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May-June 2015

### In This Issue

[Hospice History & Misconceptions](#)

[Upcoming Events & Workshops](#)

### Hospice of Redmond

#### Our Mission

To enhance the quality of life for patients and their families by providing the highest level of compassionate hospice care and bereavement services for our Central Oregon community.

#### Our Service Area

Bend | Redmond | Sisters | Powell Butte | Prineville | Crooked River Ranch | Terrebonne | Madras

#### Ask For Us By Name

**Hospice of Redmond**  
732 SW 23rd Street  
Redmond OR 97756

**541.548.7483**

541.548.1507 fax

For more information, please visit our web site at [www.hospiceofredmond.org](http://www.hospiceofredmond.org).

### Did You Know...

that in 1868, three years after the end of the Civil

### Dear Community Member,

It was recently brought home to us that many people have some unfortunate misconceptions about hospice. We thought it might be a good idea to give you a brief background on hospice in the United States and to dispell some of the more common erroneous ideas.

Best regards,  
The Team at Hospice of Redmond

## Hospice History & Misconceptions

People frequently ask questions about hospice and what it is. They can be pretty surprised by the answers at times. Here is a brief history of hospice in the United States and answers to some of the most frequent misconceptions we hear.

***Hospice Has Only a 41 Year History in the U.S.***

[Click here](#) to read more.

## Hospice Volunteer Highlight John & Georgiana Anderson



"When we moved to Central Oregon we knew it was time to start giving back to our community. We explored a variety of opportunities for

War, an organization of Union veterans established Decoration Day. This was the predecessor of what we know as Memorial Day.

Decoration Day was first observed that same year at Arlington National Cemetery in Washington, D.C.

It was not until 1971 that Memorial Day was declared a national holiday, honoring those who have died in all American wars.

Many people still refer to Memorial Day as Decoration Day.

### **Support Camp Sunrise Through the Fred Meyer Community Rewards Program**



Please support Camp Sunrise through the Fred Meyer Community Rewards Program.

It's quick and easy.

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volunteering.

With Georgiana's medical background and my counseling experience, we hoped to find an organization that would take advantage of our knowledge and skills. Hospice of Redmond more than fulfilled our hopes and has provided us with a variety of opportunities to serve.

In our seven years of volunteering we have experienced patient care, volunteer-on-call and ambassador, as well as helping where needed. The Children's Corner at Festival of Trees and Camp Sunrise have also enabled us to enjoy the younger generation. As with many of the other volunteers, we have gotten back more than we can possibly give."

*John has also generously offered his time as a Member of our Board of Directors. He is slated to become the 2015-2016 Board Chair.*

## **Upcoming Events & Workshops**

### **Tuesday, May 5: Nurturing Yourself With Essential Oils**

10:30 a.m.-12 Noon, Hospice Community Room  
Presenter: Dr. Cassee Terry

Learn more about essential oils--potent aromatic compounds--and how they can be used for the everyday health and well-being of you, your family, and your pets. To sign up for this free program, please call 541.548.7483.

### **Tuesday, May 26: [Soup & Support](#)**

12 Noon-1:30 p.m., Hospice Community Room

Any community member who wishes companionship and grief support is welcome to attend. Prior Hospice services are not a prerequisite for attendance. For more information on this group, call 541.548.7483.

## Wednesday, May 27: National Senior Health & Fitness Day

Please feel free to share our newsletter with your friends, colleagues, and family.

Give Hospice of Redmond a call today at 541.548.7483 to see how we might help you or a loved one. We are happy to answer your questions and to be of service.

For more information on Hospice of Redmond, our services and programs, please visit us at [www.hospiceofredmond.org](http://www.hospiceofredmond.org).

### ***Ask For Us By Name***

Sincerely,  
**The Team at Hospice of Redmond**

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Hospice of Redmond | 732 SW 23rd Street | Redmond | OR | 97756

# Hospice History & Misconceptions

People frequently ask questions about hospice and what it is. They can be pretty surprised by the answers at times. Here is a brief history of hospice in the United States and answers to some of the most frequent misconceptions we hear.

## **Hospice Has *Only* a 41 Year History in U.S.**

In 1948, British physician Dame Cicely Saunders coined the term “hospice” to describe her philosophy of care for her terminally ill patients. Based on her patients’ wishes, her philosophy was about her patient’s comfort through easing and controlling symptoms with a variety of methods, not trying to cure the patient.

Dame Cicely introduced her hospice philosophy to the United States during a visit to Yale University in 1963. While Saunders returned to Britain and, four years later, created the first modern hospice in a London suburb, her lecture was the catalyst for the development of the U.S.’s modern-day hospices and their basis of care.

The first U.S. hospice was founded in 1974 in Branford, Connecticut, and was quickly followed by others. In 1979, the federal government’s Health Care Financing Administration initiated “demonstration programs” at 26 hospices across the country. This initiative was aimed at determining what kinds of care a hospice should provide and assessing their cost effectiveness.

Hospice of Redmond was established around that same time. It grew out of the efforts of a community group lead by local surgeon Dr. Marinus Koning and included Ruth Miller, the director of the Central Oregon Community Action Network, and Vivian Rood, the director of nursing at Central Oregon Community Hospital. The group wanted to create “something better” for the terminally ill residents in Central Oregon than dying alone in a hospital room. Hospice was initially staffed with dedicated volunteers. By 1981, however, Hospice of Redmond had become a 501 (c) 3 nonprofit, hired a small staff, and become Medicare-certified.

