High Peaks Hospice (HPH) is a not-for-profit health care corporation, certified and licensed by New York State, dedicated to serving those individuals and families who are facing the last phases of life-limiting illness.

HPH is composed of a caring team of professionals and volunteers who provide the full range of quality Hospice services, primarily in the home, to terminally ill individuals and their families.

This health care team provides physical care, emotional support, and education to the entire family regardless of age, gender, nationality, race, creed, sexual orientation, disability, diagnosis, or ability to pay.

THE HOSPICE CONCEPT

With the opening in 1967 of St. Christopher's Hospice in London, England, a new philosophy for the dying was born. Under the leadership of Dame Cicely Saunders, M.D., a new comprehensive care plan for people in the final stages of life evolved. The traditional hospice, as it was known in the past, was a way-station for travelers. Today, hospice refers to a system of care for people who are in the latter part of life’s journey.

DEFINITION

In this organization Hospice is not a place, but a program of palliative and supportive services, which provides physical, psychosocial, emotional and spiritual care for dying persons and their families. Services are provided by a medically supervised interdisciplinary team of professionals and volunteers.

PHILOSOPHY

Hospice affirms life. Hospice exists to provide support and care for persons of all ages in the last stages of incurable disease so that they might live as fully and comfortably as possible. Hospice recognizes dying as a normal process whether or not resulting from disease. Hospice neither hastens nor postpones death. Hospice exists in belief that, through appropriate
sensitive care, patients and their families may attain a degree of mental and spiritual preparation for death satisfactory to their needs.

OUR RESPONSIBILITIES

• To facilitate the individual’s ability to remain at home cared for by family, friends, and the Hospice team.
• To advocate control of pain and other symptoms resulting from the illness or its treatment.
• To promote the freedom of families to maintain dignity, control of decision-making, and privacy that will enhance their quality of life.
• To coordinate all care of the individual with the attending physician in and outside of the home (e.g. hospital, nursing home, etc.)
• To serve as an advocate for the patient and family in identifying and accessing services which help maintain their lifestyle.
• To offer bereavement services to family and friends.
• To ensure the availability of all Hospice services throughout the service area to those who desire this care and meet admission criteria.
• To evaluate and improve our program services in order to assure that we continually respond in a caring manner to our patients, families, and the changing needs of our communities, and that we provide high quality, cost-effective services.

REFERRAL FOR SERVICES

• Anyone can refer to hospice: physicians, nurses, family members, friends, neighbors, staff, the patient.
• All referrals are confidential.
• HPH does not discriminate against any person because of age, gender, nationality, race, creed, sexual orientation, disability, diagnosis, or ability to pay.
• Call the hospice serving your county and hospice staff will contact you with further information about services.

SERVICES OF CARE

The interdisciplinary team, the patient and the family work together to assess and implement components of symptom control. Whether provided in a patient’s own home, or in a special area within a hospital or nursing home, Hospice care is characterized by:
• **Emphasis on symptom control:** The primary goal of Hospice is to keep the patient as pain-free as possible, yet fully alert.

• **The team approach to care:** A typical Hospice program provides, or coordinates the services of a variety of professionals - physicians, nurses, home health aides, pharmacists, social workers, and clergy as requested. Other professionals such as dietitians and physical therapists may be called in as needed. This interdisciplinary approach has been found to best meet the intense, interrelated physical and emotional needs of dying patients and their families.

• **Home care services:** Most people say that they want to die at home yet only a small percentage actually does. By tapping the community resources necessary for home care, a Hospice program permits a patient to be with family and friends rather than in an institution. Today health system planners look to home care as a way to cut health care costs. While this incentive is compelling, the primary benefit of home care is humanitarian: it eases the overwhelming sense of isolation experienced by people who are dying, and it makes it possible for families to help provide care.

• **Support for the family:** Both the patient and the family are considered the "unit of care" in a Hospice program. On one level, Hospice workers show family members how to administer pain medication, give baths, etc. On another level, the Hospice team focuses on the emotional needs of the family by providing professional counseling, or simply the sympathetic ear of a volunteer.

• **Respite care:** Home care is not always possible in a hospice program. A patient living alone may have no one as a "primary caregiver". Even when there is someone at home to provide care, the primary caregiver may need a respite from the task of providing care.

• **Bereavement counseling:** A hospice worker typically stays in contact with a family for up to one year after the death of the loved one. These services include counseling referrals, supportive mailings, grief education or just an occasional phone call.