



Active Service Area



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Compassionate Care
24/7

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Our Website



Pathway Hospice provides clinically excellent care for patients as well as emotional and spiritual support for the entire family. Hospice care is for individuals who have been diagnosed with a life-limiting illness. Pathway Hospice provides medications, medical equipment and personal care supplies to manage your patient and family needs. The majority of our nursing staff is ICU/CCU as well as hospice trained. Our goal is to provide care and support while keeping patients comfortable wherever they call home, where they are surrounded by their loved ones.

Services

- ❁ Dedicated Hospice Physician Services
- ❁ High-Acuity Skilled Nursing Care
- ❁ Certified Nurses Aides
- ❁ Social Work Services
- ❁ Spiritual Counseling
- ❁ Durable Medical Equipment
- ❁ Medications and Pharmacy Services
- ❁ Medical Supplies

Programs

- ❁ Rapid Response Clinical Team
- ❁ Volunteer Program
- ❁ Bereavement Services
- ❁ Palliative Bridges Program
- ❁ Cultural Liaison Initiative
- ❁ Paths Remembered Legacy Project
- ❁ Community Devotional and Music Services
- ❁ Integrated Holistics:
 - Reiki
 - Massage
 - Aromatherapy
 - Guided Meditation

Expect Excellence

TESTIMONIALS

"We have appreciated your attention to our mom, including the detailed plan for her care in her last days. Our greatest concern was that she not suffer, and we are comfortable that she did not."

M. Singleton

"Thank you so much for making Mom's birthday so special. It was so kind of you to give your time!"

T. Edwards

"Thank you so very much for the exceptional care you provided for my husband. You went above and beyond to comfort us during this difficult time"

B. Taylor

"Mr. Thomas, I'm writing to let you know how very special your entire staff is at Pathway! They showed us such compassion and will forever hold a special place in our hearts."

A. Halverson

ACHC is a CMS-approved national Accrediting Organization with deeming authority granting them the right to determine whether a healthcare entity meets CMS requirements for Medicare and Medicaid program participation.

Health care organizations that achieve accreditation through a “deemed status” survey with ACHC, Joint Commission, or CHAP, are determined to meet and exceed Medicare and Medicaid requirements.

Pathway Hospice has consistently maintained Deemed Status since 2013, with ACHC as our Accrediting Organization. This is part of our commitment to our patients and partners to demonstrate Clinical Excellence and a higher standard of patient care.

Cultural Liaison Initiative

Our Cultural Liaison Initiative began as an outreach to our Hispanic patients and families and has grown to become an outreach program dedicated to our multicultural community. Our Cultural Liaisons provide a deeper understanding of the perspectives and needs of hospice patients by following a family from the first Hospice Education Consultation until the end of the Bereavement Period.

They are not just “translators,” but something far more holistic.

Our Cultural Liaisons ensure that our Interdisciplinary Team understands the impact of culture on our patients’ care. The Liaison provides a touchpoint for the family 24 hours a day, from our first introduction until they are ready to transition from our services.

Desired Outcomes for the Cultural Liaison Program include:

- Individualized, culturally-sensitive care for our patients and families throughout the end-of-life journey
- Optimized communication with families, designed to identify and meet ongoing needs from their unique perspectives
- An accessible, dedicated point-of-contact with true fluency in the patient’s native language and culture
- Reduced hospitalizations, improved symptom management, and better outcomes for patients and families

Jewish Cultural Liaison

As part of our multicultural outreach program, Cantor Don Alan Croll has joined our staff to better serve our Jewish community.

A cantor in the Reform Jewish movement is a clergy member who fills a diverse role within the Jewish community. Cantors lead worship, officiate at lifecycle events, teach adults and children, run synagogue music programs, and offer pastoral care. Cantors typically serve along with other clergy members, usually rabbis and occasionally additional cantors, in partnership to lead synagogue communities.

