Palliative, Comfort, and End-of-Life Care: A National Practice Module

Providing comfort and honoring wishes through serious illness and the end of life.

Why this module matters. In 2024, 53.1% of Medicare decedents used hospice, the highest share to date. Most care near the end of life happens at home, supported by families and paid caregivers.

About this module

This module gives teams a shared, evidence-based approach to providing comfort and honoring wishes through serious illness and the end of life. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Family caregivers, home care aides, nurses, and agencies
Format	7 units, case scenarios, a knowledge check, and a national checklist
Time	About 1.5 hours
How to use it	Caregivers use Units 4 to 7. Agencies and clinicians use all units.

Learning objectives

After completing this module, learners will be able to:

1. Describe national hospice use.
2. Tell palliative care and hospice apart.
3. Explain the Medicare hospice benefit.
4. Provide comfort care at home.
5. Recognize signs that death may be near.
6. Honor wishes.
7. Support the family.

Scope. Aides and family caregivers observe, support, and report. Clinical assessments, medication changes, and treatment decisions belong to licensed clinicians. Follow your state scope-of-practice rules and agency policies.

Unit 1. The national picture

Measure	Figure	Source
Medicare decedents who used hospice (2024)	53.1%, the highest share to date	National Alliance for Care at Home, 2025
Medicare beneficiaries enrolled in hospice (2024)	About 1.91 million, up 4.4%	National Alliance for Care at Home, 2025
Americans 65+ with Alzheimer's dementia	About 7.4 million (2026)	Alzheimer's Association

Most people say they would prefer to be comfortable and at home near the end of life. Palliative care and hospice make that possible for many.

Unit 2. Palliative care and hospice

	Palliative care	Hospice
Who	Anyone with serious illness, at any stage	People with a terminal illness and a life expectancy of about 6 months or less if the illness runs its usual course
Treatment	Can be alongside curative treatment	Focuses on comfort rather than cure
Where	Clinic, hospital, home	Mostly at home; also facilities
Payment	Medicare Part B and other insurance for clinician visits	Medicare hospice benefit, Medicaid, most insurance

Unit 3. The Medicare hospice benefit

- A physician certifies the terminal prognosis; the person chooses comfort care for the terminal illness.
- Covers nursing, aide visits, social work, chaplain, medicines and equipment for the terminal illness, and bereavement support for the family.
- Four levels of care: routine home care, continuous home care during crises, short inpatient respite for caregivers, and general inpatient care for symptoms that cannot be managed at home.
- The person can leave hospice and return later.
- Hospice does not usually provide round-the-clock personal care at home; families or paid caregivers fill that need.

Unit 4. Comfort care at home

Symptom	Comfort measures	Report
Pain	Give medicines on schedule as directed; reposition; warmth	Pain not controlled
Shortness of breath	Raise the head, fan on the face, calm presence, medicines as directed	Distress
Nausea or constipation	Small sips, medicines as directed	No bowel movement in 3 days, vomiting
Dry mouth	Moist swabs, lip balm	
Restlessness or agitation	Quiet room, familiar voices, music, check for pain or full bladder	Distress
Skin	Gentle turning, padding	Wounds or redness

Unit 5. Signs that death may be near

Each person is different, but common changes in the last days include more sleep, eating and drinking little, cool or mottled skin, changes in breathing with pauses or noisy breathing, and less responsiveness. These are usually not painful for the person. The hospice team explains what to expect and can visit when changes happen.

> **Who to call.** If the person is enrolled in hospice and has a DNR or POLST, call the hospice line first, not 911, when changes happen or at the time of death, unless the plan says otherwise.

Unit 6. Respecting wishes

- Know the person’s advance directive, health care agent, and POLST or DNR.
- Keep the documents where emergency staff can find them.
- Honor cultural and spiritual practices.
- Ask the person what matters most, and keep asking as things change.

Unit 7. Caring for the family

- Use hospice respite when caregivers are exhausted.
- Accept help from friends and the hospice team.
- Grief often starts before death. Hospice offers bereavement support to families after a death.
- Paid caregivers grieve too, and should be supported.

Case scenarios

Case 1. Unsure about hospice

Mr. F has advanced heart failure and has been hospitalized four times this year. His family thinks hospice means “giving up.”

- How would you explain hospice?

Discussion: Hospice focuses on comfort and quality of life, often at home, with a team on call 24/7. He can leave hospice if his goals change.

Case 2. Night-time breathing change

At 2 a.m., Mrs. G, on hospice, has noisy breathing. Her daughter is frightened.

- Who should she call?

Discussion: The hospice 24-hour line. A nurse can explain, advise on comfort, and visit.

Knowledge check

1. What share of Medicare decedents used hospice in 2024? *(53.1%)*
2. Can palliative care be given with curative treatment? *(Yes)*
3. What prognosis is needed for Medicare hospice? *(About 6 months or less if the illness runs its usual course)*
4. Name the four hospice levels of care. *(Routine home, continuous home, inpatient respite, general inpatient)*
5. Who should a hospice family call first for changes? *(The hospice 24-hour line, unless the plan says otherwise)*

National Palliative, Comfort, and End-of-Life Care Checklist

This checklist turns the Medicare hospice benefit and national comfort care practice into one tool for families, agencies, and clinicians. The “National basis” column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. Plan

Action	National basis	Done	Notes
Goals of care discussed and recorded	Age-Friendly 4Ms	☐	
Advance directive, agent, and POLST or DNR in place	State law	☐	
Palliative care or hospice referral discussed	Medicare hospice benefit	☐	
Hospice 24-hour number posted	Medicare hospice benefit	☐	

B. Comfort

Action	National basis	Done	Notes
Pain and symptom plan written	Hospice plan of care	☐	
Medicines given as directed	Hospice plan of care	☐	
Skin, mouth, and positioning care	Best practice	☐	
Cultural and spiritual wishes honored	Best practice	☐	

C. Family

Action	National basis	Done	Notes
Caregiver respite offered	Medicare hospice benefit	☐	
Bereavement support offered	Medicare hospice benefit	☐	
Support for paid caregivers after a death	Best practice	☐	

Completed by: signature	Printed name and title	Date
Reviewed by: signature	Printed name and title	Date

Sources and further reading

eHospice: 2024 data on Medicare decedents using hospice (Mar. 2026) (ehospice.com)

Alzheimer's Association: 2026 Facts and Figures (alz.org)

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