

CAIRO
HOSPICE

A GUIDE FOR FAMILIES

A Complete Guide to Hospice

Plain answers for the days ahead. You don't have to do this alone.

Cairo Hospice, formerly ViaQuest Hospice · (614) 910-2662 · cairohospice.com

START HERE

When someone you love is seriously ill

There's a lot to take in right now. New words, hard choices and big feelings, often all at once.

This guide explains what hospice is, how to tell when it may be time, and how to get ready. Read it in any order. Put it down and come back to it.

You don't need every answer before you reach out. If you'd rather talk it through, call us at (614) 910-2662. A real person answers, any hour of any day.

In this guide

What hospice is 3

The four levels of care 4

Paying for hospice 5

Myths and realities 6

When to consider hospice 7

Preparing: practical steps 9

Preparing: caring for yourself 10

How to talk about it 11

Coping with grief 12

A family checklist 14

About Cairo Hospice 15

Veterans and military families 16

Your care team 17

Where we serve 18

Ready to talk 20

UNDERSTANDING HOSPICE

Comfort that honors life, wherever you call home

Hospice is care for people facing a life-limiting illness. It doesn't try to cure the illness. It eases pain and symptoms and cares for the whole person, body, mind and spirit. It supports the family too.

Hospice sees dying as a natural part of life. It neither hurries death nor holds it back.

Hospice isn't a place you have to go. It's a team that comes to your loved one, wherever they live: at home, at a family member's home, in a nursing facility or in assisted living. If symptoms can't be eased at home, care can move for a short time to a hospital or inpatient unit.

Your wishes guide every step. Your loved one can keep their own doctor, and we work alongside them.

Wondering who pays? Page 5 explains it.

> *"Hospice isn't about giving up. It's about living as fully as you can, with comfort, dignity and support."*

LEVELS OF CARE

The four levels of hospice

Medicare sets four levels of hospice care. Your team moves between them as your loved one's needs change.

01

RHC

AT HOME

Routine Home Care

The most common level, wherever your loved one lives. Nurses, aides, social workers, chaplains and volunteers visit regularly. They manage symptoms, help with personal care and show caregivers what to expect. In a facility, our care adds to the staff's care. It doesn't replace it.

02

IRC

IN A FACILITY

Inpatient Respite Care

A short stay of up to five days in a row at a contracted facility. It gives the main family caregiver a rest while hospice care carries on.

03

CHC

AT HOME

Continuous Home Care

Extra nursing at home during a symptom crisis, such as pain that won't settle or severe shortness of breath. A nurse stays for long stretches, typically 8 to 24 hours a day, until the crisis passes.

04

GIP

IN A FACILITY

General Inpatient Care

For symptoms too severe to ease at home, even with continuous care. A short stay in a hospice inpatient unit, contracted hospital or nursing facility bed, with nursing and physician care around the clock. Once symptoms settle, care usually returns home.

PAYING FOR HOSPICE

Who pays for hospice?

One less thing to worry about.

We accept Medicare, Medicaid, commercial insurance and private pay. We verify your benefits for you, so you don't have to sort it out on your own.

Medicare

Covers hospice for eligible people, most often those 65 and over.

Medicaid

For people who meet certain income and disability requirements.

Commercial insurance

Most commercial insurance plans cover hospice too.

Private pay

Not covered by insurance? Ask us about private pay.

What hospice provides

Hospice-related medications, supplies and equipment are delivered to you as needed. Our nurse will explain what's covered for your family.

IT'S A CHOICE, NOT A FINAL CONTRACT

You can stop hospice at any time, and your usual Medicare coverage resumes.

Talk it through for free

The consultation is free, with no obligation. We'll explain the Medicare hospice benefit in plain words, in person or over the phone. Call (614) 910-2662.

MYTHS AND REALITIES

What hospice is, and what it isn't

Many fears about hospice come from things that aren't true.

MYTH

Hospice is only for the last few days of life.

REALITY

Hospice can begin when a doctor expects a person to live six months or less if the illness runs its usual course. Many families say they wish they'd started sooner.

MYTH

Choosing hospice means giving up hope.

