



***Focused on  
Your Quality of Life***

***Find Comfort and Control  
Through Our Care***

This book provides information you need  
to make decisions and choices at this  
significant time in your life



# Table of Contents

Page Title	Page #
Table of Contents	1
Letter from the Executive Director	2
Contact Us	3
Who We Are	4
The Basic Facts	5
Why Hospice...Why So Soon?	6
Services Available	7-8
What to Expect from a Good Hospice	9
Choosing a Hospice	10-12
Common Myths of Hospice	13-14
Differences between Home Hospice and Home Health	15
What is Comfort Care?	16
Reading List and Websites	17



## ***A note to you...***



There are times in our lives when we feel overwhelmed by the choices we face and by the circumstances surrounding those decisions. This may be one of those times.

The team at Home Hospice of Grayson, Cooke & Fannin Counties desires to support you in making the best decisions for you and your family. This folder is full of information that will begin to help you in your decision process. Should you have more questions or need additional information, please call us, as it is our honor to assist you.

Home Hospice has a broad range of services available to make the final journey in life the very best it can possibly be for each person involved in the journey. We remain committed to our mission given to us by the community leaders who established this organization in 1982. We provide the highest quality of care delivered with expertise, experience, compassion and understanding. Our staff of physicians, nurses, social workers, chaplains, aides and volunteers partner with your personal physician to ensure that care is medically superior and is provided with strong emotional and spiritual support.

***When you are comfortable and have the support of professionals who understand your end-of-life goals, you will be able to focus on spending your time with those you love doing what you would like to do.***

While no one likes to hear that they have begun their final journey in life, we hope you will see the options and choices available as opportunities to make decisions and receive care focused on you, your needs and your goals. It is a privilege for our staff and volunteers to walk with you and your family. It is not about giving up hope or losing a battle. It is about comfort and quality of life using compassionate medical care, emotional and spiritual support, in giving full attention to you, your needs and your goals. When you decide on comfort care, please know we are ready and willing to walk in support of you and your family every step of the way.

***This is your life. Consider the information. Call upon us.  
We are here for you.***

In the spirit of hospice,

***Tina L. Garner***

Tina L. Garner  
Executive Director

While any member of our staff would be happy to answer your questions, if you feel I can help you in any way, please do not hesitate to call me at (903) 868-9315, ext. 1112. *Tina*

# Home Hospice of Grayson, Cooke and Fannin Counties

## *Contact us...*

### **Home Hospice of Grayson and Fannin Counties** Including Hunt and Collin Counties

505 W. Center St.  
Sherman, TX 75090

903-868-9315  
903-893-2772 Fax  
903-868-9315 After Hours

### **Home Hospice of Cooke County** Including Denton and Montague

316 W. Chestnut St.  
Gainesville, TX 76240

940-665-9891  
940-665-8607 Fax

*Email:* [info.hospice@homehospice.org](mailto:info.hospice@homehospice.org)

*Website:* [www.HomeHospice.org](http://www.HomeHospice.org)

***Our Mission is to provide the best care and  
support enhancing the Quality of Life of our  
Patients and their Families***



## Who we are...

Home Hospice of Grayson, Cooke and Fannin Counties is a non-profit hospice organization founded in 1982 in Grayson County. We are celebrating our 35<sup>th</sup> year of excellence in serving our communities. Home Hospice has grown in size and expertise to be the most trusted provider of hospice care in Grayson, Cooke and Fannin Counties, and we still are the only non-profit hospice.

We are community based and governed by a diverse 14-member board of directors along with professional advisory councils. All members are volunteers committed to the organization and its mission. Our local communities support us in our mission to serve all who are eligible for hospice services regardless of their financial resources.

Home Hospice is licensed by the State of Texas and is certified as a hospice provider by Medicare and Medicaid. The organization is accredited by the Community Health Accreditation Program (CHAP) and is a member of the Texas and New Mexico Hospice Organization and the Texas Non-profit Hospice Alliance. Home Hospice is a partner agency of United Way.

