“…what’s truly important is life lived richly, deeply, and meaningfully, for as long as it lasts.

Dignity, family, comfort and caring are hospice – an idea whose time has come, and just in time for me.”

- Hospice patient
“Hospice is not about ‘giving up.’

Hospice is about taking control and maximizing the time you have with a life-limiting illness.

Hospice is about helping families know how to discuss the hard issues, not avoid them.

Hospice empowers patients and their families with the tools they need to live life as naturally and comfortably as possible, with assistance every step of the way.

Hospice shines light on the darkness of the unknown, taking the power away from fear.”

Robin Rola, R.N., Beaumont Hospice Nurse
# Table of Contents

About Beaumont Hospice                                                             4  
The Hospice Team                                                                 5-6  
Ensuring Quality Care Through Electronic Documentation                           7  
Levels of Care                                                                   8  
Supplies and Equipment                                                             9  
Safety in the Home                                                                10-11  
Daily Care for the Hospice Patient                                                12-16  
Preparing for Death                                                               17-19  
Once Death Has Occurred                                                           19  
Bereavement Follow-up                                                             20  
Resources                                                                         21  
You Can Help                                                                     22-23  
Beaumont Hospice
The Mission of Beaumont Hospitals:
We will provide the highest quality health care services
to all of our patients safely, effectively and compassionately,
regardless of where they live or their financial circumstances.

Beaumont Hospice is not a place. We are a service dedicated to providing compassionate care and support for patients and their families during the final stages of life. Our focus is to enhance the quality of life by providing ongoing physical, emotional and spiritual support. We are committed to helping patients and their families live each day to the fullest.

Beaumont Hospice provides comfort care – not curative care. The hospice team cannot cure the disease. Our goal is to minimize the symptoms caused by the terminal illness and provide the patient with optimal quality of life. Hospice emphasizes the rights of patients and their families and/or caregivers to participate in deciding the care that is appropriate for them.

Hospice is care which is usually delivered at home or in a home-like setting to persons in the final phase of a terminal illness. It neither hastens nor postpones death, but affirms life, emphasizing quality, not length. Hospice empowers patients to live with dignity, alert and pain-free, while involving families and loved ones in giving care. Indeed a major goal is an environment where patients and families have satisfactory mental and spiritual preparation for death.

Hospice programs are committed to serving patients regardless of age, gender, nationality, race, creed, sexual orientation, disability, diagnosis or ability to pay. In most cases, it is necessary that a ‘primary caregiver’ (for example, a family member or friend, volunteer from church, paid attendant) be available to the patient at home. Increasingly, however, hospices have special programs which serve patients without caregivers.

Hospice is covered by Medicare, as well as most Medicaid and private insurance programs.

This booklet is intended to provide answers to ongoing questions and to be used as a reference. Please do not hesitate to call us at 248-743-9400 with further questions.

“Hospice has turned an eternal secret into a living principle…”
- Hospice patient
**The Hospice Team**

Each Hospice patient is assigned a hospice team. The team will provide support to the patient, primary caregiver and family. A team member will be available by phone 24-hours a day for support or visits.

Generally, the patient’s personal physician consults with a hospice care team of physicians, nurses, social workers, chaplains, hospice aides, counselors and volunteers. Working closely together, team members treat and attend to the patient and family as the ‘unit of care.’

**Physician Service**
Hospice physicians are available to meet general medical needs for symptom and pain control issues. The hospice physician oversees management of the terminal illness and can serve as a resource for the patient’s attending physician. The hospice physician can make home visits when necessary.

**Homemaker**
Homemakers help with light housekeeping to provide respite for the caregiver. This may include vacuuming, straightening the patient’s care area, or preparing a light meal for the patient. The homemaker may also provide companionship for the patient. However, they are unable to provide any personal care. Homemaker duties can also be fulfilled by the Hospice Aide or a volunteer.

**Skilled Nursing**
Nurses coordinate all services necessary to optimize the patient’s quality of life within the limits of illness. The nurse will visit the patient as needed. This frequency will vary depending upon the stability of the patient. A main focus of the nurse is to provide instruction to the patient and family regarding the disease process and what can be expected. The nurse will work closely with the patient’s physician to achieve optimal symptom control.

