



Hospice

of Southwest Iowa



WHAT IS HOSPICE?

- Hospice means Dignity and Comfort
 - Hospice is a philosophy of care
 - Focus on comfort and symptom management
 - Interdisciplinary team approach to providing end-of-life care
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Admission Criteria

- Terminal illness with life expectancy of 6 months or less
 - Attending physician validates the terminal condition and orders Hospice services
 - Primary caregiver or facility placement
 - Acceptance of the Hospice philosophy (comfort versus cure)
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Our Mission:

**Cherishing life's journey
through an extraordinary
commitment to compassion,
comfort, and holistic care.**



History of Hospice of Southwest Iowa:

Hospice of Southwest Iowa (HSI) was developed in 2007, through partnership between VNA Hospice of Pottawattamie County and Alegent Mercy Hospital



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Today

- HSI now serves 9 counties: Pottawattamie, Mills, Harrison, Fremont, Union, Taylor, Montgomery, Cass, and Adams counties.
- 2 locations: Council Bluffs and Corning
- Average Daily census of 25-30 patients.
- Plans to open a Hospice House on North Broadway in Council Bluffs after a successful campaign.

Our Expert Team:

- Physicians
 - Nurses
 - Home Health Aides
 - Medical Social Workers
 - Chaplains
 - Volunteers
 - Bereavement Specialists
 - Occupational/Speech/Physical Therapists
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Symptom Management

- Pain
- Anxiety and Agitation
- Muscular Disturbances
- Respiratory Difficulties
- Nutritional problems
- Skin Integrity Issues
- Urinary & Digestive problems
- Emotional & Spiritual Distress



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Levels of Care

- Routine Hospice Care - provided in a residential setting, usually a patient's home or a long-term care facility. This level of care can also be given in an assisted living facility. The needs of the patient determine how often the patient will be seen.
- Respite - provided in a facility for 5 days, caregiver relief
- General Inpatient - designed for short-term, acute needs, which are provided in an inpatient unit, hospital, or skilled nursing facility when a patient's symptoms cannot be managed in the residential setting with the routine level of care.
- Continuous – provided in a residential setting when the patient is in crisis and symptoms cannot be managed with the routine level of care. This level of care is sometimes initiated to prevent transfer to an inpatient setting.

Reimbursement

- Medicare Benefit
 - Medicaid – Iowa
 - Commercial Payors
 - Private Pay
 - Veteran Affairs
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Cost Savings to Medicare

- On average, Medicare saves \$1.26 for every \$1 spent on Hospice care (Lewin-VHI report for NHO, May 1995)
- The cost of the last month of life was reduced by \$2,300 for those receiving Hospice care (Duke University Indep. Study, 2007)
- 1.3 million dying Americans received Hospice care last year (Updated NHPCO 2007 study)





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What does Hospice offer the Community

- Comprehensive end of life care/support
- Patient may live at home or be able to live in local care facilities, or Hospice House
- Expertise in pain control and symptom management
- Cost effective end of life care
- Quality end of life care in the community
- Bereavement support following the death of loved ones
- Volunteer opportunities that provide support and companionship
- Patient and family empowerment
- Grief support groups
- Value added services to the hospitals and local nursing homes
- Reduced health care costs during the last months of life
- Dignity. Dignity. Dignity during end of life care



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How can I help?

VOLUNTEER!

ROLE OF THE HOSPICE VOLUNTEER

- Direct care- caregiver relief, companionship, diversion activities, meal preparation, errand, household assistance
 - Bereavement- direct care, monthly mailings, memorial services, grief support groups
 - Office support- in the Hospice office, in Hospice House
 - Runner/Special Event assistance
 - Advisory Board members
 - Monetary donations to keep our programs alive!
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WE HONOR VETERANS

Hospice of Southwest Iowa
is recognized as a

We Honor Veterans
Partner Level 3

National Hospice and Palliative Care
Organization





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Vet-to-Vet Volunteer Program

U.S. Veterans- The Facts

- 23.8 million veterans are alive today
 - 7.5% are women
 - One in four adult men is a veteran
 - Median age is 61 years old for men and 47 years for women
 - More than 1,800 veterans die every DAY
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Fact

The VA cares for a **MINORITY** of
veterans at the end of life

Why Pair Veterans with Veterans?

- Military training and the culture of stoicism can often prevent veterans from sharing difficult experiences.
- When one veteran talks to another, stoicism and secrecy dissolve.
- Veterans share a common language and code of conduct.
- Sharing supports life review and healing!



Veteran Volunteers who Work with Veterans in Hospice:

- Bring their military training and history to their hospice work.
 - Offer unique opportunities that support life review and healing
 - Are able to share a common language
 - Share a cultural bond that opens doors of trust
 - Share codes of conduct and honor
 - Help dissolve barriers of stoicism and secrecy
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Veterans have unique needs at the end of life which are better addressed when they feel understood by another veteran.

Potential Impact

“We spent an hour talking and covered a lot of ground. Apparently the incident with the gas mask that may have caused his breathing difficulty occurred while he was on a ship in New Calidonia, where he served. He could remember how long he was there to the exact number of days, like me (I was in the army for one year, one month and 19 days). It’s interesting how that kind of thing stays with you. We also covered his time in the Civilian Conservation Corps in Delta, Missouri, where he also learned to drive.”

“I learned he had a son who was born in 1940 and died in 1980. It sounded like the son led a wild life and may have met a violent end. Other than the disappointment he felt about not having a greater influence on his son, he was in a pretty good place. He does like to talk and would talk about anything. He said I could come back anytime, and I’d like to visit with him weekly.”

(Story of a first visit, HCI Care Services, Tray Wade)



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Questions???