REALITY

Hope shifts toward comfort, peace and time together.

MYTH

Hospice is only for people with cancer.

REALITY

Hospice serves people with many illnesses, including heart disease, dementia, lung disease, liver failure, kidney failure, HIV/AIDS, ALS, Parkinson's and stroke.

MYTH

You must have a DNR order to start hospice.

REALITY

You can receive hospice whatever your advance directive or code status. A hospice can't treat anyone differently because of the choices they have or haven't made.

MYTHS AND REALITIES, CONTINUED

MYTH

Hospice is only about physical care.

REALITY

Hospice also cares for emotional, spiritual and social needs, for the whole family.

MYTH

Hospice only happens at home.

REALITY

Hospice comes to wherever your loved one lives, including a family member's home, nursing facilities and assisted living.

MYTH

You have to stop all medications.

REALITY

Hospice covers medications, equipment and supplies related to the hospice diagnosis. Your loved one can keep taking medicines that bring comfort, even ones not tied to that diagnosis.

RECOGNIZING THE NEXT STEP

How do you know it's time for hospice?

There's rarely one clear moment. The choice is personal, and your doctor and our team can help you decide.

Hospice is for people with a serious illness who want to focus on comfort and on making the most of each day. A doctor certifies that a person is eligible, usually when life expectancy is six months or less if the illness runs its expected course.

RECOGNIZING THE NEXT STEP, CONTINUED

Signs you may be noticing

01 More hospital stays or ER visits

02 Treatment is helping less, and the focus is turning to comfort

03 Eating less, sleeping more, losing weight

04 Needing help with bathing, dressing or walking

05 Pain, shortness of breath or nausea that's hard to control

06 You're doing your best, but it's getting harder to manage alone

> **If two or more sound familiar, call us. It's just a conversation. (614) 910-2662**

Why sooner is easier

Starting earlier gives the team more time to get ahead of symptoms, and gives you time to get to know them and to prepare, emotionally and spiritually.

You don't need a referral to call. Families can call us directly, and we coordinate with your loved one's doctor.

> ***"At the heart of hospice is time. Time to be comfortable, time to be present, time with the people who matter most."***

PREPARING FOR HOSPICE

Practical steps that make the days ahead easier

Choosing hospice can bring relief and sorrow at the same time. Both are normal. A few steps now can take some weight off later, and your hospice team will help.

01 **Learn what hospice offers.** Know the four levels of care and what the team does. Palliative care can start at any stage of a serious illness, often alongside treatment. Hospice is for when treatment aimed at a cure has stopped or isn't helping.

02 **Put wishes in writing.** Help your loved one complete advance directives. A living will says which treatments they do and don't want. A healthcare proxy can make medical decisions if they can't. Talk about code status too, such as a Do Not Resuscitate (DNR) order.

03 **Shape the care plan together.** Build a plan with the team around your loved one's values, faith and where they want to be cared for.

04 **Choose a point person.** Pick one main caregiver as the team's first contact, so information stays clear. Confirm who the legal healthcare proxy is, too.

05 **Get the home ready.** Clear tripping hazards, add good lighting and make room to move. Hospice delivers related medical equipment as needed.

06 **Understand coverage.** Find out what Medicare, Medicaid or private insurance covers, and ask about any costs you might pay. Page 5 explains how we help.

PREPARING YOUR HEART

Caring for your loved one, and for yourself

Caring for someone at the end of life means a great deal. It's also exhausting. How you feel matters, and so does asking for help.

01 **Look after yourself.** Eat, rest and take breaks. You can't pour from an empty cup. Respite care and volunteers can give you time off.

02 **Share the load.** Ask family, friends and your faith community for help. Divide the tasks so no one person carries it all.

03 **Let yourself grieve early.** Many people start grieving before a loved one dies. This is called anticipatory grief. It can bring sadness, anger, guilt and even relief. None of these feelings mean you love them less or have given up hope. A counselor, chaplain or support group can help.

04 **Make room for small moments.** Share stories. Look through photo albums. Record a message. Include children in ways that suit their age. Often the quiet, everyday moments matter most.