The following year, Congress incorporated a Medicare hospice benefit in the Tax Equity and Fiscal Responsibility Act of 1982. The hospice benefit provision was to be temporary and “sunset” in 4 years. Instead of expiring in 1986 as planned, Congress made the benefit permanent and allowed states to include a similar hospice benefit in their Medicaid programs. This created the hospice system we are familiar with today.

As of 2013, Hospices in the United States had grown to approximately 6,000 individual programs across the country, caring for an estimated 1.6 million patients according to the National Hospice and Palliative Care Organization (NHPCO), “*NHPCO’s Facts and Figures 2014 Edition.*”

## **Dispelling Misconceptions – Hospice is Not Just About Dying**

Throughout its 41 year history in the U.S., the hospice movement has generated its share of misconceptions about what it is, how it works, and who can use it. Here are five common myths about hospice.

### ***1. Hospice is somewhere you go and part of one big company.***

This is false. Hospice is a philosophy of care which has been designed to provide services to a patient in the comfort of their own home. It is true that some hospices provide care in their own facilities; others do not. Hospice of Redmond’s trained staff, like many other hospices, care for their patients in their homes, whether a personal residence, a family member’s home, a nursing home, an assisted living facility or some other residential care environment.

According to the NHPCO, over half of the hospice programs/organizations today are independent, freestanding organizations with the remaining half part of hospital systems, home health agencies, or nursing homes. Hospices can be non-profit, like the Hospice of Redmond, or for-profit like many of the large, national chains. What all licensed hospices have in common is that all must provide certain services. Programs, however, will vary from state to state depending on state laws and regulations and the individual business model being used.

### ***2. A person’s life is over because hospice is only for people who are going to die right away.***

Choosing hospice care does not necessarily mean a terminally ill person will die immediately or that they have given up hope. Hospice affirms life and regards dying as a natural process. While some people choose hospice care at a very late stage of their illness and die soon after coming on service, the NHPCO reported in 2007 that

research published in *the Journal of Pain and Symptom Management* showed that hospice patients live an average of 29 days longer than similar patients that did not have hospice care.

The general criteria for initially receiving hospice services is that the patient's personal doctor has diagnosed them with a terminal illness and their life expectancy is six months or less. Becoming a hospice patient means the patient's focus has changed from finding a cure to making their own decisions regarding the quality of their lives for as long as they have life. In fact, the earlier an individual receives hospice care, the more opportunity there is for Hospice staff, working closely with the patient's personal doctor, to help stabilize a patient's symptoms. It is not uncommon for patients to live months after electing hospice care.

Hospice's nursing staff are specialists in symptom management. They work closely with the patient, their family, and the patient's personal physician to plan how to best deal with the life changing effects of a terminal disease. All medications for symptom and pain control are carefully balanced under a physician's supervision to allow the patient to remain as alert, comfortable and active as possible. Hospice also has other resources available, i.e. holistic approaches such as acupuncture and massage, to help alleviate symptoms in conjunction with the physician's prescribed medications.

### ***3. Patients can only receive hospice care for a limited amount of time.***

The general criteria for initially receiving hospice services is that terminally ill patients have a life expectancy of six months or less. The patient's personal doctor is contacted by hospice to see if they believe the patient is on a decline in their health and, if the decline should continue, does the physician feel the patient meets this criteria.

Many people worry that if they live longer than 6 months, they will no longer be eligible to receive hospice services. There is no need to worry. The patient can continue receiving hospice care as long as the attending physician recertifies that the patient is terminally ill. It is not unusual to have patients on hospice for longer than six months or for shorter periods of time. It is also not unusual that a patient be discharged from hospice if they start to do better. This may occur because the interventions that are used help stabilize their disease and the patient improves.

It is the patient's right to go back to traditional care and pursue curative treatments if they so desire. If a discharged patient wants to return to hospice care in the future, Medicare and most private insurance companies allow for re-admission.

### ***4. The average person can't afford hospice.***

This is a major misconception. Hospice is a Medicare benefit which most people have paid for over the course of their working lives. Medicaid and most private insurances also have a hospice benefit. While it may vary slightly nationwide between for-profit and non-profit hospices, community contributions and memorial donations along with gifts and grants help to supplement hospice programs so they can be offered free to patients. Hospice of Redmond never sends bills for covered hospice services to patients or their families. The same services are provided regardless of the patient's ability to pay.

### ***5. Your physician decides which hospice should provide your care.***

This is not true. It is *you*, the patient, who decides if 1) hospice care is something that you want and 2) which hospice meets *your* needs. Your personal physician can advise you, but the choice is yours.

There are probably a lot of other questions you might have about hospice. Hospice of Redmond welcomes members of the community to come in or call to discuss our services or to just meet us. We believe you and your family should be comfortable with the team who is supporting you through one of the most stressful and intimate times of your life's journey.

For more information and a detailed timeline of the development of hospice, visit the National Hospice and Palliative Care Organization's web site at [www.nhpco.org](http://www.nhpco.org).

