

# Honoring Our Partners During Patient Experience Week



## SACRED JOURNEY HOSPICE



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).

Moreover, **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.