TALKING ABOUT IT

How to talk with family and children

These may be the hardest conversations your family has. Honest, simple words help.

With family

Be honest and clear. Explain the illness and why you're thinking about hospice, in plain words.

Include the right people. Your loved one if they're able, close family and anyone helping with care or decisions.

Clear up myths. Share what hospice is and what it isn't. Page 6 can help.

Respect different reactions. Accept each person's feelings and keep your loved one's wishes at the center.

Give it time. Let everyone take things in. Avoid rushed decisions when you can.

With children

Use words that fit their age. Young children need simple, concrete words. Teenagers can handle more.

Welcome questions. Tell them it's okay to ask anything and to show how they feel.

Reassure them. All kinds of feelings are normal. Keep love, routine and a sense of safety steady.

Let them help, if they want to. They might draw a picture, read aloud to their loved one or make a memory box.

Keep talking. Make it safe to share fears, and come back to the conversation as often as needed.

Words that can help

"Hospice is helping [name] feel as comfortable as possible."

"We're going to spend a lot of special time together."

"It's okay to feel sad, angry or confused. I feel that way sometimes too."

COPING WITH GRIEF

Grief has no right way and no timeline

Grief is a natural response to losing someone you love. It can start before a death and go on long after. Everyone grieves at their own pace.

What grief can look like

- Sadness, anger, guilt, numbness, even relief
- Changes in sleep, appetite, focus, mood and physical health
- No “normal” path. Grief looks different for everyone.

Grief before a loss

Anticipatory grief can come as you watch someone you love decline. Talking about it with someone who understands can make you feel less alone.

Finding support

- When your loved one passes, we stay in touch. Our bereavement specialists and chaplains check in and help your family through the months ahead.
- Support groups connect you with people going through a similar loss.



COPING WITH GRIEF, CONTINUED

More places to turn

- **National Hospice and Palliative Care Organization (NHPCO).** Educational materials and tools for families.
- **CaringInfo.org.** Free advance directive forms and planning resources.
- **The Conversation Project.** Help starting conversations about end-of-life wishes.
- **Local support groups.** Grief, caregiver and illness-specific groups in many communities.
- **Faith communities.** Spiritual leaders can offer rituals, guidance and comfort.



"Healing doesn't mean forgetting. It means finding new ways to carry love forward."

A FAMILY CHECKLIST

Ten steps to prepare for hospice

Use this list to keep track. Tick off what's done and bring the rest to your hospice team.

	STEP	WHAT TO DO	WHY IT MATTERS
☐	**Understand hospice**	Learn what hospice offers and who's on the team.	Clearer choices and less worry.
☐	**Complete advance directives**	Write down care wishes. Name a healthcare proxy.	Your loved one's wishes are known.
☐	**Understand costs**	Check what Medicare, Medicaid or private insurance covers, and any costs you might pay.	Less financial stress.
☐	**Gather documents**	Insurance cards, medical records, a medication list and contact details for current doctors.	A smoother start to care.
☐	**Hold a family meeting**	Share information, agree on roles and talk through your loved one's wishes.	Everyone pulls together and knows what to expect.
☐	**List emergency contacts**	Key family, friends and doctors, with current phone numbers. Give a copy to your hospice team.	Quick contact when something changes.
☐	**Talk with children**	Use honest words that fit their age. Welcome questions.	Builds trust and helps them cope.
☐	**Prepare the home**	Make it safe and comfortable.	Less stress and easier care.
☐	**Look after yourself**	Ask for support. Keep up with your own health.	You can keep caring for them.
☐	**Plan for faith and culture**	Talk with your team about faith, traditions and meaningful rituals.	Honors your loved one's beliefs.

Questions about any step? Call (614) 910-2662, any hour of any day.

ABOUT CAIRO HOSPICE

New name. Same heart.

Cairo Hospice, formerly ViaQuest Hospice, is the same team giving the same care, with the same values, under a new name.

Why Cairo? In Scripture, Egypt is where the Holy Family found refuge in a time of need, and tradition places their shelter in what is now Old Cairo. That is the heart of our calling: to be a place of refuge, comfort and peace for every patient and family we serve.