Many of the members of the Home Hospice staff have devoted years to caring for hospice patients and multiple staff members have been named “best in discipline” by the Texas and New Mexico Hospice Organization. In addition to the care provided by the physicians, nurses, nurse aides, social workers and spiritual counselors, Home Hospice patients and their families are supported by an experienced and dedicated volunteer staff that provides a wide array of nonclinical services, enriching patients’ lives and giving respite to caregivers.

The Home Hospice bereavement staff assists patients and their families in adjusting to loss and offers grief support and education to all in the community by providing support groups, children’s grief camps and special workshops.



**First Here. Based  
Here. Supported  
Here. Always Here.**

# The Basic Facts...



## ***Referrals...***

May be made by anyone: you, a physician, clergy, nursing home personnel, family member, friend, Hospital discharge planner, anyone who believes they would benefit from hospice services.

## ***To qualify for hospice care...***

A patient has a probable life expectancy of six months or less, and the patient is not pursuing curative treatment. A physician must sign an order for the patient to be admitted to hospice care. If not eligible for hospice, please consider Pathways, our Palliative Supportive Care Program.

## ***To place a person on hospice service...***

After the hospice team is made aware of your interest in hospice service, a team member will contact you and make arrangements for the hospice staff to explain services. This will be done at your convenience in person or over the phone.

Once you have made the decision to use hospice services, a nurse will discuss your care with your physician, receive a physician's order and complete a physical assessment. A Social Worker will meet with you or family members to complete the admission process by gathering information about your life, your family and personal needs or goals for your quality of life.

A nurse will then work with you, your family, your physician and the hospice team to develop your plan of care that the team and your caregivers will follow in caring for you.

## ***Payment for hospice services...***

Hospice services are covered by Medicare and Medicaid and by most major insurance companies. Patients that qualify for hospice care with no funding source may also receive care from Home Hospice of Grayson, Cooke and Fannin Counties. Medications, medical equipment and supplies related to the patient's hospice diagnoses will be provided by Home Hospice.

## ***Your Team at Home Hospice...***

Your Home Hospice Care Team consists of a physician, a registered nurse, a nurse aide, a social worker, a chaplain and if desired, a volunteer. Hospice team members use their expertise to minimize physical, emotional and spiritual concerns while supporting the patient and family as they make important end-of-life decisions.

## ***Did you know...***

- There are volunteers who can socialize with the patient while the family member runs errands.
- That you may go to a facility for "respite care" if your caregiver needs to leave town or rest for a few days.
- We provide hospice care wherever you call home – a house, an apartment, a hospital, a nursing facility, a motel, a car or any other place called home.

# Why Hospice....



While none of us chooses disease or infirmity, we do have choices in treatments and those who provide our care. Hospice is a good choice in the last months of life because it offers a large variety of benefits, not only to those of us who are dying, but also to those we leave behind. It is truly helping you have the best possible **Quality of Life**.

Dr. Ronald VanBuskirk, a noted Palliative Care Physician, shares his thoughts about the need for earlier admission to hospice care:

*“The purpose of hospice is to help you with your plans and goals. The longer we know you, the better we will be at meeting your expectations and planning for the unexpected. Often, patients think being admitted to hospice will shorten their lives but there is evidence to the contrary. Studies have shown longer survival for hospice patients. Since 2007, there has been significant research reported in the Journal of Pain and Symptom Management, the 2010 New England Journal of Medicine and the American Medical Association, all illustrating the increase in the quality and quantity of life that patients experience when they received hospice care.”*

A Home Hospice patient’s family shares their thoughts on when hospice care is needed:

*“If we had known about such things as Hospice Care, I think we would have called on you earlier. The stark improvement in the health of my husband AFTER the Hospice took over his care made me feel completely grateful to you ALL, as an organization and as individuals.”*

