

Comparison of Palliative Care and Hospice Services: *provided by the VNA of Chittenden & Grand Isle Counties, 2009*

Topic	Palliative Care	Hospice Care
Objectives of Care	Symptom control in the face of life-threatening illness.	To provide dignity and quality during the last months of life.
Diagnosis	Must have a life-threatening illness.	Must have a life-threatening/terminal illness.
Life Expectancy	No requirement.	Less than six months.
Caregiver	None required; importance increases if goal is to remain at home.	Must have primary caregiver or caregiving system identified; available to provide care as needed.
Treatment	Aimed at pain and symptom control; may receive life-prolonging treatment.	Aimed at pain and symptom control; focus is on comfort care; treatment is not life prolonging.
Homebound Status	Homebound status required by Medicare and some other insurance companies.	* Homebound status is not required.
Skilled Nursing Visits	Visits as indicated by plan of care. There must be a skilled nursing need based on medical necessity. Focus on symptom management.	Visits as indicated by plan of care. Frequency of visits increases or decreases based on control of symptoms and change of functional status.
Licensed Nursing Assistant Visits	As indicated by functional assessment; supervision by palliative care nurse.	As indicated by functional assessment; supervision by hospice nurse.
Social Work Visits	Coverage determined by an individual's insurance plan.	As indicated by the doctor's referral, Hospice Team assessment and stated in plan of care.
Chaplain Visits	Spiritual needs identified and referred to local sources as needed or an "as available" basis..	*Visits by Hospice Chaplain and/or coordination with own clergy.
Volunteers	Not offered at present time.	* Trained hospice volunteers available.
Medications Covered	Coverage varies with insurance policy.	* Medications covered that are related to terminal diagnosis.
Medical Equipment	Coverage varies with insurance policy and medical necessity.	* Medical equipment covered related to terminal diagnosis (commode, hospital bed, etc.).
Emergency Care	24 hour on-call coverage. Plan for emergency needs developed with patient and family.	VNA Hospice is available 24 hours/day; 7 days/week.
Bereavement Care	Usually not covered; exceptions made on an individual basis.	* Bereavement support for family for up to one year following the death.

* Specific benefits of hospice care