Veteran owned and family owned. Page 16 tells our founder's story.

What we stand for

Faith

We trust God, serve with humility and honor the sacred worth of every person.

Compassion

We meet difficult moments with kindness, empathy and love.

Presence

We show up, listen and stay close, even when things are difficult.

Resilience

We persevere through challenges and stand firm in what is right.

VETERANS AND MILITARY FAMILIES

Those who served are served in turn.

Cairo Hospice is veteran owned. We understand what service asks of a person, and what it gives.

Our founder, Rich Johnson, began his career in the United States Air Force. A wish to serve others drew him there, and he built his life's work around it after he came home. In November 2024, he was one of twenty Ohioans inducted into the Ohio Veterans Hall of Fame, which honors veterans for what they give their communities after their service.

Showing up for one another is how we were raised and how we were trained. When you welcome us into your home, we come ready to serve your family with that same respect.



Caring for a veteran? Call (614) 910-2662, any hour of any day.

If your loved one served

01 **Tell your care team about their service.** Their branch, the years they served, the stories they like to tell. It helps us know them as a person.

02 **Ask how their service can be honored.** Every veteran is different. Some want it marked, and some would rather keep it private. Tell us what feels right.

03 **Include the whole family.** Spouses and children serve in their own way too. Let us know what support they need.

YOUR CARE TEAM

A whole team, around the whole family



Each plan is personal, built by a team focused on your loved one and everyone who loves them. Here's who you'll meet.

Nurses

Nurses and licensed practical nurses (LPNs) ease pain and symptoms and keep your doctor updated. A nurse is on call 24 hours a day.

Physicians

Hospice physicians oversee the care plan and work with your loved one's own doctor.

Hospice aides

Gentle help with bathing, dressing and personal needs, done with dignity.

Social workers

Help with planning, resources and the harder family conversations, and a listening ear.

YOUR CARE TEAM, CONTINUED

Chaplains, if wanted

Time to talk, pray or simply sit together, respecting every faith.

Volunteers

Companionship, help with errands and a little time for family caregivers to rest.

Bereavement specialists

Grief support for your family, before and after a loss.

Also part of your care

- Respite care, a short inpatient stay so the main caregiver can rest
- Help understanding and completing advance directives
- Medications, equipment and supplies related to the hospice diagnosis, delivered as needed

WHERE WE SERVE

We come to you.

Six locations across Ohio, Indiana and Pennsylvania, serving 39 counties. Our team visits your loved one wherever they live.

WHERE WE SERVE, CONTINUED



At home
In the rooms they know best, with family close by.

Nursing facility
Alongside the staff who already know them.

Assisted living
In a familiar community, hand in hand with its team.

Ohio

Marysville	Union, Champaign, Clark, Delaware, Franklin, Hardin, Logan, Madison, Marion and Morrow

Indiana

Muncie	Delaware, Madison, Randolph, Blackford, Henry and Jay
West Lafayette	Tippecanoe, Benton, Carroll, Fountain, Warren and White
Linton	Greene, Clay, Daviess, Knox, Martin, Monroe, Owen, Sullivan and Vigo

Pennsylvania

Monongahela	Washington, Allegheny, Fayette, Greene and Westmoreland
Somerset	Somerset, Cambria and Indiana

Same-day admissions when the patient and family are ready.

Not sure we reach your town? Just ask. (614) 910-2662

READY WHEN YOU ARE

Let’s start with a conversation.

Choosing hospice is a personal decision. You don’t need every answer before you reach out. Most families start with one question.



01 **Call, or pick a time.** Call (614) 910-2662, or ask for a visit at cairohospice.com.

02 **We come to you.** A free conversation in person, wherever your loved one lives, or over the phone. Bring every question, and anyone you’d like with you.

03 **A plan around your wishes.** If hospice is right, we work with your doctor on eligibility, explain Medicare coverage and shape the plan around what matters most to you.

It’s free, with no obligation. You decide what happens next.

CALL

(614) 910-2662

Any hour, any day. A real person answers.

cairohospice.com

Veteran owned · Ohio, Indiana and Pennsylvania

CAIRO HOSPICE