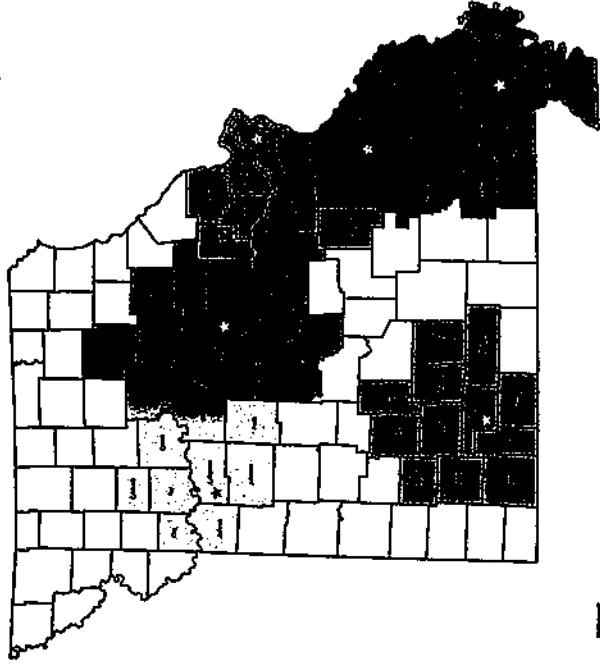


HOSPICE PROVIDES:

- Imminent Sitting - No one dies alone
- Education for the patient & his / her loved ones
- Physician medical direction
- Registered nurse care coordination & Intermittent care in residence
- Routine visits by a licensed practical nurse & home health aide



- 24-hour, on-call physicians
- Social work & counseling
- Medications, medical equipment & supplies (related to the primary diagnosis)
- Pediatric Care
- Spiritual support
- Dietary counseling
- Bereavement support
- Volunteer support
- Individualized plan of care with input from the patient & his / her loved ones



■ Ozark Region: 417-581-4968

■ St. Louis Region: 636-527-9330

■ Covered by Both St. Louis and Columbia

■ Columbia Region: 573-499-4540

■ Dexter Region: 573-614-4774

■ Covered by Both Dexter and Farmington

■ Farmington Region: 573-756-9800

■ Covered by Both Farmington and St. Louis

■ Lexington Region: 660-259-9161



WE HONOR VETERANS



www.preferredhospice.com



WHAT IS HOSPICE?

Hospice is "comfort care" offered to terminally ill patients, empowering them to make choices regarding their final months. An interdisciplinary team, under the direction of a physician, delivers care and support inside the patient's home.

Our team focuses on providing pain and symptom management, as well as support for the emotional, social and spiritual needs of the patient and his / her loved ones.

WHO IS ELIGIBLE?

To be eligible for Preferred Hospice services, a patient or their representative must be aware of the illness and prognosis and agree to comfort care rather than curative treatment.

The hospice physician, along with the attending physician, agree on a prognosis of approximately six months or less (if the disease were to follow its natural course).

With a physician's "order," Preferred Hospice can provide an on-site patient evaluation to assist in determining whether hospice services are appropriate.

WHO PAYS FOR HOSPICE?

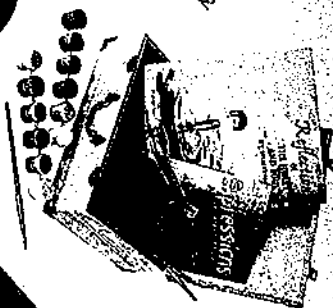
Hospice is paid for by Medicare, private insurance or private funds.

An entitlement under the Medicare Hospice Benefit, Medicare generally pays 100 percent of medications, equipment, supplies and Hospice team services, provided these are associated with the primary diagnosis. There is no deductible.

Preferred HOSPICE

PROGRAMS LIKE NO OTHER

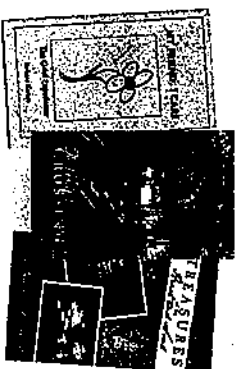
*Quiet
Counseling
for Teens*



*Youth
Quiet
Support*



*Caregivers
Support*



Our mission is to have a positive impact on the lives of those we serve, inspire through example and encourage celebration of life. We will assist with emotional peace of mind and both physical & spiritual healing.

WHO MAY MAKE A REFERRAL?

Referrals may be initiated by a medical professional, community agent, friend, family member or patient by calling your local Preferred Hospice office.

A nurse will consult with the primary physician, obtain an "order" for further evaluation, and a team member will communicate with the patient and / or loved ones to assess whether hospice is appropriate and desired.

OUR TEAM EXPERIENCE

We attribute our success to the compassion, professionalism, and dedication of our staff – and interdisciplinary team specializing in end-of-life care.

Among the senior team are physicians and nurses who bring years of health care experience.