The Reform cantor is a professional office with a prescribed educational path and professional organization. Cantors are ordained at the conclusion of study which confers the status of clergy as it does for rabbis.

The education required to become an ordained cantor is a masters degree in Sacred Music, a five-year course of study that requires one year in Jerusalem and one in New York. Cantor Croll is the cantor emeritus of Temple Shalom in Dallas and has been a member of the American Conference of Cantors for over 40 years. He has also served congregations in New York, Los Angeles, and Albuquerque.

Hospice Eligibility

Hospice Eligibility

Pulmonary Disease

- Recent visits to the ER or hospitalization for pulmonary infections or respiratory failure
- Dyspnea or tightness in the chest (FEV1 <30% of predicted)
- Identification of specific structural/functional impairments
- Relevant activity limitations
- Changes in appetite and unintentional progressive weight loss
- Impaired sleep functions
- Decline in general physical endurance
- Impaired mobility
- Requires oxygen some or all of the time
- May require breathing treatments or use of inhalers
- May have difficult eating or carrying on conversations without supplemental oxygen

Neurological Conditions

- Structural/functional impairments
- Impaired mental function
- Impaired sensory function and pain
- Impaired neuromusculoskeletal and movement functions
- Impaired communication
- Impaired mobility
- Self-care deficit
- Activity limitations
- Comorbid and secondary conditions also contribute to a terminal prognosis.

How Pathway Hospice Can Help

The end-of-life experience can be peaceful and a patient can pass with dignity when provided with appropriate intervention. Hospice staff provide expert care and guidance during this time.

- Development of advance directives and end-of-life planning
- Assistance to create an environment in which family and friends can reminisce and spend time together
- Clinical assessment and intervention
- Medication and symptom management
- Life review and legacy work
- Emotional support and spiritual counseling
- Personal Care
- Volunteer support
- Provision of medications, supplies, and durable medical equipment
- Bereavement support for the family for up to 13 months

Non-Disease-Specific Guidelines

Determining a primary hospice diagnosis can be challenging when a patient has some, but not all, of the clinical indicators of a specific disease or condition. The following clinical signs often support hospice eligibility in combination with another primary diagnosis.

1. Rapid decline over the past three to six months, evidenced by:
 - Rapid progression of disease
 - Progressive decline in Palliative Performance Score (PPS)
 - Weight loss not due to reversible causes and/or declining serum albumin levels
 - Dependence on assistance for two or more ADLs: feeding, ambulation, continence, transfer, bathing or dressing
2. Dysphagia leading to inadequate nutritional intake or recurrent aspiration
3. Decline in systolic blood pressure to below 90 systolic or progressive postural hypotension
4. Increasing ER visits, hospitalizations or physician follow-up
5. Multiple progressive Stage 3 or Stage 4 pressure ulcers in spite of optimal care
6. Frequent falls or increasing problems with balance and weakness
7. Increased lethargy/sleepiness
8. Uncontrolled pain, shortness of breath, nausea/vomiting, anxiety
9. Multiple, recurrent infections
10. Patient appears to be “giving up” physically and emotionally

AIDS/HIV

- Must have established AIDS or HIV diagnosis
- Decision has been made to forego antiretroviral, antibacterial, antifungal, chemotherapeutic and prophylactic drug therapy related specifically to the AIDS diagnosis.
- Chronic, persistent diarrhea
- Significant weight loss of 10% or more in the past three months
- Generalized weakness
- Viral load > 100,000 copies/ml
- CD4 count < 25
- History of frequent opportunistic infections
- Palliative Performance Indicator Score of 50% or less
- CHF at rest
- AIDS dementia complex
- Toxoplasmosis
- Generalized wasting
- Substance Abuse

Hospice Eligibility

Alzheimer's Disease

In order for a dementia patient to meet the hospice eligibility criteria, he or she must have a life expectancy of six months or less if the disease continues in its typical progression. For patients with dementia, it may be time to consider hospice when the patient's physical condition begins to decline. Some things to look for include:

- A diagnosis of other conditions such as COPD, CHF, cancer or congenital heart disease
- An increase in hospitalizations, frequent visits to the doctor and/or trips to the ER
- A diagnosis of pneumonia or sepsis
- Weight loss or dehydration due to challenges in eating/drinking

Additional criteria lend additional support to terminal status:

- Incontinence
- Inability to communicate meaningfully (1 to 5 words a day)
- Non-ambulatory (unable to ambulate and bear weight)
- All intelligible vocabulary lost
- Unable to sit up independently
- Unable to smile
- Unable to hold head up

Cancer

- Pathology report reveals evidence of malignancy or metastases
- Decline in condition in spite of therapy, or patient opts out of further disease-directed therapy
- Palliative Performance Score or Karnofsky Score of 70% or less
- Electing to forgo further disease directed curative treatment
- Certain cancer diagnoses are often eligible for hospice without other criteria including small cell lung cancer, pancreatic cancer, and primary CNS malignancy

Cerebral Vascular Accident/Stroke

- Palliative Performance Score or Karnofsky Score of 40% or less
- Mainly bed to chair bound
- Impaired functional status
- Requires assistance with activities of daily living (ADLs)
- Changes in orientation status
- Unable to maintain sufficient fluid and caloric intake
- Progressive weight loss, the patient's doctor, and often a hospice doctor as well, must determine that the patient is terminally ill, with a life expectancy of six months or less; the decision to treat someone at a higher level of care falls to the hospice physician

Heart Disease

- Identification of specific structural/functional impairments
- Ejection fraction <20% (not required, but an important consideration)
- A poor response to diuretics and vasodilators
- Dyspnea, tightness or pain in the chest
- Impaired heart rhythms, contraction force of ventricular muscles and impaired blood supply to the heart
- Changes in appetite, unintentional weight loss
- Impaired sleep functions
- Decline in general physical endurance
- Relevant activity limitations and/or impaired mobility

Liver Disease

- Weakness and compromised ability to perform activities of daily living (ADLs)
- Recurrent variceal hemorrhage
- Hepatic encephalopathy
- Prothrombin time prolonged more than five seconds over control or INR > 1.5
- Serum albumin < 2.5 gm/dl
- Peritonitis
- Elevated creatinine and BUN with Oliguria <400 ml/day and urine sodium concentration <10 mEq/l
- Ascites
- Malnutrition
- Muscle wasting
- Asterixis
- May be awaiting liver transplant, but if organ is procured, the patient is no longer eligible

Renal Failure

- Creatinine clearance of <10cc/min (<15cc/min for diabetics) AND serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)
- Uremia with obtundation
- Nausea/vomiting
- Patient has chosen not to have renal dialysis
- Intractable hyperkalemia
- Hepatorenal syndrome
- Structural and functional impairments
- Platelet count <25,000
- Comorbid and secondary conditions contribute to terminal prognosis
- Pruritus
- Self-care deficits
- Activity limitations
- Uremic pericarditis
- Anorexia
- Albumin <3.5 gm/dl

Hospice Levels of Care

Level 1: Routine Home Care

Routine Home Care is the primary level of care under the hospice benefit. If a patient resides in a nursing home, it can also be called routine nursing home care and includes:

- Skilled nursing services
- Physician oversight
- Social services
- Certified nurse aide services
- Counseling services, including pastoral, spiritual, bereavement, dietary, and others
- Medications
- Medical equipment
- Medical supplies
- Personal care supplies
- Lab and diagnostic studies related to terminal diagnosis
- Therapy services when deemed palliative and medically necessary

Level 2: Continuous Home Care

If you have Continuous Home Care, a nurse and/or a home health aide will remain in the patient's home environment for eight to 24 hours per day. Continuous care is a short-term level of care, and must be reevaluated every 24 hours by a registered nurse.

