



*In support of our
Home for Hospice
Campaign*

An overview of Hospice of the North Country and:

What we do, how we do it and why ...

- Hospice of the North Country has provided end-of-life care to more than 2,700 patients in Clinton and Northern Franklin counties since its establishment here in 1991.
- An estimated 125,000 people live in the Hospice coverage area, with 65% residing in Clinton County and 35% in northern Franklin County. Our patients' residency closely follows this demographic. Of the 266 patients served regionally by Hospice over the last 12 months, 62% were from Clinton County and 38% were from northern Franklin County.
- Hospice patients suffer from varied end-of-life diseases. The latest breakdown: cancer: 51%; end stage lung disease: 13%; end stage heart disease: 8%; end stage debility and decline: 14%; other (to include dementia, neuromuscular, liver, kidney, stroke, etc.): 14%.
- Hospice believes that its patients deserve to spend their remaining time where they choose. They usually choose their homes, surrounded by their love ones. However, Hospice also provides support for patients who prefer hospital or nursing home care.
- There is no cost to any patient or caregiver under Hospice for any items needed for the duration of the end-of-life period. This includes medications for pain and symptom management, laboratory work or tests, hospital beds, wheelchairs, walkers, counseling, bereavement or any other required items. Hospice also provides emotional and spiritual bereavement support for caregivers and family for up to 13 months after the patient's death.
- Hospice nurses provide the primary patient and caregiver contact. Their services include pain care and symptom management, taking samples for laboratory analysis, overseeing medical equipment and supply needs, providing personal care, education and around-the-clock RN support when needed, and helping to coordinate funeral home arrangements at the time of death.
- Hospice volunteers are a vital part of our care program. In the past year volunteers contributed more than 2,550 hours to the care of our patients. They help typically with respite care for the caregiver, light housekeeping, meal preparation, visits to the patient, grocery shopping, reading to and sitting with patients, etc.
- The length of stay for patients under Hospice care varies, but it has averaged 75 days over the past 12 months.
- Hospice funding comes from insurance payments (84%) and community support (16%). The latter includes grants from United Way and Franklin County, several fund raising events and outright gifts from many individuals. Virtually all gift income is expended locally and goes directly for patient care. The current Home for Hospice initiative is a special, one-time, volunteer-organized capital campaign.
- Recommendations for patient services come to Hospice from varied sources, but admission to Hospice care comes down to a medical decision involving the patient, the patient's doctor and the medical staff of Hospice. A key factor is that patients — with support from their families — choose to no longer pursue curative care for their life-ending illnesses; rather, they opt to live out their remaining days in the setting of their choice and in the company of the ones they love.

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