**Hospice Aide**
Hospice aides provide personal care to the patient and assists him or her with activities of daily living such as bathing (this can be a sponge bath, tub bath or shower), dressing, feeding, hair care, shaving and skin care. The aide may also change bed linens. These services are provided based on the patient’s need and recommendations of the hospice nurse.

**Volunteer Services**
Trained volunteers are available for a variety of needs. Beaumont Hospice has a volunteer coordinator to work with the hospice nurse to place a volunteer in the home who is most suited to the patient’s needs. The volunteers can run errands or stay with the patient and provide companionship so the caregiver may go out.
The Hospice Team

Medical Social Services
Social workers provide counseling and assistance for social, emotional and economic difficulties that patients and family members may face. The social worker will provide the patient and family with emotional support as they deal with the changes caused by the terminal illness. They will serve as a resource to help find necessary private and community services such as financial assistance and/or finding a caregiver.

Physical Therapy/ Occupational Therapy/ Speech Therapy
The primary goal of hospice is to promote comfort. If your case manager feels therapy will be helpful, a visit will be made if necessary.

Chaplain Services
Chaplains are able to dialogue about thoughts, values and beliefs related to one’s spiritual life journey. They will assist with securing or providing religious resources regardless of faith, tradition or spiritual content.

Bereavement Counseling
Bereavement counseling is available to anyone affected by the loss for up to 13 months after the death of a loved one. This support may be provided through phone calls, mailings, grief counseling, art therapy, memorial services and support groups.
ENSURING QUALITY CARE
THROUGH ELECTRONIC DOCUMENTATION

You may notice that your Beaumont Hospice team member brings a laptop during visits. The following are some common questions and answers you may have about the laptop.

Q. Why use a laptop?
A. During our visits with you, all documentation regarding your care will be done electronically so that your information (records) can be immediately updated. This keeps all members of your Beaumont Hospice team informed of every aspect of your care needs.

Q. Is it safe (secure)?
A. Yes. Beaumont takes patient confidentiality very seriously and follows all HIPAA regulations to ensure that your information is protected.

Q. Is there anything I need to do?
A. There are some things you can do to help. Offer a space for the Beaumont Hospice team to complete any documentation. This space can be as simple as a spot at the kitchen table. A nearby electrical plug will also be helpful.

You may ask us any questions you wish about electronic documentation, and we will be happy to answer them.
Throughout an illness, a patient may require different levels of care. Typically, hospice patients receive routine hospice care in the home or an extended care facility. However, to receive routine hospice in the extended care facility, the patient must be privately paying for room and board, since this is viewed as the residence. Our goal is to keep patients in their home, but due to some circumstances such as uncontrolled pain or symptoms, it may be necessary to provide services at a different level of care. The levels of care are listed below.

**Routine Care**
Nursing, social work, chaplain, hospice aide, homemaker and volunteer services are provided to patients in the home or extended care facility.

**Continuous Care**
Nursing care is provided eight to twenty-four hours a day in times of medical crisis for pain and symptom control. This can often minimize the need for hospitalization.

**Acute Inpatient Care**
Hospice can provide short-term inpatient care for pain control or symptom management in a facility approved by Beaumont Hospice. If your level of care changes while under hospice services and an ambulance is necessary, it will be arranged by Beaumont Hospice.

**Respite Care**
To relieve a caregiver’s burden, Hospice will provide short-term respite care for patients in a setting other than the home. This level of care must be provided in a Beaumont Hospice-approved facility.

Most insurance companies have a hospice benefit. An admission coordinator can usually let you know your coverage within a few hours. For patients with Medicare part A or Medicaid, hospice is a covered benefit.
The hospice team will assess and discuss equipment and supply needs with the patient/caregiver upon admission to hospice. The hospice team will continue to assess these needs throughout the hospice service. If at any time it appears these needs have changed, please let a hospice team member know when they visit, or call our office at 248-743-9400.

