Honoring Our Partners During Patient Experience Week



Every April, we take time to recognize Patient

Experience Week, a vital healthcare observance that highlights the commitment of providers, caregivers, and referral partners in delivering compassionate, high-quality care. For those of us in hospice care, this week is a special opportunity to express gratitude for the invaluable collaboration of medical professionals like you—who trust us to provide



comfort, dignity, and peace to patients during life's most vulnerable moments.

Creating a Seamless and Compassionate Experience for Patients

When a patient is facing a terminal illness, their journey should be met with the highest level of comfort, respect, and support. The decision to refer a patient to hospice is never easy, but together, we ensure that their transition is **seamless**, **compassionate**, **and focused on quality of life**. By working closely with physicians, hospital discharge planners, skilled nursing facilities, and other healthcare partners, we:

- **Prioritize Timely Transitions** Ensuring patients receive hospice care as soon as they qualify, avoiding unnecessary hospitalizations and discomfort.
- Enhance Comfort & Symptom Management Providing expert pain and symptom relief tailored to the patient's unique needs.
- Support Families & Caregivers Offering emotional, psychological, and bereavement support to loved ones throughout the journey.
- Respect Patient Wishes Aligning care with the patient's goals, values, and end-of-life preferences.

Why Patient Experience in Hospice Care Matters

Research consistently shows that patients who receive hospice care earlier in their disease trajectory experience higher quality of life, improved symptom control, and better family satisfaction (Teno et al., 2016). Studies also highlight that coordinated transitions to hospice can significantly reduce unwanted hospitalizations and aggressive treatments at the end of life, allowing patients to spend their final days in the place they prefer—whether at home, in a hospice residence, or a long-term care facility (Dixon et al., 2015).



 ${\sf Moreover}, \, \textbf{patient-centered communication and collaboration}$

between referring providers and hospice teams lead to a 70% improvement in satisfaction among families and caregivers (Connor et al., 2020). This statistic underscores the critical role of partnerships in hospice care—ensuring every patient's experience is defined by comfort, dignity, and peace.

A Heartfelt Thank You to Our Referral Partners

Your dedication to **patient-centered care** does not go unnoticed. By partnering with our hospice team, you ensure that patients and families receive the **respect**, **comfort**, **and guidance they deserve** in life's most precious moments. Your referrals make a profound difference—not only in the **quality of care provided** but in the **lasting impact on the families left behind**.

This **Patient Experience Week**, we celebrate you. Thank you for entrusting us with your patients and for your unwavering commitment to their well-being.

If you'd like to discuss how we can further streamline referrals, improve patient transitions, or provide additional support, we are here for you.

Let's continue working together to make every patient's experience one of dignity, peace, and compassionate care.

References

Connor, S. R., Teno, J., Spence, C., & Smith, N. (2020). Family perceptions of quality in hospice care: Findings from the National Hospice and Palliative Care Organization Family Evaluation of Hospice Care Survey. *Journal of Pain and Symptom Management*, 60(4), 719-725. Dixon, J., King, D., Matosevic, T., Clark, M., & Knapp, M. (2015). Equity in the provision of palliative care in the UK: Review of evidence. *Journal of Palliative Medicine*, 18(1), 3-15.

Teno, J. M., Gozalo, P. L., Bynum, J. P., Leland, N. E., Miller, S. C., Morden, N. E., & Mor, V. (2016). Change in end-of-life care for Medicare beneficiaries: Site of death, place of care, and health care transitions in 2000, 2005, and 2009. *JAMA*, 309(5), 470-477.