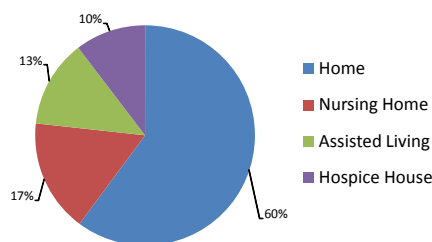


Hospice Quick Facts

- Hospice of the Piedmont was established in 1980 by a group of caring and foresighted community leaders and volunteers. Today, it is the second largest hospice provider in the state of Virginia.
- Hospice of the Piedmont admitted 848 patients between July 1, 2010 and June 30, 2011, and cared for a total of 1044. Our service area includes Charlottesville and the counties of Albemarle, Augusta, Buckingham, Fluvanna, Greene, Louisa, Madison, Nelson, and Orange. Our clinical staff drove 666,611 miles last year.
- In that same time period, 701 or 60% of our patients were cared for in their home, 193 cared for in nursing homes, 150 in assisted living facilities, and 121 in Hospice House. No matter where they call home, support is available 24-hours a day, 7-days a week.
- Hospice House provides eight residential beds in a homelike setting, and round-the-clock nursing care, for patients who do not have a caregiver or for those whose caregiver needs additional support at the end of life. Generous friends and donors are joining us to establish a \$3 million endowment to offset the \$150,000 annual deficit created by operating Hospice House.
- The average cost of direct care in the hospice program was \$94 per patient per day. Many patients utilize the Hospice benefit provided by Medicare or Medicaid or private insurance; however, **no one is ever turned away** because of financial circumstance or inability to pay for services. The total value of unreimbursed hospice care provided by Hospice of the Piedmont to community members unable to share in the cost of care was \$178,080 (fiscal year 2011).
- Hospice of the Piedmont currently employs 159 full and part-time nurses, physicians, aides, chaplains, social workers, case managers, counselors, pharmacy staff, and administrative staff.
- Currently, 172 trained volunteers donate their time to Hospice of the Piedmont, providing 17% of all administrative and clinical services estimated at a dollar value of more than \$200,000 a year. Volunteers visit and spend time with patients, providing respite care for caregivers, running errands, doing light chores around the house, or helping at the administrative offices.

Where are Hospice of the Piedmont Hospice Patients Served?



Community Programs and Services

Hospice of the Piedmont offers a number of programs available to the entire community. Most of the following services are funded solely by donations and grants.

- **Transitions** is a pre-hospice, case management, supportive program. Trained and experienced volunteers assist patients and their families. A client coordinator works with the patient and their family to identify and access local resources. Patients can pursue curative treatment while utilizing the support Hospice of the Piedmont provides through the Transitions program. Last year, 249 clients received support from Transitions.
- **Piedmont Palliative Care** physicians and nurse practitioners provide expert palliative care consultations in a variety of settings. Consultations can be requested by the patient's attending physician when patients are admitted to Martha Jefferson Hospital. In addition,

outpatient consultations can be arranged in long-term care facilities, assisted living facilities, and homes for patients residing in the counties served by Hospice of the Piedmont.

- **Children's Support Services** provides psychosocial and spiritual support for seriously ill and grieving children, teens, and their families. This program includes elements of the Journeys bereavement support program, social worker, and spiritual care services.
- **Bereavement and Grief Support** programs are available to any member of the community dealing with issues of loss, whether or not they have been served by a hospice. Support groups, workshops, limited individual counseling, and referrals to local resources are provided as a community service.
- **Journeys** offers a series of programs to support children and teens (ages 4-18) and their families who are trying to cope with the serious illness or death of a loved one. Support is provided for young people through Individual and group work and seasonal camps. Support is also provided for their parents or guardians through individual and group work.
- Through **Community Outreach**, Hospice of the Piedmont quietly touches the lives of many in our community by advocating for better end-of-life care. Hospice professionals also offer crisis counseling for area school systems in times of grief, and make presentations to civic, church, and professional groups to highlight resources available to families and patients dealing with terminal illness.

Hospice of the Piedmont admits patients without regard to age, race, religion, political belief, gender, disability, national origin, sexual orientation, or ability to pay.

About Hospice Care

- Hospice is a **philosophy of care, not a place**.
- The **patient and family** is the unit of care.
- **Anyone can make a referral** for hospice care, including the patient or family members. Referrals are not driven solely by the physician.
- Hospice provides **highly individualized, intimate, and personal** care.
- **Bereavement care begins at the time of admission** and continues after the patient's death.
- Hospice exists to **reduce suffering for the patient and family**. Once physical symptoms are addressed, then we address the spiritual, emotional, and interpersonal needs.
- Hospice is a community asset and a **social and cultural revolution, not a medical one**. Still, hospice services encourage **continued primary care physician involvement** to avoid fragmentation of care.
- Most of our patients **want to live and die wherever they call home**, surrounded by family. That is just one of the gifts we can give them, whenever possible. For others, **Hospice House** is a wonderful alternative.
- In 1988, Hospice of the Piedmont became a **Medicare hospice provider**. At that time, nursing and medical services began, in addition to the services previously offered by volunteers.
- The **Medicare Hospice Benefit** is a six-month benefit (minimum), and is the right of everyone who qualifies for Medicare. The **sooner patients involve Hospice, the more we can do** to help them live life fully until the end.