



Supportive Care Offers Option Between Curative, Hospice Care

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The Palliative Care team at Alton Memorial Hospital includes, clockwise from bottom left, Ceonda Rees of BJC Hospice of Alton; Cathy Welborn of BJC Hospice of Alton; Laura Bock of the Emergency Department; Cindy Igo from the Intensive Care Unit; Chaplain Bruce Baumberger; and Amy Toenyes, manager of the Medical Care Unit and Digestive Health Center. Not pictured are Dr. Stanley Sidwell, hospitalist; and Judy Roth, parish nurse.

When a loved one is diagnosed with an advanced disease and is ready to come home, what type of home care program is right -- home health or hospice?

Typically, home health provides the physical treatment required by the patient. Hospice care does not provide “curative” treatment, but has specialized expertise in pain and symptom management.

BJC Home Care has combined the physical treatment of home health care with the pain and symptom management provided by its hospice program. This blended program is the BJC Supportive Home Care Program, which gives adult homebound patients with an advanced illness a third choice. The program is coming together with Alton Memorial Hospital to soon start a palliative care program at the hospital for the active, total care of adult patients who are in the later stages of a chronic illness that is not responsive to curative treatment.

“Ideally, this care is introduced gradually as the focus shifts from curative to comfort,” says Cathy Welborn, patient care coordinator for BJC Hospice in Alton. “We’re

working with a team at Alton Memorial to bridge the gap in the care that we offer. Similar care will be given to inpatients and then we continue that care after the patient is out of the hospital.”

With supportive care, the patient can still be seeking a cure, but greater emphasis is put on making the patient comfortable and improving the quality of life. It allows for curative treatment, but brings in a staff of compassionate and skilled nurses who are experts at pain and symptom management as well as coordination of care for the patient and family.

“We visit the patient and talk about their goals and expectations,” Welborn said. “One thing we can do is educate the family on controlling symptoms. Often they don’t know what else to do and end up coming to the ER. But we give them an option to call us so we can help. Many of these patients are simply tired of being in the hospital, and we can help to keep them home sometimes.”

Supportive care is provided by registered nurses, social workers, home health aides, physical therapists, occupational therapists and speech therapists.

Supportive care services

- Pain and symptom management
- Chemotherapy side effects management
- Skin care and wound care
- Lab work
- Education to caregivers
- Expertise in reimbursement (Medicare, Medicaid and private insurance)

To qualify, the patient must:

- Have a progressive, advanced disease
- Be 21 or older
- Have a physician order for palliative or supportive care
- Have a need for skilled nursing, physical therapy, or speech and language pathology
- Meet homebound status criteria for home health

Advanced diseases appropriate for Supportive Care

- Cancer
- Liver disease

- Kidney/renal disease
- Pulmonary or Chronic Lung conditions such as COPD
- Cardiac Diseases such as CHF
- Neurological Disease (MS)
- Stroke patients
- AIDS
- Arteriosclerotic Heart Disease
- Lou Gehrig's disease
- Multisystem failure
- Rejection of transplanted organs.