## **Why so soon?**

- You will have an opportunity to work with the hospice team to ensure symptom control and comfort
- You will have time to identify and to carry out those things you have “always wanted to do”, those items on your “bucket list”
- You will become better acquainted and more comfortable with your care team
- You will have more time for our social workers to help you and your family work through end of life issues
- You will have time to get your advance directives, wills and other business matters in order
- You will have more time to work through spiritual issues

**Your life. Your choices. Your control of your care. Call for more information.**



# Services available...



**Our Interdisciplinary Team** focuses on effective palliative care, including On-Call Nurses to provide 24 hour a day, 7 day a week pain and symptom management. You will receive the finest medical care under our **medical director, nurse practitioner** and **nurses** who work closely with your doctor. You and your family also benefit from the involvement of **social workers, chaplains, bereavement coordinators, nurse aides, and volunteers.**

## **Physicians**

Your personal physician, if you have one, will direct your care in conjunction with our interdisciplinary team which includes a palliative care certified medical director and a nurse practitioner.



## **Nursing Staff**

Our nurses live in your area and provide physical assessments, medication management, direct nursing care and patient/caregiver instructions. Nursing care is available at all times, including nights, weekends and holidays.

## **Hospice Aides**

Our certified nurse aides live throughout our area and provide personal care such as bathing, changing linens and other care services.

## **Social Workers**

Social workers provide assistance to the patient and family in dealing with personal, environmental, and financial concerns. They also offer guidance in obtaining necessary community resources. A social worker will make home visits as often as necessary to assess, re-evaluate, and provide emotional support to the patient and family members.

## **Spiritual Counselors**

Our spiritual counselors are hospice-trained chaplains with clinical pastoral education. The spiritual counselor may provide spiritual support or presence directly or collaborate with the patient's pastor or community clergy to meet patient/family needs.

## **Volunteers**

Trained volunteers from our community are available to provide services like a friend of the family or neighbor. Our volunteers perform a variety of tasks such as sitting with the patient while the caregiver is out; providing a meal; reading to the patient; running errands; driving to doctor's appointments, and other support as needed. Volunteers are assigned based on need, location, and availability.



### **Bereavement Counselors**

Bereavement counselors assist patients and families in adjusting to the losses experienced with the disease process and offer grief support to families after the loss of a loved one. Follow-up services are available to the families, based on their wishes, through supportive phone calls, correspondence, educational and informational opportunities. We also offer grief support groups and individual counseling support.

### **Other Services**

When the care plan need is determined, physical, occupational, and speech therapists, plus nutritional services professionals may assist patients to meet the goals defined by the patient and interdisciplinary team.

### **Education**

Education includes teaching from our staff, support groups, workshops, a lending library, newsletter, and other resource materials.

### **Legacy Program**

Capturing the history and/or thoughts from a patient can be very comforting to the patient and family members. In our Legacy Program a trained volunteer visits with a patient about the patient's life and documents an oral history or special thoughts from the patient. If available and desired, pictures are copied and added to the document to create a "Legacy Booklet" for the patient and the patient's family members.



### **Bear Hugs**

Creating a connection to the patient, volunteers sew a teddy bear made from a material that holds a special memory for the patient or the family members. It could be clothing, a blanket, a throw or other material that is a positive reminder of the patient. It is one of our most comforting experiences for family members.

### **Veterans Program**

There is an invisible connection between veterans. Our program is designed to use volunteers who are veterans to spend time with our patients who have served in the military. The opportunity to share experiences and talk to someone who "understands" is invaluable to patient care.

### **Home Hospice website**

Additional information is available at our website, which is [www.homehospice.org](http://www.homehospice.org).

# What to Expect... and Demand from a Good Hospice



The care teams and support staff at Home Hospice of Grayson, Cooke and Fannin Counties strive to provide the highest quality of care for those persons who are living with a life-limiting disease.

