



PENNSYLVANIA HEALTHCARE



Care on the HOMEFRONT

Supportive Care gives personalized in-home care to patients during a vulnerable time in their lives.

For those with life-limiting illnesses, time is everything. A prognosis of six months or less to live and no available treatment options might signal the need for hospice care. But what about a prognosis of a year? What about patients undergoing treatment in clinical trials? For these individuals, options for care are fewer.

The Supportive Care program aims to fill that gap. Launched in 2015 by Hospice & Community Care, the program serves patients coping with a life-limiting illness, yet not ready or eligible for hospice. These individuals receive wraparound support in their homes from a team of registered nurses, social workers, and a chaplain who ensure patients are comfortable, informed, and respected during this vulnerable period of life.

"This is a fairly new concept nationwide," says the program's team leader Steve Sensenich, RN, CHPN. "We're finding that patients who feel supported spiritually and emotionally and with symptoms managed by palliative care experts have a better quality of life and live longer than if they are in the hospital dealing with pain and unmanaged symptoms."

Putting Patients First

Palliative care nurse Jessica Markulik cares for her patients where they are most comfortable: in their homes. "I assess the way they look and feel and manage their symptoms," Markulik says, "but I'm also there to build a relationship with them." Markulik will accompany patients to doctor visits, where she advocates on their behalf. "If it seems they're not feeling empowered to ask questions, I help them understand what's being said," Markulik says. Being fluent in Spanish makes her an asset to Latino patients, for whom language barriers can make medical appointments overwhelming.

Supportive Care's approach is proving beneficial to its patients. "Round-the-clock access to palliative care nurses and doctors leads to fewer hospital visits," Sensenich says. "A physician might tell their patient to go to the emergency room without ever seeing them, whereas we focus on pain and symptom management in person, at home."

Complementing that approach are the team's social workers who provide emotional support for patients and families, referrals to community services, and assistance with



health insurance and advance care planning. "These tasks might involve layers of paperwork and phone calls," says Emily Clelan, a social worker with Supportive Care, "and that can be overwhelming for the elderly or people facing a life-limiting illness."

"Our patients and their families are making a lot of heavy decisions," Sensenich says. "Our social workers are there for them, as is our chaplain who helps patients find strength, regardless of their spiritual beliefs."

Supportive Care is the only program of its kind that accepts patients who don't qualify for the service through Medicare. These patients pay on a sliding scale, with the bulk of costs funded by community support. "We couldn't do what we do in Supportive Care without our community and volunteers," Sensenich says. "That's why we're committed to serving them as the need grows."



(l-r) Jessica Markulik, RN; Steve Sensenich, RN, CHPN; Emily Clelan

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