Qualifying Symptoms for Continuous Home Care

- Unrelieved pain
- Intractable, severe nausea and vomiting
- Severe shortness of breath
- A temporary breakdown in the primary caregiver support system

Level 3: General Inpatient Care

Some patients have short-term symptoms so severe they cannot get adequate treatment at home, and require treatment at an inpatient facility.

Symptoms requiring inpatient care are the same as those requiring continuous care, only the setting of care may be different. With inpatient care, nurses are available around the clock to administer medications, treatments, and emotional support to help make the patient more comfortable.

Hospice Levels of Care

Inpatient Facilities

There are several types of facilities that offer inpatient hospice services:

- A free-standing facility owned and operated by a hospice company
- An inpatient hospice unit within a hospital
- A hospice unit in a skilled nursing facility, such as a nursing home

Level 4: Respite Care

Respite care services are more for the family than for the patient.

If a patient's family is the primary source of care and cannot meet their loved one's needs due to caregiver stress or other extenuating circumstances, a patient may temporarily be admitted to an inpatient environment to give the family a needed break or respite.

Most insurance covers five days in respite care. Once that period expires, the patient is discharged and returns home.

Eligibility and Determining Level of Care

In order to qualify for hospice care, the patient's doctor, and often a hospice doctor as well, must determine that the patient is terminally ill, with a life expectancy of six months or less; the decision to treat someone at a higher level of care falls to the hospice physician.

Additional Services

Our hospice aides provide bathing, and personal care on an intermittent basis. Their visit frequency is determined by the Registered Nurse in accordance with patient need and medicare guidelines. Hospice aide visits generally last 45 minutes to an hour, with a care plan developed by the Registered Nurse.

Often, a patient's needs exceed the family's ability to manage and fall beyond the scope of hospice services. In these instances, a family may decide to seek additional care in the form of Personal Assistance Services. While Pathway Hospice also maintains a license to provide PAS in the State of Texas, we think it is important to focus on what we do best. To better serve our patients and families, we partner with several excellent PAS agencies and can provide information upon request.

Insurances Accepted

Pathway Hospice is currently contracted to provide care for patients with the following payer sources:

- Medicare Part A
- All Medicare Advantage Plans (Medicare Part C)
- All Medicare Secondary Plans
- Medicaid
- Molina
- Veteran's Administration
- Tricare
- Humana
- Blue Cross Blue Shield
- Aetna
- Superior Health Plan
- Baylor, Scott and White Health Plan
- Workers' Compensation
- Most private insurance plans
- Private Pay
- As part of our commitment to our community, and to providing dignity for all at end of life, Pathway Hospice accepts unfunded patients as we are able.

(Current list at time of printing.)

Niveles de cuidado de hospicio

Nivel 1: Cuidado Doméstico de Rutina

La atención domiciliar de rutina es el nivel principal de atención bajo el beneficio de hospicio. Si un paciente reside en un asilo de ancianos, también se puede llamar cuidado de residencia de ancianos de rutina e incluye.

- Servicios de enfermería especializada
- Supervisión del médico
- Servicios sociales
- Servicios certificados de asistentes de enfermería
- Servicios de consejería, incluyendo pastoral, espiritual, duelo, dietético, y otros.
- Medicamentos
- Equipo médico
- Estudios de laboratorio y diagnóstico relacionados con el diagnóstico terminal
- Servicios de termofia cuando se considera paliativo y médicamente necesario.

Nivel 2: Atención Continua en el Hogar

Si usted tiene atención continua doméstica, una enfermera y/o un ayudante de salud en el hogar permanecerán en el ambiente del paciente durante ocho 24 horas al día. La atención continua es un nivel de atención a corto plazo, y debe ser reevaluada cada 24 horas por una enfermera registrada.

