



Is This the Right Time for Hospice Care? Booklet

Suggested responses to: *Questions You May Want To Ask Each Hospice Care Provider* on page 12.

1. Are you a non-profit hospice?

Yes, Arbor Hospice is a non-profit hospice. This means that our primary focus is on patient and family care. Because we are owned by “our community” we are measured by how well we meet the needs of our community. Since 1984, Arbor Hospice has been committed to providing quality, compassionate care for those experiencing serious illness and their families.

2. Is Hospice your primary business or is hospice an add-on to another business?

Hospice is our primary business. Since 1984 our mission has remained unchanged:

The Arbor Hospice mission is to give comfort, assurance and care to families and patients who have life-limiting illnesses and to educate and nurture others in this care.

3. How long have you served our community?

Arbor Hospice was started in 1984 by a nurse named Mary Lindquist. The Residence of Arbor Hospice was built in 1998.

4. Are you Medicare and Medicaid certified? Are you state certified?

Arbor Hospice is Medicare and Medicaid certified. Arbor accepts most insurances. The Arbor Hospice Foundation raises money to provide care for persons with no insurance. Arbor Hospice is certified by the State of Michigan.

5. What certifications do your Medical Directors have?

Arbor Hospice Medical Directors and hospice physicians are dual board certified. They each have a specialty such as internal medicine and/or geriatrics and are also Hospice and Palliative Care Board Certified. Many family practitioners, internists and specialists do a fine job managing many end-of-life issues. That is why they are actually the main physicians guiding care. The primary community doctor gives verbal orders for medications, and the hospice nurse will be talking with the community doctor or his nurse to update them on your condition. This works fine when things are running smoothly, which is often, but there are times when the hospice patient may develop very difficult symptoms to control and lot of complicating psychosocial issues. If that is the case, you may need an expert; thus the role of the hospice medical director. Being Board Certified in Hospice and Palliative Care means that the physician has had the extra training and experience to handle those complicated situations.

6. What is your nurse to patient ratio? Social worker to patient ratio?

Arbor Hospice is proud that our nurse to patient ratio at 1: 12-15 is well within national guidelines. Social worker to patient ratio is approximately 1:25. This is an important statistic because clinicians with heavy patient loads may not be able to comfortably spend the time needed with each patient and family.

7. What kind of support is available to the family/caregiver?

*Arbor Hospice has many tools available to family caregivers. With hospice, the family is included in the unit of care, not just the patient, so the Plan of Care includes the caregivers. They have the full support of the clinical team as well as specialized support from our grief support programs and counselors. Our robust resource guides available on-line are a great compliment to our extensive Patient and Family Resource Guide. Arbor Hospice is there for the patient **and** caregiver every step of the way.*

8. What does the hospice volunteer do?

The hospice volunteer is available to provide help and support. This support varies with each individual but some common activities include; respite care, reading, playing games, or just paying a friendly visit.

9. How do you work to keep the patient comfortable?

First, we meet with the patient and if the patient is able to converse, we ask questions to understand their needs and how they define “comfortable”. Arbor Hospice staff are expert at physical pain and symptom management, but beyond physical comfort we can also help define spiritual and psychological comfort measures.

10. How are services provided after hours?

Most services will be provided Monday through Friday, however, if the plan of care requires evening or weekend visits, these will be provided. Arbor Hospice has a 24 hour, 7 day per week phone triage service available. The Residence of Arbor Hospice is staffed 24 hours per day, 7 days per week.

11. How and where do you provide short-term in-patient care?

Arbor Hospice provides short term in-patient care at The Residence of Arbor Hospice and at area nursing homes. In reality, this care is rarely needed because Arbor is able to keep people comfortable in their homes.

12. Which nursing homes or assisted living facilities do you work with?

Provide a listing by city.

13. How long does it typically take you to admit someone once the request for services has been made?

Most often Arbor is able to admit someone to hospice the same day the request is made. Admission to The Residence of Arbor Hospice is dependent upon bed availability.

14. When will the nurse make the first visit?

Our practice standard is within 24 hours but often the admission nurse will make the first visit the same day that the patient is referred. This will depend somewhat upon the time of day and location of the patient. Sometimes we receive an admission with a request for a future visit date.

15. How often are grief support groups offered?

Arbor Hospice is very proud of our grief support programs. Throughout the year we have special programs for children, spouses, adult children and general grief. In addition to grief support groups our counselors are available for one-on-one support. Grief support programs are listed on our website at www.arborhospice.org.

16. Are there programs and/or planned events within the hospice to help family members heal and grow?

Arbor's grief support programs are ongoing throughout the year. Additionally, Arbor hosts bi-annual Memorial Celebrations. Some of our families choose to volunteer with Arbor Hospice as a way of giving back for all they received. We do ask that people wait one year after the death of their loved one before volunteering.