St. Cloud Hospital Home Care & Hospice Comparison of Services Main office: (320) 259-9375 or (800) 835-6610

| Home Health Care | Palliative Care | Hospice |
|--------------------------------------|---|---|
| Goal: Self-management and | Goal: Advanced illness, regardless of whether | Goal: Comfort and improvement of quality of life |
| independence for patients and | they choose to receive <i>curative or comfort</i> | through a peaceful death. |
| families. | care. | |
| Must be homebound for Medicare | Must be homebound for Medicare | Not required to be homebound for Medicare |
| reimbursement. | reimbursement. | reimbursement. |
| May be receiving TPN, dialysis, | May be receiving TPN, dialysis, transfusions, | Evaluated on an individual basis but generally not |
| transfusions, tube feedings, | tube feedings, chemotherapy or radiation. | receiving TPN, dialysis, transfusions, tube feedings, |
| chemotherapy or radiation. | | chemotherapy or radiation. |
| Focus: A variety of illnesses | Focus: Advanced illness | Focus: Terminal illness |
| Prognosis: Good | Prognosis: Poor or guarded | Prognosis: Poor or guarded with a prognosis of six |
| | | months or less. |
| Interdisciplinary team | Interdisciplinary team | Interdisciplinary team |
| Hospitalization covered by Medicare | Hospitalization covered by Medicare or | Hospitalization covered by hospice if admission is |
| or insurance. | insurance. | related to terminal illness. |
| Social services, if covered | Social services | Social services |
| Telemonitoring | Telemonitoring | Telemonitoring |
| All age groups, including pediatrics | All age groups, including pediatrics | All age groups, including pediatrics |
| | Bereavement services for one year | Bereavement services for one year |
| | Volunteers | Volunteers |
| | Chaplaincy services provided in all cases | Chaplaincy services provided in all cases (unless |
| | (unless declined by patient). | declined by patient). |
| | | Complementary Therapy |
| | | Short term respite in nursing home. |
| | | Medications and equipment covered by hospice if |
| | | related to terminal diagnosis. |

"Above all things, care must be taken of the patient as if they were Christ in person." Rule of St. Benedict, Ch. 36

***** St. Cloud Hospital

CENTRACARE Health System Home Care & Hospice