Síntomas calificados para atención continua en el hogar

- Dolor no aliviado
- Intractable, náuseas graves y vómitos
- Severos problemas para respirar
- Una ruptura temporal en el sistema de apoyo al cuidador primario

Nivel 3: Atención General Para Pacientes Hospitalizados

Algunos pacientes tienen síntomas a corto plazo tan graves que no pueden recibir un tratamiento adecuado en casa y requieren tratamiento en un centro hospitalario.

Los síntomas que requieren atención hospitalaria son los mismos que los que requieren atención continua, sólo el entorno de la atención puede ser diferente. Con la atención hospitalaria, las enfermeras están disponibles las 24 horas del día para administrar medicamentos, tratamientos y apoyo emocional para ayudar a que el paciente se sienta más cómodo.

Instalaciones para pacientes hospitalizados

Hay varios tipos de instalaciones que ofrecen servicios de hospicio para pacientes hospitalizados:

Niveles de cuidado de hospicio

- Una instalación independiente propiedad y operada por una empresa de hospicio
- Una unidad de hospicio para pacientes hospitalizados dentro de un hospital
- Una unidad de hospicio en un centro de enfermería especializada, como un asilo de ancianos

Nivel 4: Cuidado de Relevo

Los servicios de cuidado de relevo son más para la familia que para el paciente.

Si la familia de un paciente es la principal fuente de atención y no puede satisfacer la necesidad de su ser querido debido al estrés del cuidador u otras circunstancias atenuantes, un paciente puede ser admitido temporalmente en un ambiente hospitalario para darle a la familia un descanso o respiro necesario.

La mayoría del seguro cubre cinco días en cuidados de relevo. La mayoría del seguro cubre cinco días en cuidados de relevo. Una vez que ese período expira, el paciente es dado de alta y regresa a casa.

Elegibilidad y Determinación del Nivel de Atención

Con el fin de calificar para la atención de hospicio, el médico del paciente, y a menudo un médico de hospicio también, debe determinar que el paciente está enfermo terminal, con una esperanza de vida de seis meses o menos; la decisión de tratar a alguien en un nivel más alto de atención recae en el médico de hospicio.

Servicios Adicionales

Nuestros ayudantes de hospicio proporcionan baño y cuidado personal de manera intermitente. Su frecuencia de visita es determinada por la enfermera registrada de acuerdo con la necesidad del paciente y las pautas de medicare. Las visitas de los asistentes de enfermería certificados generalmente duran de 45 minutos a una hora, con un plan de atención desarrollado por la enfermera registrada.

A menudo, que la necesidad de un paciente excede la capacidad de la familia para manejar y caer más allá del alcance de los servicios de hospicio. En estos casos, una familia puede decidir buscar atención adicional en los servicios de asistencia personal. Mientras que pathway Hospice también mantiene una licencia para proporcionar PAS en el estado de Texas, creemos que es importante centrarse en lo que hacemos mejor.

Para servir mejor a nuestros pacientes y familias, nos asociamos con varias agencias PAS excelentes y podemos proporcionar información bajo petición.

Palliative Bridges

The Pathway Palliative Bridges program provides outreach and support services to individuals with advanced illness. Our Palliative Care Coordinator provides education about post-acute care options and community resources available to patients with complex conditions.

The number of sessions will be determined by the patient and family in conjunction with the Palliative Care Coordinator. Sessions may be provided in a patient's home, a hospital, clinic, or other setting as determined by patient and Coordinator.

Palliative Bridges Goals:

- To help patients and families understand their options and the decisions facing them as they pursue treatment
- To assist patients and families in processing complicated medical circumstances and evaluating impactful personal decisions
- To improve quality of life through education, support, and continuity of care during transitional periods
- To assist families in coping with the changing health status of their loved one

Palliative Services Offered:

- Evaluation of patient and family needs
- Development of individualized goals of care
- Emotional and spiritual support and counseling
- Education related to practical coping strategies
- Advocacy and referrals to community resources
- Formulation of Advance Directives

Puentes Paliativo

El programa paliativo de vía proporciona servicios de divulgación y apoyo a personas con enfermedades avanzadas. Nuestro coordinador de cuidados paliativos proporciona educación sobre opciones de cuidados post-agudos y recursos comunitarios disponibles para pacientes con condiciones complejas.