*Based on interviews and surveys of family caregivers who have used hospice care, the American Hospice Foundation has developed the following checklist to help those who want to know what to expect, and even demand, from the staff of a hospice committed to a high quality of care:*

- Clearly explain what will be necessary to care for the patient at home.
- Enable the family to provide some of the care, through helpful information and hands-on training.
- Let the family know in advance how frequently they can expect visits from the hospice staff.
- Order the necessary equipment and supplies, and ensure that they arrive promptly.
  
- Explain the treatment of pain and other symptoms.
- Make certain that the patient is comfortable and free of pain or other troubling problems.
- Ensure that pain medications are given without delay.
- Respond immediately to urgent calls from the patient or family.
  
- Treat the patient and the family with respect at all times.
- Include the family – and the patient, whenever possible – in planning the patient's care.
- Ask about the patient's special final wishes.
- Determine if the patient wants spiritual support from the hospice.
  
- Arrange for patient's brief inpatient stay (respite care), if caregivers need time away from duties.
- Tell the family what is likely to happen when the patient dies.
- Prepare the family for the patient's death with emotional support.
- Explain what needs to be done after the death.
- Contact family members after the death to inquire about their needs.
- Offer grief support to help the family adjust to life changes related to end of life.

At Home Hospice of Grayson Cooke and Fannin Counties, we strive to meet or exceed your expectations each and every day.

# Choosing a Hospice: 15 Questions to Ask



Hospice is a set of services that we all may need someday – if not for ourselves, for our parents, relatives or friends. We do have choices about the services we use at the end of life and hospice care is one. Although many believe going on hospice is giving up hope, it is just the opposite as it is an opportunity to have the best possible quality of life. It is the best option in the last months of life because it offers a variety of benefits and support to both the patient and the family members and caregivers.

So how do you find the right hospice for you? Here is a list of 15 questions to consider and use in your research and evaluation of the right team for you.

1. **What do others say about this hospice?** Get references both from people you know and from people in the field – e.g., local hospitals, nursing homes, clinicians. Ask anyone that you have connections to if they have had experience with the hospice and what their impressions are. Review their website. Anecdote and word of mouth won't paint a full picture but they are still valuable data points.
2. **How long has the hospice been in operation?** If it has been around for a while, that's an indication of stability. Many non-profit hospice organizations started before Medicare began reimbursement in 1983.
3. **Is the hospice Medicare-certified and accredited, and if required, state-licensed?** Medicare certification is essential if the patient is a Medicare beneficiary to permit reimbursement and it also means that the hospice must meet certain standards of performance. A certified hospice generally has periodic inspections and surveys of its operations. Accreditation (JCAHO or CHAP) is not required and not having it doesn't mean a hospice isn't good, but if the hospice has it, then you know a third party has looked at the hospice's operations and determined they come up to a reasonable standard of care.
4. **What is the expectation about the family's role in caregiving?** See if what the hospice expects from family members is consistent with what the family is able to do. Both the patient and the family control the plan of care and work in partnerships with the hospice team.