If there is equipment in the home from an equipment provider other than Beaumont, it may be necessary to change the equipment. We will do our best to make this as convenient as possible. Beaumont Hospice will arrange the switch.

**Medications**

All non-related medication should be obtained through the patient’s regular pharmacist. Medications related to the terminal illness and used for pain and symptom control will be ordered by your Hospice Registered Nurse. The cost of these medications will be covered by Beaumont Hospice.

There may be some changes necessary to make the home ready for hospice care. Our staff may make some recommendations. Please keep in mind these are just suggestions and intended to make the home as safe and comfortable as possible for the hospice patient.
Safety In the Home

Home Safety

- Keep hallways and walkways clear of objects that may cause the patient to trip and fall.
- Always ask the hospice team if you are unsure how to operate any medical equipment.
- Never leave a patient who is confused or unable to walk independently alone in the home.
- Keep all medication out of the reach of children. Ask the pharmacy for child-resistant caps if children reside in the home with the hospice patient.

Emergency Preparedness

- Cordless phones and often cell phones do not work in power outages. You may want to get a landline phone.
- Oxygen concentrators do not work in power outages. The backup tanks you have in your home will provide a few hours of temporary coverage. For a major power outage, you may need to have a backup plan, like going to a family member’s home.
- During many types of disasters, safe drinking water may not be available. Keep bottled water in your home.
- Flashlights are important to prevent injury during blackouts.
- When you are ill, you are more sensitive to warmth and cold. How will you stay warm without heat or cool without air conditioning?

If you make arrangements to stay with a relative or friend, let Beaumont Hospice know your new address of care.

Contact your local community to find out the location of emergency shelters in your area.

In the event of an emergency, hospice medications may be obtained from several local area pharmacies. Call your hospice nurse to order medications. Bring your prescription bottle or prescriptions to the pharmacy along with the prescription drug card found in your admission pack.

If death occurs and phone systems are down and you are unable to reach Beaumont Hospice, please contact your local police department. If phones are down, this may require a family member or friend going to the department to notify them of the death. Please locate the address and phone number (non-emergency) of your local police department. When the police officer comes to the home, please give him/her your Beaumont Hospice folder. Also, the family will need to contact the funeral home. Again, if phones are out, this may require a family member to go to the funeral home. Please locate the address and phone number of the funeral home in advance.

If all communication systems are down, information will be disseminated by Beaumont Hospital via radio. You may tune in to WWJ 950 AM for information.

If there is a phone outage and you are unable to contact us, please contact Beaumont Hospitals, 248-551-5000. The operator will help you reach us.

The decision to institute the Beaumont Hospice Emergency Preparedness Plan will be made by the Vice President of Beaumont Home Health Services or designee if a local emergency situation is expected to cause an interruption in patient care. When this plan is enacted, all Hospice staff and patients will be notified.
**Safety in the Home**

**Fire Safety**
- Install smoke detectors and fire extinguishers in the home, especially in the patient’s care area.
- Never smoke in the home if oxygen is in use.
- The patient should never smoke in bed or where he or she may fall asleep. Ashes or the cigarette may fall and start a fire.
- Plan a fire escape method and route from the different areas in the house. Please be sure to discuss the plan with the patient and all of the caregivers.

**Medication Safety**
It is important to keep track of how much medication is in the home. If levels are getting low, please let the R.N. case manager know two days prior to running out, to allow enough time for the medication to be ordered and delivered.
Rest
Rest is important for the mind and body. It is recommended the patient as well as the caregiver get a good night’s sleep. If the patient has difficulty sleeping at night, the physician may be able to order medication to help the patient get a restful night of sleep without feeling sleepy in the morning. Please do not give the patient medication before checking with the nurse. If the patient naps during the day, the caregiver may wish to rest at that time also. It is important for caregivers to take care of themselves as well as the patient.

Skin Care
Caring for the skin of the hospice patient can be a challenge. The patient can develop pressure sores or dry, itchy skin. Hospice patients often are less active or become bed bound, which places pressure on the bony areas of the body, such as the back of the head, elbows, hips, tailbone, shoulders and heels. Taking the following precautions can sometimes prevent bed sores, but even with the best of attention to the skin, sores will sometimes develop.

