

COMPARISON OF HOME HEALTH AND HOSPICE

It can be a struggle when faced with making a healthcare choice that will impact your loved one's care. In an effort to help you understand the difference between home health and hospice care, we have created a general comparison chart. We understand that each individual's situation is unique and different. Please contact us to find out how Kin On can best meet your specific needs. For more information, please contact the Community Care Network staff at 206.652.2330 or email contact@kinon.org.

	HOME HEALTH CARE	HOSPICE CARE
Goal of Care	To stabilize, improve or cure current health situation	To offer comfort, dignity and end-of-life care
Eligibility	Must be home bound Must have Doctor's approval	Has life-limiting illness with prognosis of six months or less as determined by Primary Care Physician (patient does not have to be home bound)
Place of Service	Patient's home Adult family home Assisted Living Facilities	Patient's home Adult Family home Hospice center (for symptoms management/ imminent end of life) Hospital or Nursing home
Insurance Coverage	Medicaid, Medicare, Private Insurance	Medicaid, Medicare, Private Insurance
Medication Coverage	No medication coverage	Coverage includes medications related to comfort measure and major diagnosis
Medical Equipment (hospital bed, cushions, etc.)	Accessible based on insurance guidelines; waiting period depends on insurance and doctor's order	Based on patient's comfort level and needs; usually shorter waiting period
Aggressive Treatment	Optional	Not included
CPR Wishes	Optional	Optional
Services provided by	Registered nurse, physical therapist, occupation therapist, speech therapist, medical social worker, home health aide	Registered nurse, medical social worker, home health aide, chaplain, volunteers (therapists available upon request)
Diagnostic Tests	Doctor's order required	Doctor's order and prior authorization from hospice agency required
In case of Emergency	Call Home Health Nurse or 911	Call 24-hour Hospice number
After Hours Service	Not available unless previously arranged	24-hour phone consultation
Timeframe of Care	Care is provided until discharge	In addition to hospice care, bereavement services provided for family members for one year after death of loved one



比較家訪醫療服務和善終安寧服務

很多時，當要面對一些對自己親人的護理會有嚴重影響之醫療抉擇時，我們都會覺得很為難。為了幫助您們了解家訪醫護和善終安寧服務的分別，我們特別編制了一份比較兩者服務的圖表。我們明白每一個人的情況都各有不同，請隨時聯絡健安，我們的員工會就您們的個別需要而提供諮詢。詳情可致電健安社區服務網的員工，電話206.652.2330或電郵contact@kinon.org。

	家訪醫療服務	善終安寧服務
目標	治療疾病，穩定病情，使病人能繼續住在現有的環境。	為瀕死病人提供舒適及有尊嚴的生命品質。
核准規定 參加服務資格	需要有醫師處方及病人無法出門。必須得到醫師的同意。	有限制生命的疾病。但無限制病人出門的規定。(醫師評估6個月以內的生命。)
服務地點	您的家中，寄養家庭或協助生活中心。	您的家中，寄養家庭或協助生活中心。安寧中心(給予嚴重症狀處理或瀕死狀態)，醫院或療養院。
付費方法	聯邦醫療保健，華州低收入醫療補助，私人保險計劃。	聯邦醫療保健，華州低收入醫療補助，私人保險計劃。
藥物	不包括在服務中，需自行付費。	與促進舒適及主要症狀有關的藥物會包括在內，不需另外付費。其他藥物則需自行付費。
醫療設施 (醫院病床，坐墊等)	是否獲得供應視乎保險計劃的指引；等候期長短亦視乎保險計劃及醫師處方。	視乎病人的狀況和需要；等候期通常較短。
積極治療	沒有限制	無，以保守治療，促進舒適為主。
心肺復甦急救(CPR)	沒有限制	沒有限制
提供服務的人士	護理師、復健師、作業治療師、語言治療師、社工、護理助理。	護理師、社工、護理助理、心靈諮商、義工。(可以要求治療師服務)
診斷檢查	需要醫師處方	需要醫師處方及善終安寧機構的允許。
遇到緊急情況時	致電家訪醫護之護士或911	可打電話給善終安寧服務的24小時聯絡中心。
辦公時間以外的時間 若有需要	除非事先安排，否則沒有這項服務。	24小時電話諮商。
服務期	直到服務期滿。	除為病人提供善終安寧服務外，並為那些剛失去親人的家屬提供一年的喪親輔導和支援。