El número de sesiones será determinado por el paciente y la familia en conjunción con el coordinador de cuidados paliativos. Las sesiones se pueden proporcionar en el hogar de un paciente, un hospital, una clínica u otro entorno según lo determine el paciente y el coordinador.

Objetivos de Puentes Paliativo:

- Ayudar a los pacientes y a las familias a entender sus opciones y decisiones que enfrentan mientras persiguen el tratamiento
- Ayudar a los pacientes y a las familias en el procesamiento de circunstancias médicas complicadas y la evaluación de decisiones personales impativas
- Mejorar la calidad de vida a través de la educación, el apoyo y la continuidad de la atención durante los períodos de transición
- Ayudar a las familias a hacer frente al estado de salud cambiante de su ser querido

Servicios Paliativos Ofrecidos:

- Evaluación de las necesidades de pacientes y familiares
- Desarrollo de metas individualizadas de atención
- Apoyo emocional y espiritual y consejería
- Educación relacionada con estrategias prácticas de afrontamiento
- Promoción y referencias a recursos comunitarios
- Formulación de Directivas Anticipadas

Partner Facilities

Pathway Hospice is credentialed to provide service in any Long-Term Care or Assisted Living Facility, Residential Care Home, and multiple IPUs.

INPATIENT UNITS:

- Accentcare
- Healthcare Resort of Plano
- Mesquite Specialty LTACH Inpatient Hospice Unit

CONTRACTED LTC AND RESPITE FACILITIES:

- Ridgecrest Healthcare and Rehabilitation Center - Forney
- Edgewood Rehabilitation and Care Center - Mesquite
- Rockwall Nursing Care Center
- Arlington Villa
- Interlochen Health and Rehab - Arlington
- The Villa at Mountain View - Dallas
- Woodlands Place - Denison
- Clyde W. Cosper State Veterans Home - Bonham
- Legend Oaks Healthcare and Rehabilitation - Garland
- Legend Oaks Healthcare and Rehabilitation - Waxahachie
- Focused Care - Waxahachie
- Golden Acres Living and Rehabilitation - Dallas
- LifeCare Center of Plano
- Healthcare Resort of Plano
- Founder's Plaza Nursing and Rehabilitation - Wylie
- Belterra Health and Rehabilitation - McKinney
- Adora Midtown Park - Dallas
- Leonard Manor Nursing Home and Rehabilitation Center
- Greenville Health and Rehabilitation Center
- Autumn Leaves - Dallas
- Senior Care at Lake Pointe - Rockwall
- The Belmont at Twin Creek - Allen
- Presbyterians Hospital of Rockwall
- Hunt Regional Medical Center
- Modern Senior Living
- Royse City Medical Lodge
- Legend Oaks Healthcare and Rehabilitation - Ft. Worth
- Green Oaks Nursing and Rehabilitation - Arlington

(See reverse for list of Partner Assisted Living Facilities)

Partner Facilities

PARTNER ASSISTED LIVING FACILITIES:

- Abba Care Assisted Living
- Arden Courts of Richardson
- Arbor House of Garland Assisted Living and Memory Care
- Lakeshore Assisted Living and Memory Care - Rockwall
- Revere Court of Rockwall
- Vitality Court Texas Star - Allen
- St. Joseph's Residence - Dallas
- Colonial Lodge Assisted Living - Terrell
- The Monarch Richardson
- Sonoma House
- Avila Care
- Colonial Oaks Senior Living
- Colonial Lodge Assisted Living
- Sentinel Gardens
- Goodlife Senior Living – Duncanville
- Riverside Inn At Fossil Creek