

LIVING WELL THROUGH LIFE TRANSITIONS

A Program of Hospice of Southern Maine

The *Living Well* Program is a volunteer based, non-clinical case management service for those individuals with a life limiting illness who wish to improve their quality of life. It is designed to meet the needs of the individual whose life expectancy in one year or less and would benefit from assistance in managing home life as their disease progresses.

Individuals receiving *Living Well* services could concurrently be undertaking curative medical treatments.

Services are provided in the individual's place of residence and includes the involvement of family members participating in their care.

A Volunteer Coordinator will serve as the case manager and the services provided will be guided by an Interdisciplinary Care Team upon admission and monthly thereafter, while the client is on service.

Services are intended to provide support that is both proactive and reactive. Specially trained, experienced and caring volunteers are available to provide friendship, emotional support, light housekeeping, food preparation, errands, and short, daytime, respite "breaks" for the caregiver.

A bereavement coordinator is available to help the client and family/caregivers with grief and loss during the client's participation in the program and up to one year after death.

A chaplain is available for emotional and spiritual support, as needed. A Social Worker is available for one introductory and one follow-up visit to review community resource options and methods to access them.

Services do not include clinical nursing care or medical supervision.

How is the Living Well Program different from our Hospice Program?

The *Living Well* program and our Hospice program both offer services to individuals with life limiting illnesses and their families.

Living Well is uniquely different in that it offers services to individuals who are receiving curative treatment, who have an estimated prognosis of one year or less, and who are having difficulty coping with their illness and/or impending death.

Hospice of Southern Maine

Main Office: 180 US Route One, #1, Scarborough, ME 04074 · (207) 289-3640

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www.hospiceofsouthernmaine.org

LIVING WELL VS. HOSPICE

	<i>Living Well</i>	<i>Hospice</i>
Prognosis	Services to individuals & their families facing a life limiting illness of one year or less. The family is the unit of care.	Services to individuals (and their families) facing a life-limiting illness of 6 months or less. The family is the unit of care.
Treatment	Comfort measures and/or aggressive curative treatment.	Comfort measures only.
Providers	Volunteer Coordinator, Volunteers, Chaplain, Bereavement Coordinator, and Social Workers	Medical Director, Nurses, Home Health Aides, Social Workers, Volunteer Coordinator, Bereavement Coordinator, Chaplain, PT, SLP, OT, and other administrative staff.
Services	A systematic program of care that follows, monitors, evaluates and reports changes to physicians and families as appropriate; emotional and spiritual support, reading/writing letters, help at meals, counseling around grief and loss during life and up to one year following death, one-on-one and group bereavement support groups, respite breaks for the caregivers who may need to recharge their energy, and monthly IDT review.	Physician directed pain and symptom management, emotional and spiritual support, personal care support, physician care, nursing care, medical equipment and supplies related to the life limiting illness, medications for symptom control and pain relief, short term care in a facility, including respite care, when needed, and counseling around grief and loss during life and up to one year following death, one-on-one and group bereavement support groups, and IDT review every two weeks.
Certification/ Licensure	None	Medicare certified, Maine Licensed, and compliance with federal, state, and local regulations. Anyone, including patients, families, physicians, and discharge planners to name a few.
Charges	None Donations Accepted	Fee for service (usually covered by insurance), sliding scale based on ability to pay.
Who may refer?	Anyone, including patients, families, physicians, and discharge planners to name a few.	Anyone, including patients, families, physicians, and discharge planners to name a few.