

November 30, 2010  
FOR IMMEDIATE RELEASE  
CONTACT: DEBORAH ROBERTS PUGH  
(662) 377-3712

## NMMC, GOLDEN LIVING CENTERS PARTNER FOR HOSPICE SERVICES

TUPELO, Miss.—North Mississippi Medical Center now offers hospice services at Golden Living Centers in Tupelo, Amory, Eupora and Ripley.

“Hospice care enables individuals to carry on their lives, in spite of a terminal illness,” said Jill Conerly, RN, regional manager for NMMC Hospice. “Usually people think of hospice services as being provided in the patient’s home, but this new partnership is an ideal option for families who are unable or uncomfortable caring for their loved one at home.”

Hospice services are designed to help individuals with a life-limiting illness make the most of every moment of life. “Oftentimes, people only receive care for a few days, which is not enough time for patients and families to take full advantage of the many services that hospice can offer to help people live as fully as possible up until the end of life,” said Brady Russell, M.D., who serves as medical director of NMMC Hospice.

NMMC Hospice became the first licensed hospice agency in Mississippi in 1984. In addition to Golden Living Centers and patients’ homes, NMMC Hospice services are also available at Baldwin Nursing Facility, Calhoun Health Services in Calhoun City, Cedars Health Center/The Greenhouses in Tupelo, Dugan Memorial Home in West Point, Graceland Care Center in Pontotoc, NMMC-Eupora Nursing Home and NMMC-Pontotoc Nursing Home.

For more information about NMMC Hospice services at Golden Living Centers or elsewhere, call (662) 377-3612 or 1-888-231-9282.

-30-

Sidebar:

### **Common Myths about Hospice Care**

Myth: Hospice is where you turn when there is no hope.

Fact: Patients and families often resist hospice because they think it means they are “giving up.” The hope of hospice is that through expert pain and symptom management, the patient

will be provided quality end-of-life care, enabling him or her to live as fully and comfortably each day of their life.

Myth: I must be homebound to elect hospice services.

Fact: Hospice patients DO NOT have to be homebound to elect the Hospice benefit. In fact, the hospice philosophy encourages patients to do the things they love and to make each moment count. It is the goal of hospice to enable patients to remain alert and pain free so that their last days may be spent with dignity and quality surrounded by their loved ones.

Myth: Only oncology (cancer) patients are suitable for hospice.

Fact: Any patient with a life-limiting illness who is seeking comfort care instead of curative treatment may elect hospice services.

Myth: The patient must have a DNR (Do Not Resuscitate Order) to elect the hospice benefit.

Fact: Patients do not have to be a DNR or no code to elect the hospice benefit.

Myth: Hospice care is too expensive.

Fact: Studies have shown that hospice care is no more costly than conventional care during the last six months of life and is frequently less expensive. This is because of family, friends and volunteers participating in the patient's care and a decreased incidence of costly ER visits and hospital stays.

Myth: My insurance will not cover hospice services.

Fact: Hospice care is covered by Medicare, Medicaid and TriCare. Many private health insurance policies and HMOs offer hospice coverage and benefits.

Myth: Once a patient chooses hospice, they cannot go back to seeking a cure for their illness.

Fact: A patient may discontinue hospice and return to aggressive cure-seeking treatments at any time.

Myth: Hospice benefits automatically end after six months.

Fact: A hospice patient may continue to receive hospice care as long as deemed necessary by the physician who certifies the patient's condition is terminal and life expectancy is limited.

Myth: Hospice care ends when the patient dies.

Fact: A patient's family is followed by the hospice staff for 13 months following the passing of their loved one to provide support and counseling as needed.

Myth: Patients in nursing homes are not eligible for hospice.

Fact: Hospice care can be provided wherever a person calls home, including long-term care facilities and assisted living facilities.