VOLUNTEERS

Our volunteers play a special role in hospice patient comfort care, providing:

- Emotional support to patients & caregivers
- Office assistance / special occasions
- Bereavement support & companionship

To become a Preferred Hospice volunteer, please contact our Volunteer Coordinator. We will provide you with the appropriate training and you will make a difference in the final months of someone's life.



Assurance Program

Hebrews 6:11 "And we desire that every one do show the same diligence to the full assurance of hope unto the end."

The Preferred Hospice Assurance Program is a need-based service driven by Spiritual and Psychosocial needs. At Preferred Hospice, it is our commitment to the individuals we serve to be there, "when they need us, where they need us and to be there as long as they need us." At times, we have identified those that are in need, but do not qualify for the hospice benefit. For those, we still would like to offer them peace of mind and an assurance knowing that they are under our wing.

The Assurance Program:

- Is available to any individual who has stabilized and has been discharged from Preferred Hospice services.
- It is available to any individual evaluated for hospice admission, but who does not currently meet eligibility requirements.
- The Assurance Program is available at no cost to the individual or family.

Services:

- Hospice Social Workers and/or Chaplains will make monthly visits to the individual/family for support.
- The Family of the individual will be contacted after each visit.
- The individual's status for hospice eligibility will be reviewed monthly by the hospice Social Worker and/or Chaplain.
- A full evaluation will be completed by a licensed Hospice Nurse at a six month time frame. Upon completion of the six month evaluation, decision will be made for hospice admission if the individual meets:
 - a) Hospice Eligibility Requirements
 - b) Is discharged from the Assurance Program, or
 - c) If the individual's needs are met and the individual no longer meets the criteria for hospice admission.

The Assurance Program in no way limits the service that the individual may receive from another agency.

Limits:

- Licensed nurses are available to make recommendations, but they are not involved in a "hands on" manner.
- Medications and medical equipment benefits are not available to the individual/family through this elective program.
- Medical Management is to be addressed by the individual, family, facility, staff, or attending physician not through the Assurance Program.



Assurance Program Consent Form

Patient Name: _____

After being informed of the benefits and criteria of the Preferred Hospice Assurance Program, I have consented to participate in the program. I understand my participation in no way limits the services I may receive from any other agency. I also understand any medication and medical equipment benefits are not available under this program. I understand the Assurance Program's focus is on support and not on medical management which will continue to be directed by my physician(s). I acknowledge I am free to discontinue this program at any time by signing the revocation below.

Client / Responsible Party Signature

Date

Hospice Staff Signature

Date

Primary Contact:

Name

Phone

Street Address

City, State, Zip Code

REVOCATION OF SERVICES

I hereby revoke the above declaration.

Client / Responsible Party Signature

Date

Hospice Staff Signature

Date

Hospice Guidelines

Call us anytime, including weekends at 573-756-9800 or 1-888-756-9800

General Hospice Guidelines

- Be determined to have a terminal illness with life expectancy of approximately six months or less

Amyotrophic Lateral Sclerosis

- Unable to walk, needs assistance with ADLs
- Barely intelligible speech
- Difficulty swallowing
- Weight loss
- Significant dyspnea
- Co-morbidities: pneumonia, URI

CVA/Stroke

- Decreased level of consciousness, coma, or persistent vegetative state
- Dysphagia
- Post-stroke dementia
- Decreased nutritional status (with or without artificial nutrition)
- Co-morbidities

Dementia and/or General Decline

- Unable to walk without assistance
- Urinary and fecal incontinence
- Speech limited to a few words
- Unable to dress without assistance
- Unable to sit up or hold head up
- Complications: pneumonia, UTI, sepsis, pressure ulcers
- Difficulty swallowing/eating
- Weight loss

Heart Disease – CHF

- NYHA Class III or IV
- Discomfort with physical activity
- Symptomatic despite maximal medical management
- Arrhythmias resistant to treatment
- History of cardiac arrest
- Cardiogenic embolic CVA

HIV/AIDS

- Wasting Syndrome
- CNS lymphoma/Kaposi's sarcoma
- AIDS dementia
- Hepatorenal syndrome
- Decision to forego antiretrovirals
- Co-morbidities/severe infection

Liver Disease

- Typically INR >1.5; Serum albumin <2.5 gm/dl
- Not a transplant candidate
- Ascites despite maximum diuretics
- Peritonitis
- Hepatorenal syndrome
- Encephalopathy with somnolence, coma
- Recurrent variceal bleeding

Pulmonary Disease – COPD

- Dyspnea at rest
- Poor response to bronchodilators
- Recurrent pulmonary infections
- Cor pulmonale/right heart failure
- Resting tachycardia
- Weight loss
- Hypercapnia/hypoxemia

Renal Disease

- Plan for discontinuing dialysis
- Decline despite dialysis
- Displays signs of uremia (confusion, nausea, pruritus, restlessness, pericarditis)
- Intractable fluid overload
- Oliguria
- Hyperkalemia

Cancer

- Metastases to multiple sites
- Weight loss
- Patient/family chooses palliative care

Preferred
HOSPICE



