Life Changing Care

Home care that knows the hard part.

COORDINATION RESOURCE FOR HOSPICE TEAMS

Filling the Hours

A Home Care Coordination Guide for Hospice Social Workers, Liaisons, and Care Coordinators

The gap your families already know

Hospice provides extraordinary support. The clinical care, the comfort, the presence of a team that has walked this road with hundreds of families before this one. That matters deeply.

But hospice visits are measured in hours, and a family's need for presence, safety, and relief spans the full day. The hours between visits do not pause. A spouse who has not slept in three days cannot pause either. A patient who becomes confused at 2 a.m. does not wait for the morning nurse.

When you give a family the words to find the right home care partner alongside hospice, you complete the care picture. This guide is written for the moment you need to make that referral clearly, quickly, and with confidence.

What home care fills

Supplemental home care does not duplicate hospice. It covers what hospice was never designed to cover, consistently, across all the hours hospice cannot.

- Continuous companionship and supervision so a patient is never alone in the hours between hospice visits
- Personal care and hygiene support during non-visit windows, including bathing, grooming, dressing, and repositioning
- Overnight and weekend coverage when family members need to sleep, travel, or simply step away
- Behavioral support when a patient becomes agitated, confused, or difficult to redirect, including sundowning episodes and wandering risk
- Caregiver relief so that a spouse, adult child, or close family member can rest without guilt and return with the capacity to keep showing up

What to look for in a home care agency for hospice-concurrent care

Not every home care agency is suited for this population. The following questions help you make a referral you can stand behind.

- [ ] Does the agency have hands-on experience with behavioral symptoms including agitation, wandering, and sundowning, not just familiarity with the terms?
- [ ] Does every caregiver hold a Direct Service Provider (DSP) credential covering behavioral support competencies, or do skill levels vary caregiver to caregiver?
- [ ] Will the agency communicate with your hospice team directly and consistently, not only with the family?
- [ ] Can the agency confirm placement and begin care within 48 hours of a referral for a patient with complex needs?
- [ ] Does the agency carry coverage for overnight and weekend hours without routing families to a staffing agency they have never worked with?

How a coordinated handoff works

A smooth referral does not require a long process. Three short steps are enough to protect the patient and establish a working relationship between teams.

1. **Initial call to establish current needs**
   The referring hospice team member calls the home care agency and describes the patient's current behavioral and physical status: sleep patterns, agitation level, mobility, the primary caregiver's current capacity. This call takes ten minutes. It determines care approach before the first shift begins.

2. **A brief shared care summary**
   The hospice team shares a short summary of the patient's care preferences, known triggers, comfort measures already in place, and any medications relevant to behavioral management. It does not need to be formal. A secure message or a PDF of the existing care plan is sufficient.

3. **An agreement on communication protocol**
   Both teams agree upfront on who calls whom and when: who the home care agency contacts if a behavioral episode occurs overnight, which hospice nurse receives that call, and how changes in condition get relayed. One clear protocol prevents the family from becoming the messenger in a crisis.

A note on the family

> Families in hospice are often running on empty by the time someone on the care team makes a home care referral. They are managing grief, logistics, and caregiving simultaneously, and they are frequently too exhausted to advocate for themselves. A smooth referral to home care is one of the most concrete things you can do for them. Not a pamphlet. Not a list of agencies to call on their own. A direct handoff to a team that is already briefed, already vetted, and already ready to show up. They remember who made that call easy. They remember it for a long time.

Contact Life Changing Care

Life Changing Care

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10 credentialed caregivers active. 10 additional on standby. Every caregiver carries the DSP credential.

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We coordinate directly with hospice teams. Call us before you call the family.