- Turn the bed bound patient every two hours if the patient can tolerate.
- Patients should not sit in the same position for more than a few hours at a time.
- If it is painful for the patient to move, pain medication can be given. Talk to the nurse.
- Pillows can be used to prop the patient and relieve some of the pressure.
- Care toward avoiding pressure, moisture and friction is recommended.

Let the hospice nurse know if the patient develops any reddened or broken areas.

Mouth Care
Mouth care should be done in the morning and after each meal. Hospice patients will sometimes experience dry mouth or excess saliva, and may require more attention to mouth care.

- If the patient needs help with mouth care, it will be necessary to raise the head to prevent choking. Give the patient a drink of water to moisten their mouth and gently brush. If they are unable to be near a sink, a bowl may be used to rinse and spit.
- For patients who are unable to rinse or spit, a moistened toothette may be used. The toothette can be moistened with water or mouthwash. Gently clean the teeth, gums and tongue.
- If the patient wears dentures, they will need to be removed and cleaned after each meal. Remove the dentures and brush. Then clean the mouth with a soft toothbrush, toothette or cloth.

As people lose weight, their dentures become loose fitting. This can cause mouth sores. It is necessary to check the mouth for sores when cleaning. If the patient is unable to be fitted for new dentures, leave them out. Soft foods should be offered if dentures are left out.

- Mouth care and ice chips or popsicles can relieve dry mouth.
- Lip balm should be applied several times a day to help prevent dry cracked lips. This is especially important for patients who breathe through their mouths.
Daily Care For the Hospice Patient

Elimination
Some patients will become incontinent of bowel and/or bladder, or require help to use the bathroom. This can cause feelings of anxiety, embarrassment and discomfort. There are some things that you can do to help minimize these feelings.

- Patients that are unable to get to the bathroom can use a bedside commode or bedpan. Men should use a urinal.
- Keep the commode close to the bed. A screen can be used to provide privacy. When possible, the patient should be in a sitting position for elimination.
- If using a bedpan, sprinkle powder on the edge of the bedpan to keep the patient’s skin from sticking to the pan.
- Use a waterproof pad under the bedpan. This prevents any leakage from going through to the bed linens.
- Give the patient some privacy during elimination.
- Caregivers should wash their hands and the patient’s hands after elimination. This helps stop the spread of infection.

Urination
If the patient is unable to urinate for 12 hours, has abdominal pain, a hard swollen abdomen just below the navel or becomes incontinent of urine, let the nurse know. If the patient and the physician agree, a catheter can be placed in the patient’s bladder to drain the urine.

General Catheter Care
- Clean the catheter from top to bottom (from the patient toward the tubing). This should be done once a day and after each bowel movement.
- When turning or getting the patient out of bed, make sure the tubing and drainage bag are free to move with the patient. Be cautious not to pull the catheter. This will cause pain and irritation.
- Keep the drainage bag below the level of the tubing to allow the urine to drain freely.
- Notify the hospice nurse if there is no urine in the bag for 12 hours.
Bowel Movements
Try to keep the patient on his or her usual bowel schedule. This may be once or twice per day, or every other day.

Constipation may result from decreased activity or from the use of certain medications. Check with the hospice nurse before giving any kind of laxative or stool softener. It is normal for some laxatives or stool softeners to cause stomach cramps.

Notify the hospice nurse if the patient has not had a bowel movement in three days.

The following guidelines can be helpful in promoting bowel movements:

• Provide a well-balanced diet that includes a variety of fresh fruits and vegetables, whole grain breads and cereals, dried fruits such as raisins, prunes or apricots. These types of foods will add fiber.
• Offering frequent fluid intake to the patient will help maintain proper hydration.
• Offer warm liquids such as prune juice or water with lemon in the morning or night.
• Have the patient sit on the toilet, commode or bedpan at the same time each day for 10-20 minutes.
• If the patient can tolerate light exercise, walking may help.