## Choosing a Hospice: 15 Questions to Ask



5. **Are there limits on treatment currently being received?** A patient may be receiving specialized care that is beyond the scope of hospice or the hospice team. Ensure that all are aware of the care and are in agreement that proper care can and will be provided.
6. **Can the hospice meet your specific needs?** Mention any concerns the family or patient have about care and ask the hospice staff how they will address those concerns. This is a good time to ask about the frequency of hospice staff visits.
7. **Does the hospice offer extra services beyond those required?** Some services fall in a gray area. They are not required by Medicare but may be helpful to improve the comfort of a patient. An example is radiation for a cancer patient to control pain or manage symptoms only. Some hospices would not be willing or able to afford to do this but others might.
8. **How rapid is crisis response?** If the family needs someone to come to the home at 3AM on a Saturday, where would that person come from? What is their average response time? Hospice is to provide 24/7 access to nurses both on the phone and in person.
9. **What are the options for inpatient care?** Patients being cared for at home may need to go to an inpatient unit for management of complicated symptoms or to give their family respite. Facilities can vary from the hospice having its own private inpatient unit to leased beds in a hospital or nursing home. Visit the facilities to ensure that they are conveniently located and that you are comfortable with what they offer, if not, you should have the option to choose the location.
10. **If the family caregiver gets really exhausted can we get respite care?** Caring for someone with a serious illness can be exhausting and, at times, challenging. In addition to home hospice care and inpatient care when symptoms prove unmanageable at home, hospices also offer “respite” care (periodic breaks for the caregiver of up to 5 days during which the patient is moved to an inpatient bed). Ask the hospice under what conditions the hospice provides these types of care.
11. **Are their MDs/RNs certified in palliative care?** Not having it doesn't mean the staff is not competent as experience counts for a lot but having this credential is an indication of specialized study in palliative medicine/nursing.

## Choosing a Hospice: 15 Questions to Ask



12. **How are patient and family concerns handled?** Is there a clear process for sharing concerns with appropriate hospice staff and making sure they are addressed? The questions you have and any concerns should always be shared with the hospice team. Your patient rights give you the option to revoke care if you desire. There is no rule that you have to use a certain hospice, it is your choice, not your physicians, the hospital, the facility or anyone else. Ensure that you have what you need for the best possible Quality of Life.
13. **How does the hospice measure and track quality?** You are not looking for a lot of technical detail, just a response that indicates that the hospice evaluates its own performance in order to improve it. They should have a process as this is a Medicare requirement.
14. **What are your general impressions at initial contact?** First impressions do count, and it is important for you to feel comfortable and confident in the organization that you choose.
15. **What kind of bereavement services does the hospice offer?** Caring for the family after a loss is part of the hospice program. There are many types of grief support from calls, letters, cards, educational materials, individual counseling, special programs and support groups. These services are available pending the needs of family members and caregivers for at least a year and in many cases they are available when you are ready.

For over 35 years, Home Hospice has been providing care and comfort to our patients and their families. We were first here in providing support and we will always be here for you. Call us to help answer your questions and schedule a time to visit with a member of our team. Find HOPE in our Home Hospice.

**For more information or to schedule a visit:**

**903-868-9315**

**[www.HomeHospice.org](http://www.HomeHospice.org)**



# The Common Myths of Hospice



**Myth #1: *Hospice is a place.***

Hospice is a specialized medical and emotional service. Hospice care takes place wherever the need exists and wherever the patient calls home. The majority of Home Hospice patients receive care at home.

**Myth # 2: *Hospice is only for people with cancer.***

More than one-fifth of hospice patients nationwide have diagnoses other than cancer. Increasingly, hospices are also serving families coping with the end-stages of chronic diseases, like emphysema, Alzheimer's, cardiovascular, kidney, liver and neuromuscular diseases.

**Myth #3: *Hospice is only for old people.***

Although the majority of hospice patients are older, hospices serve patients of all ages. Home Hospice offers clinical staff with expertise in pediatric hospice care.

**Myth #4: *Hospice is only for dying people.***

As a family-centered concept of care, hospice focuses as much on the family and caregivers as on the patient. Home Hospice provides support in many ways to family members and caregivers – from respite care to emotional support. Our bereavement services are available to family at any time during and after hospice care. We also offer our bereavement programs to the community at large, serving schools, churches and the workplace.

**Myth #5: *Hospice can only help when family members are available to provide care.***

Hospice care is provided to patients whether they live alone, reside in a facility or hospital. Not all patients have family caregivers, many have friends that step in and provide support. Recognizing that patients may live alone, have family members that are not medical professionals or are unable to provide care, the Home Hospice team helps coordinate community resources to provide support when needed. Many of these resources make home care possible or provide support when transitioning to other alternative safe locations.

