

# FAQs

## About Hospice House

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### Frequently Asked Questions About Hospice House at Partners In Care

#### **Is Hospice House a residential facility?**

No. It is licensed as a specialty hospital. It is available for short-term care. Once our new Hospice House is open, we hope to be able to provide more extended care, but it will not be a residential care facility.

#### **Does everyone who is admitted to Hospice House die there?**

No. About 20-30 percent of all patients who use Hospice House will stabilize and return to their home or care facility to resume routine hospice care at home with visits by their hospice care team.

#### **What kind of care is given to patients at Hospice House that is different from hospice care at home? What are the types/levels of hospice care?**

Patients receiving hospice care in their home have their care team visit them there on an intermittent and regular basis, while patients at Hospice House receive round-the-clock care. Management of symptoms is available immediately from the medical and nursing team there. At home, family members play a central role in the daily care of the patient, while at Hospice House they can release that hands-on responsibility to the team and be present as family members.

There are four types of hospice care: 1) General In-Patient (GIP) – the most intensive care to manage symptoms associated with end-of-life issues – provided at Hospice House; 2) Respite – up to five

days at Hospice House that allows family members to have a break from caregiving or to take care of family matters; 3) Routine Care – hospice care at home or at a care facility – managed by a registered nurse and team that also may include a CNA or Home Health Aide, Physical/Occupational Therapist, Social Worker, Chaplain, and Volunteer; and 4) Continuous Care – around the clock care by a registered nurse in the patient's home, similar to care provided at Hospice House.

#### **Are visitors allowed to see patients at Hospice House during the pandemic?**

Yes. Everyone is carefully screened and they use standard protection prior to visiting patients.

#### **Do we care for patients who have COVID-19 and no other illness?**

We have not yet cared for a patient at Hospice House who only has COVID-19. And although none of our Hospice House patients have tested positive for the virus, we are prepared to provide isolation and adhere to the standard protocols.

#### **How long can patients stay at Hospice House?**

The average length of stay is five days. Some patients may be at the very end of life and are there for just a few hours; others may be there for 2-3 weeks. If a hospice patient comes to Hospice House for respite care (giving their family caregivers a break), they are limited to a five day stay. There are strict

requirements to qualify for GIP care, so once the patient no longer qualifies for care at Hospice House, they will return home.

### **Can the family pet visit their human at Hospice House?**

Yes, the family pet is welcome to visit at Hospice House. The pets are usually dogs, but we had a horse visit one time (outdoors of course) and sometimes cats. The pet needs to be up-to-date on their vaccines, healthy, friendly, and accompanied by another family member or friend. We also have a fenced Pet Park area near Hospice House where pets (accompanied by an adult) can relax off-leash.

### **How is Hospice House different from being in the hospital?**

Hospice House is a quiet and peaceful place where both the patient and family members will have their needs attended to while receiving a high level of care. There are no alarms that sound; no rushing down hallways with equipment; and a small staff-to-patient ratio allows for good communication and interaction with familiar faces.

### **Is Hospice House expensive?**

#### **How are costs covered?**

The majority of patients have Medicare which covers the cost of general inpatient hospice care. In the case where no insurance is available, there is a Room & Board cost of \$340 a day. We also provide charity care when no private insurance or resources are available.

### **Can patients self-admit? Do they need to already be on home hospice to qualify to come to Hospice House?**

Patients do not self-admit. The patient needs to already be receiving hospice care at home; and when the need for more intensive care management arises, is referred to Hospice House either by their own physician or by the hospice physician. A physician's order is required for GIP care. For respite care, the MD gives their okay, but an order is not needed.

If the patient comes to Hospice House directly from being in the hospital, we admit them when they arrive. The hospital physician determines they are "hospice eligible" and communicates directly with our physician for admission to Hospice House.

### **How are family members supported at Hospice House?**

The support given to families is very individualized. We meet people where they are. They are welcome to stay with their loved one, work remotely, visit at all hours of the day and night, and much more. We do whatever we can to support them through this process. There may be cultural or religious practices that are honored, and some families will be planning for the death – for a memorial service, death announcements, or even choosing a mortuary. We also educate them around the disease process and what to expect.

### **How are patients made more comfortable at Hospice House? Do the staff do anything to prolong life or hasten death?**

Our goal is to manage the symptoms in order for the patient to become stable and comfortable. In doing that, their quality of life may improve; but we do not treat illness for the sake of prolonging life or hastening death.

### **How is infection or spread of disease controlled at Hospice House?**

Hospice House follows the same infection control procedures as a hospital—subject to the regulations and protocols for maintaining a safe environment for patients, visitors, and staff. This includes best practices for isolation of infectious individuals as well as proper use of personal protective equipment.

### **Are most patients dying of cancer or other diseases as well?**

Certainly, cancer is a prevalent diagnosis, but we have patients with other disease processes such as COPD, heart failure, and cerebral vascular disease.

### **Does Hospice House have patients admitted directly from St Charles?**

Yes, that does happen about 30 percent of the time when the patient and/or family has discontinued life-prolonging treatment and the patient is still requiring hospital-level care.

### **Does the new Hospice House replace the current unit or is it an expansion?**

It will replace the current 6-bed unit that is attached to our administration building. The new House will be a 12-bed standalone facility on our campus in Bend.

### **What are the main things that will change/improve with our new Hospice House?**

With double the number of beds at the new Hospice House, we will be able to admit more patients for both GIP and respite services, essentially ending the waiting list. We will also be able to admit more patients from St Charles and other hospice providers when the need arises for more intensive end-of-life care.

Improvements include roll-in showers in each private suite, a commercial kitchen for food service, improved HVAC system for heating and cooling, oxygen delivery service within the walls rather than portable units, a kitchenette for use by guests, a spa room with accessible deep tub, and an activity room where children and adults can visit, watch TV, or play games.

### **How does Hospice House operate within Central Oregon, and what is its relationship to the hospital and other hospices?**

Hospice House is owned by and operates under the umbrella of Partners In Care, a local, independent, non-profit healthcare organization governed by a volunteer board of directors. Any physician can refer patients to the hospice program at Partners In Care. Currently, there are three other hospice providers in our region—St. Charles Hospice, a non-profit hospice based in Bend; Hospice of Redmond, a non-profit hospice based in Redmond; and Heart 'n Home Hospice, a for-profit hospice based in Boise, Idaho. They can all use Hospice House for general in-patient care when needed. Partners In Care and St. Charles Health System work closely to assure value-based post-acute care during a time of serious illness and following a terminal diagnosis.

Partners In Care Hospice House is one of only three such inpatient facilities in the state of Oregon. The other two are the Pete Moore Hospice House in Eugene, Oregon—a 14-bed facility operated by Cascade Health; and Samaritan Evergreen Hospice House in Albany, Oregon.



**Partners In Care**

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