Diarrhea is described as frequent, loose, watery stools. Diarrhea can occur due to overuse of laxatives or fecal impaction. If the patient has diarrhea, record the frequency and character of stools. Notify the hospice nurse if the patient has diarrhea three times in eight hours. The following are helpful to patients with diarrhea:

• Avoid milk or milk products.
• Offer bananas, applesauce, plain rice and dry toast.
• Provide plenty of clear liquids (liquids that you can see through).
• Do not administer any anti-diarrhea medication unless one has been ordered by the physician. Medications to help control diarrhea can make the patient thirsty. Use caution when administering this medication. Overuse can cause constipation.

Controlling The Patient’s Symptoms
Controlling the patient’s symptoms is the primary focus of hospice. Since we cannot cure the disease, we focus on managing the symptoms caused by the disease. Symptoms might include pain, difficulty breathing, nausea, vomiting, restlessness, confusion, fever, bleeding or seizures.

With the use of medication, the hospice team will be able to keep the patient comfortable. It is important to make sure the physician and hospice nurse are aware of all prescription and non-prescription medication that the patient is taking.

Use the medication profile provided by the hospice staff to keep track of when medications are due.
**Daily Care For the Hospice Patient**

Follow the prescription directions exactly. If you receive a new prescription and it does not match the instructions given by the hospice nurse or physician, call Beaumont Hospice at 248-743-9400.

If the patient has difficulty swallowing, it may be easier for the patient to take the medication if the tablet is crushed and placed in applesauce, sherbet, ice cream or yogurt. If the patient has a decreased appetite, place the crushed tablet in only a spoonful of the above food. This will ensure they receive all of the medication. Always check with a hospice nurse or pharmacist before crushing any medication.

For patients unable to swallow, rectal suppositories or injections may be available.

**Pain**

Pain is a subjective experience. Only the person experiencing it can describe the level of pain. Beaumont Hospice uses a scale from zero to ten to rate pain. If you call the nurse and are experiencing pain, you will be asked to rate your pain. Zero is no pain and ten is the worst possible pain.

- Many patients are reluctant to take narcotics for a variety of reasons.
- Do not worry about becoming addicted to pain medication. It is being used to provide comfort and improve quality of life, not for emotional or psychological reasons.
- Pain medications can cause side effects. The hospice nurse will provide instructions for specific medications.

If these side effects become a problem, speak with the hospice nurse.

- There are some things other than medication that can help decrease pain.
- Relaxation and breathing techniques can be useful. The hospice staff can instruct on these techniques.
- A heating pad (do not use for more than 15 minutes), gentle massage or a warm shower may also be helpful.
- Let the hospice nurse know if the patient seems restless or agitated. There are some medications that may help.

**Fever**

If the patient develops a fever greater than 101 degrees, call Hospice. Sponge bathe the patient with lukewarm water. Keep the patient covered with a light blanket or sheet. Offer popsicles, ice chips or liquids.

**Nausea and Vomiting**

If the patient experiences nausea or vomiting, there are a few methods that may control this problem.

- Reduce food or strong odors. Provide adequate ventilation.
- Too many fluids can sometimes cause a too-full feeling which leads to nausea or vomiting. Don’t provide fluids with meals.
- Have the patient eat dry toast or crackers.

If vomiting persists, let your hospice nurse know.
Bleeding
Call Hospice whenever the patient is bleeding. To stop bleeding, use an ice pack or apply pressure to the bleeding area. The use of a red or dark-colored cloth or towel to apply pressure or clean up is recommended. If the patient has a nose bleed, pinch the nostrils. Do not tip the head back. Placing the patient on his or her side can help promote drainage of the blood from the mouth.

Seizures
Seizures can occur in patients with brain tumors. As the caregiver, it is important to stay calm and remember your main priority is to protect the patient.

Help the patient lie down either in the bed or on the floor. Move any furniture or objects that may hurt the patient. Do not place anything in the patient’s mouth or try to restrain the patient. Stay with the patient until the seizure has ended. Most seizures will end on their own. Notify Beaumont Hospice once the seizure has ended.

If the patient is experiencing frequent seizures, the bed will need padded side rails. The rails can be padded with pillow or blankets. Medication can be used to control seizures.