**Myth #6: *Hospice is for people who don't need a high level of care.***

Hospice is specialized medicine. Hospices are required to employ experienced medical and nursing personnel with skills in pain management and symptom control. The focus of hospice care is on quality of life and not curative treatments, which often reduces the

number of physician and hospital visits. Hospices offer state-of-the-art palliative care, using advanced technologies to prevent or alleviate distressing symptoms helping the patient stay at home.

**Myth #7: *Hospice is only for people who can accept death.***

Hospice care is focused on quality of life on whatever the expectations and terms may be for the patient. While those affected by terminal illness may struggle to understand the disease progression with death, hospices gently help them find their way at their own speed. Home Hospice welcomes inquiries from families who are unsure about their needs and preferences. Hospice staff is readily available to discuss all options and to facilitate family decisions.

**Myth # 8: *Hospice care is expensive.***

Most people who use hospice are over 65 and are entitled to the Medicare Hospice Benefit. This benefit covers virtually all hospice services and requires little, if any, out-of-pocket expense. This means that there are no financial burdens incurred by the family, in sharp contrast to the huge financial expenses at the end of life which are incurred when hospice is not used. Most insurance benefit plans include hospice care.

For those without Medicare, other benefit programs, including private insurance may provide some type of hospice coverage. Medicare requires hospice services to be available to anyone that meets the eligibility requirement for hospice services regardless of their funding sources.

**Myth # 9: *Hospice means giving up hope.***

When your physician tells you there is nothing more to be done with your disease progression, hospice is the something more that can be done. Hospice is the place you can turn with confidence to find hope, to find comfort and relief –from physical or emotional pain and symptoms.

For over 35 years, Home Hospice has been providing care and comfort to our patients and their families. We were first here in providing support and we will always be here for you. Call us to help answer your questions and schedule a time to visit with a member of our team. Find HOPE in our Home Hospice.

**For more information or to schedule a visit:**

**903-868-9315**

**[www.HomeHospice.org](http://www.HomeHospice.org)**





# Home Hospice or Home Health ....

## *Which is right for you?*



### **Question 1: What are admission and visit requirements?**

Home Hospice	Home Health Agencies
Have a life limiting illness with a prognosis of six months or less, as determined by a physician. Patients pursue comfort care rather than curative treatment. Staff visits regularly as outlined by the plan of care, but may visit other times as the needs arise.	Patients need skilled care—either nursing or therapy; and the plan of care must outline specific needs and visit schedule.

### **Question 2: Where can I live?**

Home Hospice	Home Health Agencies
Hospice care can be delivered wherever you call home. Our team visits in your home, personal care center, long-term care facility or hospital. Patients do not need to be homebound and may participate in activities outside the home as desired.	Care can only be delivered in a person's home or assisted living facility. Patients must be homebound, except for brief periods.

### **Question 3: What will happen with my medications?**

Home Hospice	Home Health Agencies
Hospice ensures pharmacy needs are met 24 hours a day 7 days a week with home delivery. Medications related to the illness are provided by Home Hospice at no charge.	No medications are covered under the Medicare home health benefit.

### **Question 4: What about other medical equipment or supplies that I need?**

Home Hospice	Home Health Agencies
Diagnosis related equipment and supplies are part of the hospice benefit and are provided at no charge.	When a physician orders equipment, oxygen or supplies, Medicare Part B will cover them when they fall within the appropriate qualification guidelines.

### **Question 5: What if I need to run errands, need transportation or an occasional meal?**

Home Hospice	Home Health Agencies
Hospice has trained volunteers who are a part of the care team. They can stay with the patient when the caregiver needs to get out, provide an occasional meal, take the patient to an appointment when appropriate, assist in writing the patient's life story or just lend a willing ear to listen. These services are provided at no charge to the patient.	The Medicare Home Health benefit does not provide for the services of volunteers. Sitter and other types of services would be at the patient or family expense.

