Association & Hospice receives support from the community through annual giving campaigns, memorial contributions, grants, United Way of Rutland County, city and town appropriations, and special events.

With the gap between rising medical costs and insurance and Medicare reimbursements, donations are integral to maintaining our promise of quality, cost-effective care to our community.

To become part of our family of donors, contact the Rutland Health Foundation at 802-747-3634.

The Hospice Program Rutland Area Visiting Nurse Association & Hospice

7 Albert Cree Drive • Rutland, Vermont 05701
Tel 802.775.0568 • Fax 802.775.2304
www.ravnah.org



Member National Hospice & Palliative Care Organization

Hospice Care

Rutland Area Visiting Nurse Association & Hospice

*Serving the Rutland, Dorset,
and Manchester Areas*



*Hospice...
where life is celebrated*

Hospice Services

The hospice team will provide the following services in your home ... *wherever you consider home to be:*

- Management of pain and other symptoms
- Physical, emotional and spiritual support
- Medications, medical supplies and equipment related to the end-of-life illness
- Personal care
- On-call support (24 hours a day, seven days a week) for telephone consultations or home visits when necessary
- Teaching of caregiving skills to the family
- Trained volunteers for companionship, respite and complementary therapies
- Grief support and counseling
- Continuing contact and support for the family for 13 months following the death of a loved one

The Hospice Team ... a Special Kind of Care:

Our patients and families are cared for by an experienced team of professionals including doctors, nurses, social workers, spiritual care coordinators, grief counselors, home health aides and trained volunteers. We use our extensive end-of-life care experience and knowledge to make our patients as comfortable and independent as possible, with loved ones nearby.

Frequently Asked Questions About Hospice Care

When should a decision about entering hospice be made?

At any time during a life-limiting illness, it's appropriate to discuss all of a patient's care options, including hospice. Understandably many people are uncomfortable with the idea of stopping an treatment. We are highly sensitive to these concerns and are available for advice or information. Many people enter the program too late to fully benefit from the many services available to them and their families. The sooner we are called, the more we can help.

Should I wait for our physician to raise the possibility of hospice, or should I raise it first?

The patient and family should feel free to discuss hospice at any time with their physician, other healthcare professionals, clergy, or friends. Although a physician's order is ultimately required for admission, by law the decision to receive hospice services belongs to the patient.

Isn't hospice only for cancer patients?

Hospice care is for anyone, at any age, who is coping with life-limiting illness, including end-stage lung, heart and liver disease, cancer, dementia, stroke and ALS.

Once on hospice, can a patient change their mind and seek other treatment?

Certainly. If improvement in the condition occurs, the disease seems to be in remission, or other care is sought, the patient can be discharged from hospice and readmitted, if necessary, at a later date.



Does hospice do anything to make death come sooner?

Hospice does nothing to hasten or slow down the dying process. Hospice enhances the quality of life for patients and their families. According to the National Hospice and Palliative Care Organization, hospice patients live *an average of one month longer* than those who did not choose hospice care.

How is hospice paid for?

Hospice is provided regardless of one's ability to pay. Hospice services are covered by both Medicare and Medicaid, and by most private health insurers. We will assist families in finding out whether the patient is eligible for any coverage they may not be aware of. Hospice provides all medications, services and equipment related to the terminal illness. We will contact your insurance provider to verify your level of coverage for these services.

How are family members involved in Hospice care?

Hospice views the patient and family as a unit of care. Family members and friends are encouraged to participate in the patient's care as much as possible. If the patient does not have a family member who can be the primary caregiver, the hospice team will attempt to identify, educate and train the patient's neighbors, friends or other community volunteers to assist with care.