Restlessness/Confusion
Some patients will become restless as they get closer to death. This is referred to as ‘terminal restlessness.’ Tranquilizers are prescribed to reduce this symptom and allow the patient to rest peacefully.

Patients can become confused with the change in routine, residence or at nighttime. To reduce confusion, help keep the patient oriented. Keep a clock and calendar near the patient. Remind him or her of the date, time and events of the day.

Difficulty Breathing
One of the most frightening things for hospice patients is the feeling of not being able to catch their breath. Remain calm.
• Place the patient in an upright position. Raise the head of the bed or place pillows or cushions behind the patient for support.
• Encourage the patient to cough and spit out secretions into a tissue.

The patient may be placed on oxygen to help relieve the shortness of breath. If the patient is congested, medication and/or a nebulizer may be used.
PREPARING FOR DEATH

It is recommended that the patient and family make some arrangements prior to the death. This can be difficult for some people to talk about. The hospice staff can facilitate the discussion upon request.

Loved ones find it reassuring to know they have carried out the patient’s wishes. Discuss funeral arrangements. What type of funeral would the patient like? There are many things to consider:
- burial versus cremation
- type of music and prayers
- type of casket

Also, it is helpful to know if there are any special people the patient would like to be involved in the service.

The patient should have a current will to provide for surviving loved ones and prevent any legal problems after death. The executor of the estate or will should know about all insurance policies, bank accounts, and any other assets.

Palliative Care:
The Journey Towards Death, Recognizing the Dying Process
By Angela Morrow, R.N.,

The dying process usually begins well before death actually occurs.

Death is a personal journey that each individual approaches in their own unique way. Nothing is concrete, nothing is set in stone. There are many paths one can take on this journey but all lead to the same destination.

As one comes close to death, a process begins; a journey from the known life of this world to the unknown of what lies ahead. As that process begins, a person starts on a mental path of discovery, comprehending that death will indeed occur and believing in their own mortality. The journey ultimately leads to the physical departure from the body.

There are milestones along this journey. Because everyone experiences death in their own unique way, not everyone will stop at each milestone. Some may hit only a few while another may stop at each one, taking their time along the way. Some may take months to reach their destination, others will take only days. We will discuss what has been found through research to be the journey most take, always keeping in mind that the journey is subject to the traveler taking it.
Preparing for Death

The Journey Begins: One to Three Months Prior to Death

As one begins to accept their mortality and realizes that death is approaching, they may begin to withdraw from their surroundings. They are beginning the process of separating from the world and those in it. They may decline visits from friends, neighbors, and even family members. They are beginning to contemplate their life and revisit old memories. They may be evaluating how they lived their life and sorting through any regrets.

Food becomes less appealing as the body begins to slow down. The body doesn’t need the energy from food that it once did. The dying person may be sleeping more now and not engaging in activities they once enjoyed. They no longer need the nourishment from food they once did. The body does a wonderful thing during this time as altered body chemistry produces a mild sense of euphoria. They are neither hungry nor thirsty and are not suffering in any way by not eating. It is an expected part of the journey they have begun.

One to Two Weeks Prior to Death

Mental Changes

This is the time during the journey that one begins to sleep most of the time. Disorientation is common and altered senses of perception can be expected. One may experience delusions, sometimes thinking others are trying to hurt them. They may also have a sense of grandeur, thinking they are invincible.

Physical Changes

The body is having a more difficult time maintaining itself. There are signs that the body may show during this time:

- The body temperature lowers by a degree or more.
- The blood pressure lowers.
- The pulse becomes irregular and may slow down or speed up.
- There is increased perspiration.
- Skin color changes as circulation becomes diminished. This is often more noticeable in the lips and nail beds as they become pale and bluish.
- Breathing changes occur, often becoming more rapid and labored. Congestion may also occur causing a rattling sound and cough.
- Speaking decreases and eventually stops altogether.
Preparing for Death

Journey’s End: A Couple of Days to Hours Prior to Death
The person is moving closer towards death. There may be a surge of energy as they get nearer. They may want to get out of bed and talk to loved ones. They may ask for food when they haven’t eaten in days. This surge of energy may be quite a bit less noticeable but is usually used as a dying person’s final physical expression before moving on.

