

[Insert your Hospice's Name and Letterhead Here]

Hospice Fact Sheet

[Open with an overview of your program's history, and the area you serve]

Hospice Staff:

XXX employees

XXX volunteers

2012 Statistics

Average Census (number of patients on any given day).....XXX

Average Length of StayXX days

Patients served per yearXXX

Services provided by [Hospice Name]:

- Regular visits by Interdisciplinary team which includes registered nurses with advanced training in pain and symptom control, social workers, spiritual care providers
- Medical director and nurse practitioner
- Volunteer services include: 11th hour volunteers, pet therapy, all volunteers trained in hand massage
- Music Therapy
- Massage Therapy
- Bereavement program for 13 months including a pediatric grief program

Additional Services provided by [Hospice Name]: Use this section as applicable to talk about any extra services or programs you participate in. Bullets and text below are examples- tailor to your program.

Experts in helping with the transition to hospice with an experienced team of : nurses, home health/hospice aides, physical therapists, occupational therapists, speech therapists, social workers, chaplains, dietitians and volunteers.

- Hospice
- Specialty services include:
 - Complex Chronic Care
 - Transplant
 - Cardiac
 - Behavioral
- Advance Care Planning
- Community Wellness (our private duty program specializes in one-on-one care in the home)
- Lifeline

Other Facts:

- Most hospice services are covered by Medicare, Medicaid or other insurance
- "We Honor Veterans" participant
- Palliative Care Program
- For additional information: [insert hospice website] or contact [insert info for best contact person at hospice].