### **Question 6: How will my family be cared for after my death?**

Home Hospice	Home Health Agencies
Extensive bereavement support is offered for family members for at least 13 months following a death. This includes monthly contacts, mailings, seminars and support groups. All are offered free of charge.	Home Health agencies are not required to provide grief support and typically do not provide these services.

# What is Comfort Care...

Leigh Wilkerson, RN, in her booklet **“Considering Comfort Care, A Guide for Families”**, says, *“Even with the continual march of medical progress, the fact remains that our bodies do not live forever. In everyone’s life there comes a time when the body begins to fail. Sometimes it is the natural progression of age or a chronic illness. At other times, this difficult season begins at a too-young age when a disease does not respond to even the best medical treatment.”*

Some statements from **Considering Comfort Care** for you to consider about comfort care and you and your loved one:

- Feelings of disbelief and shock are normal when a person or family realizes that medical treatment will not be curative. Refusing to acknowledge the reality of a coming death can be harmful.
- When the patient and family realize that comfort and quality of life are a top priority, then hospice can step in.
- Comfort care focuses all efforts on the quality of the time remaining. Comfort care can help the patient and family find peace while facing the challenges encountered at this time. Comfort care is a difficult, but loving decision to make. The professionals at Home Hospice can give a family guidance as to whether hospice care is appropriate.
- Sometimes physicians are more willing to discuss hospice care when families initiate this talk. One question to ask your physician is, “Is this a time when some patients might choose hospice care?” Remember that there is not a right or wrong decision. This should be a personal decision made in the best interest of the patient and family.
- Patients and families who choose hospice care earlier in the process give hospice team members more opportunities to use their skills and expertise in maximizing comfort and quality of life.



## Home Hospice Reading List & Websites

Below is a list of books that will provide more information in various areas of working with the critically ill and dying and their family members. We would be honored if, when you read one of them, you would send us an email with your thoughts.

[info.hospice@homehospice.org](mailto:info.hospice@homehospice.org).

Caregiving: Hospice-Proven Techniques for Healing Body and Soul – Doug Smith

The Art of Being A Healing Presence – James E. Miller and Susan Cutshall

The Art of Listening in a Healing Way – James E. Miller

Lessons from the Dying – Rodney Smith

A Thousand Goodbyes – Jim Huber

The Grace in Dying – Kathleen D. Singh

Dying Well – Ira Byock, MD

Death, the Final Stage of Growth -Elisabeth Kubler-Ross

Don't Take My Grief Away - Doug Manning

On Death and Dying - Elisabeth Kubler-Ross

When Your Loved One is Dying - Earl A. Grollman

Final Conversations – Maureen Keeley

Final Gifts – Maggie Callanan

Final Journeys – Maggie Callanan

Peaceful Dying – Daniel R. Tobin, M.D.

Managing Death – James M. Hoefler

All Kinds of Love: Experiencing Hospice – Carolyn Jaffee

How We Die – Sherwin B. Nuland

The Places That Scare You – Pema Chodron

I'm Here to Help – M. Catherine Ray

Finding My Way – John M. Schneider, PhD

Awakening from Grief – John E. Welshons

Being with Dying – Joan Halifax

Prayers and Rituals at a Time of Illness and Dying – Pat Fosarelli

Because You've Never Died Before: The Spiritual World of the Dying – Kathleen J. Rusnak, Ph.D.



### **Helpful websites:**

Home Hospice of Grayson, Cooke & Fannin Counties: [www.homehospice.org](http://www.homehospice.org)

Hospice Foundation of America: [www.hospicefoundation.org](http://www.hospicefoundation.org)

National Hospice and Palliative Care Organization: [www.nhpco.org](http://www.nhpco.org)

Long Term Care Quality Reporting System <http://facilityquality.dhs.state.tx.us>

Legal Forms: <https://hhs.texas.gov/laws-regulations/forms>

Kathleen Rusnak: [www.thebrickwall2.com](http://www.thebrickwall2.com)

<http://considertheconversation.org/>