The surge of energy is usually short-lived and then the previous signs become more pronounced as death approaches. Breathing becomes more irregular and often slower. “Cheyne-Stokes” breathing – rapid breaths followed by periods of no breaths – may occur. Congestion in the airway can increase causing loud, rattled breathing.

Hands and feet may become blotchy and purplish (mottled). This mottling may slowly work its way up the arms and legs. Lips and nail beds are bluish or purple. The person usually becomes unresponsive and may have their eyes open or semi-open, but not seeing their surroundings. It is widely believed that hearing is the last sense to go, so it is recommended that loved ones sit with and talk to the dying during this time.

Eventually, breathing will cease altogether and the heart stops. Death has occurred.

© 2009 by Angela Morrow, R.N. (http://dying.about.com/od/thedyingprocess/a/process.htm). Used with permission of About,Inc., which can be found online at www.about.com.

Once Death Has Occurred

• Do not call 911 or the emergency number in your area. If an emergency crew responds, they will have to resuscitate the patient and may transfer them to a local hospital.

• Call Beaumont Hospice. The hospice staff can be reached 24 hours a day at 248-743-9400. They will contact the appropriate agencies and give them the information they need. Your Hospice nurse will notify the physician.

• They can also help you contact the funeral home. The funeral home will send their staff to pick up the patient. If you contact the funeral home yourself, please identify your loved one as a Hospice patient.

• Your loved one does not have to be moved until you are ready. If you wish, the family may assist in preparing your loved one by bathing or dressing them.

Thank you
The Beaumont Hospice care team wishes to thank you for the privilege of assisting you with the care of your loved one. We commend you for all that you have done to surround them with understanding, comfort and calm, enabling them to leave this world with a sense of peace and love.

You have given your loved one the gift of dying with dignity and integrity. You have given yourself the gift of easing their journey’s end.
**Bereavement Follow-up**

The hospice staff will continue to provide family and caregivers with support. Our staff is available to help with a problem or to provide a listening ear. This support is available for up to 13 months after a loss.

Each person deals with the loss of a loved one differently. There is no wrong way. It is important to acknowledge feelings. There are five stages of grief that people usually experience. These are: denial, fear, anger, depression and bargaining. This is a process that is ever-changing. Eventually comes hope, acceptance and release.

Throughout this process, symptoms such as crying, loss of appetite, sleep irregularity, nausea, weakness and pain may be experienced. These are normal. Keep in mind each person involved with the patient will be at a different stage of the grieving process.

Beaumont Hospice offers a free support group to help families, friends and caregivers deal with the loss. People meet, listen and share experiences. It is often helpful to receive support from others with similar experiences.

Throughout the next year, Beaumont Hospice calls loved ones inquiring on how they are coping with the loss. They may also receive invitations to our support groups or memorial services, and mailings of literature related to grief. If there is anyone in need of extra support, please feel free to let us know. The hospice staff will be glad to call these individuals.
Below is a list of resources that you may find helpful.

Beaumont Hospice Grief Support Groups
The support groups are open to adults and children in the community who are dealing with the loss of a loved one. Please call 248-743-9415 for more information or to register. The groups are free of charge.

Beaumont Home Medical Equipment
32060 Woodward Ave.
(just north of 13 1/2 Mile)
Royal Oak, Michigan 48073
248-549-9778

Beaumont Hospital, Royal Oak
3601 W. 13 Mile Road,
2nd Floor, South Tower entrance,
adjacent to Surgical Lounge
Royal Oak, MI 48073
248-898-5511

Hospice Library
Hospice has a small library that contains books, videos, and audiotapes. These items may be loaned to you. Please ask your hospice team member if you are interested in an item.

Meals on Wheels
This program can provide nutritional support to persons who are over age 60 or homebound. Please call Older Adult Services at 1-800-328-2241 for the organization nearest you.

