

CareCertify LLC

Hospice & End-of-Life Training Series

HOS-01

Introduction to Hospice & End-of-Life Care

Participant Guide

Hospice & End-of-Life Training Series · Audience: Hospice Aides · Nurses · Volunteers · Social Workers · Chaplains · CE
Hours: 1.0

Walking With People at the End of Life

Hospice is compassionate, whole-person care for people in the final phase of a terminal illness. Rather than trying to cure, hospice focuses on comfort, dignity, and quality of life — for the patient and their family — so a person can live as fully and comfortably as possible until they die. Hospice providers are licensed in Minnesota under 144A.752–144A.753 and Minnesota Rules chapter 4664.

This guide introduces hospice, the interdisciplinary team, and the standards that govern it. Knowing the philosophy and your role helps you walk well with people at the most tender time of life.

Learning Objectives — by the end of this module you will be able to:

- Describe hospice and end-of-life care and who it serves
- Explain the hospice philosophy and goals
- Identify the interdisciplinary team and roles
- Describe the licensing framework
- Explain where you fit on the hospice team

Section 1: What Hospice Is

Hospice is compassionate, whole-person care for people in the final phase of a terminal illness, when curative treatment is no longer the goal or no longer helping. The focus shifts to comfort, dignity, and quality of life — relieving pain and symptoms, supporting emotional and spiritual needs, and caring for the family alongside the patient.

Hospice is not about giving up or hastening death. It's about helping a person live as fully and comfortably as possible for whatever time remains, surrounded by care and dignity.

Section 2: Who Hospice Serves and When

Hospice serves people with a terminal illness whose life expectancy is limited — under the Medicare benefit, generally six months or less if the illness runs its normal course, though patients can stay longer if they remain eligible. It serves people of all ages and diagnoses. Importantly, the family is part of the 'unit of care' — hospice supports them too. Choosing hospice is the patient's decision, and a patient can leave hospice (for example, to pursue treatment) and return later.

Section 3: The Hospice Philosophy and Goals

The hospice philosophy affirms life and regards dying as a natural part of it — neither hastening nor postponing death, but supporting the best possible quality of life. Its goals are to relieve pain and distressing symptoms, support the patient's emotional, social, and spiritual needs, honor their wishes and dignity, and care for the family, including grief support after death. This whole-person, family-centered philosophy shapes everything the team does.

Section 4: The Interdisciplinary Team

Hospice care is delivered by an interdisciplinary team that addresses the whole person. The physician or medical director oversees medical care; nurses manage symptoms and coordinate care; hospice aides provide personal care and comfort; social workers offer emotional, practical, and resource support; chaplains or spiritual care counselors support spiritual and existential needs; and volunteers offer companionship and help. Bereavement counselors support the family after death. Each member contributes to comfort, dignity, and support.

Section 5: The Licensing Framework

Hospice providers are licensed in Minnesota by the Department of Health under Minn. Stat. 144A.752–144A.753 and Minnesota Rules chapter 4664. The Hospice Bill of Rights (Minn. Stat. 144A.751) protects patients' rights, and hospices that participate in Medicare also meet federal Conditions of Participation (42 CFR 418), which include team, plan-of-care, and aide-training standards. These rules exist to protect patients' care, rights, and dignity at a vulnerable time.

Section 6: Levels and Settings of Hospice Care

Hospice meets people where they live — in their own home, assisted living, a nursing home, or a dedicated hospice facility. Care is provided at different levels: routine home care (the most common), continuous home care during a symptom crisis, general inpatient care for symptom management that can't be managed at home, and respite care to give family caregivers a break. The setting and level of care are matched to the patient's and family's needs.

Section 7: Common Misconceptions About Hospice

Hospice is widely misunderstood. It is not 'giving up' — it's choosing comfort, dignity, and quality of life. It doesn't hasten death; in fact, good symptom management and support can help patients live more comfortably and sometimes longer. It's not only for the final days — earlier hospice referral lets patients and families benefit more fully. And patients keep choices and control throughout. Helping families understand this is part of the work.

Section 8: Where You Fit on the Team

You are part of an interdisciplinary team caring for people at the most tender time of life. Work within your role and the plan of care, communicate with the team, and document. The standards in Minnesota Rules chapter 4664 and the Hospice Bill of Rights protect patients and families. Whatever your role, your presence, skill, and compassion bring comfort and dignity to people and families when they need it most.

Key Terms

Term	What it means
Hospice	Whole-person comfort care for people in the final phase of a terminal illness.
Palliative care	Care focused on relieving suffering and improving quality of life.
Unit of care	The patient and family together, both supported by hospice.
Interdisciplinary team	The team of disciplines that delivers hospice care.
Hospice Bill of Rights	Minn. Stat. 144A.751 — the rights of hospice patients.
Levels of care	Routine, continuous, inpatient, and respite hospice care.

Check Your Understanding

1. What is hospice, and what is its focus?
2. Who does hospice serve, and is the family included?
3. Name four members of the interdisciplinary team.
4. Under what laws are hospice providers licensed in Minnesota?
5. Name two common misconceptions about hospice.

What's Next

Looking ahead

Next, HOS-02: The Hospice Philosophy & Comfort Care goes deeper into comfort-focused, whole-person care.