Personal Alert System
For information on personal alert services, please call Beaumont Home Medical Equipment at 248.743.9100 or Older Adult Services at 1-800-328-2241.
You Can Help
Beaumont Hospice

Volunteering
The hospice volunteers are important to the patients, families and the hospice team. There are many different services a hospice volunteer may perform. A hospice volunteer may provide companionship for the patient and respite for the family. Volunteers may also speak to support groups or help with clerical work in the office. The Beaumont Hospice volunteer coordinator provides training for volunteers and will work to place you with the patient or in the service you are most suited to provide.

If you, your family or a friend is interested in learning more about being a hospice volunteer, please call our office at 248-743-9400 and ask to speak with the volunteer coordinator.

Financial Support
Beaumont Hospice is a non-profit organization committed to providing quality end of life care and bereavement services to patients and families regardless of their ability to pay. Many of the services that Beaumont Hospice provides are not covered by insurance. As a result, we must rely on the generosity of the community to ensure that we have the resources necessary to meet the needs of the Beaumont Hospice patient or loved one needing our services.

There are many ways to help Beaumont Hospice continue to provide compassionate care and support to patients and families. Gifts of any amount are appreciated and can make a difference.

• A gift of $50 would provide a one-hour massage by a specially trained therapist to relieve pain in a hospice patient.
• A gift of $100 would underwrite one personalized counseling session.
• A gift of $250 would provide the necessary resources for a volunteer orientation.
• A gift of $500 would purchase art supplies for age appropriate grief therapy for children coping with their loss.
• A gift of $1,000 would underwrite one week of hospice care for an uninsured patient.
• There are many ways that you can support Beaumont Hospice. Please contact the Beaumont Foundation at 248-964-8170.
• All contributions can be mailed to: The Beaumont Foundation, Beaumont Hospitals, P.O. Box 5802, Troy, MI 48007-9620.

If you would like special envelopes for the funeral or memorial service, you can ask a hospice team member or please call 248-743-9400.
YOU CAN HELP BEAUMONT HOSPICE

Ways to Donate

- Memorial Contributions – you can direct friends and family to make a memorial contribution to Beaumont Hospice in lieu of flowers. All contributions will support hospice care and grief support services. Simply notify your funeral home of your wishes and they can help facilitate your request. The Beaumont Foundation will notify you of every gift made in memory of your loved one.

- Annual Contributions - remember your loved one, a nurse or caregiver by making an annual charitable contribution to Beaumont Hospice.

- Make an online donation - visit our website at www.beaumonthospitals.com. Click on “Donate”.

- Create an endowment - gifts of $25,000 or more can be used to establish an endowment for Beaumont Hospice. An endowed gift ensures that your contribution will touch the lives of hospice patients and families today and tomorrow. To learn more about endowment, please contact the Beaumont Foundation at 248-964-8170.

- Planned/Estate Gift – leave a lasting legacy by leaving a portion of your estate to Beaumont Hospice.

Planned Giving

Planned gifts are a way to continue the good work of Beaumont Hospice and honor your loved one. A gift to Beaumont Hospice that is part of a comprehensive estate plan provides a way to complete a lifetime of giving or to make a significant gift that was not possible to make during your lifetime.

Planned gift arrangements are designed to respect your wishes and intent. Each plan is individually structured to assist you in making thoughtful decisions which help achieve your personal and philanthropic financial goals and objectives. It is a way to share your values and to help further the causes you believe to be important.

One of the easiest options is to remember Beaumont Hospice in your will with a bequest. There are also ways to make a gift, receive a life-time income and get a tax deduction.

Our planned giving office would be pleased to work with you and if you wish, your financial advisor to design a charitable planned gift that benefits you, your loved ones and Beaumont Hospice. Please contact Planned Giving at 248-551-5330.

Thank you for thinking of Beaumont Hospice and the patients and families we serve.
Beaumont Hospice
1200 Stephenson Hwy.
Troy, MI 48083
248-743-9400

Personal Alert System
For information on personal alert services, please call Beaumont Home Medical Equipment at 248-743-9100 or Older Adult Services at 1-800-328-2241