

**Working Together to Enhance  
End-of-Life Care**

# **Hospice 101**





## Purpose of Presentation:

The intent of this presentation is to ensure regulatory compliance with Hospice Conditions of Participation §418.112 (f) from CMS required of hospices and contractual skilled locations.

**§418.112 (f) Condition of Participation:** Hospices that provide hospice care to residents of a SNF/NF or ICF/MR.

**Standard:** Orientation and training of staff

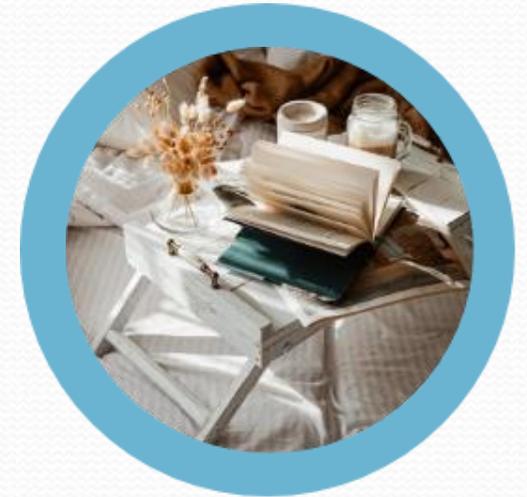
# What is HOSPICE?



Hospice provides support for people and families in the last phases of a life-limiting illness.

"You matter because you are you,  
And you matter to the end of your life.  
We will do all we can not only to help you die peacefully,  
But also to live until you die."

**Dame Cicely Saunders,  
Founder of Hospice**



Hospice care is palliative care at end of life.

SOURCE: [www.kcl.ac.uk/news/dame-cicely-saunders-a-palliative-care-pioneer](http://www.kcl.ac.uk/news/dame-cicely-saunders-a-palliative-care-pioneer)

Photos by <https://unsplash.com/@roxisun> [https://unsplash.com/@julie\\_peretiako](https://unsplash.com/@julie_peretiako)

**HOSPICE**  
& COMMUNITY CARE

# Curative Care and Palliative Care

How do curative care and palliative care compare?

Curative Care	Palliative Care
Driven by disease and response to treatment	Driven by symptoms and patient hopes and goals
Treatment prescribed by specialists with curative intent	Care coordination between all members of healthcare team
Disease progression and cure are primary areas of focus	Holistic care for the patient/support of family are primary areas of focus
Each treatment choice may have risks along with benefits to the patient.	Palliative care can be provided along with curative treatment options.
Goal is to treat to cure or delay disease progression	Goal is to ease symptoms and help people enjoy life



SOURCE: *NHPCO Types of Care*. NHPCO. (2022). Retrieved 2022, from <https://www.caringinfo.org/types-of-care/>

SOURCE: *Curative or Therapeutic Care*. NHPCO. (2019). Retrieved 2022, from <https://www.caringinfo.org/types-of-care/curative-care/>

SOURCE: *NHPCO Palliative Care or Hospice*. NHPCO. (2019). Retrieved 2022, from <https://www.nhpc.org/>

Photo by [https://unsplash.com/@julia\\_zyablova](https://unsplash.com/@julia_zyablova)

# Palliative Care and Hospice Care

How do palliative care and hospice care compare?

Palliative Care	Hospice Care
Curative treatment can be ongoing	Curative treatment has ended and a cure is no longer possible
Can be accessed at any point in the disease process	Accessed at the end of life
Provides holistic comfort care	Holistic comfort care is provided by an interdisciplinary team and caregivers
Focused on managing symptoms, pain, and stress	Focused on managing symptoms, pain, and stress
Goal is to help people enjoy life and improve quality of life	Goal is to improve quality of life and support families



SOURCE: *NHPCO Types of Care*. NHPCO. (2022). Retrieved 2022, from <https://www.caringinfo.org/types-of-care/>

SOURCE: *NHPCO Palliative Care or Hospice*. NHPCO. (2019). Retrieved 2022, from [https://www.nhpc.org/wp-content/uploads/2019/04/PalliativeCare\\_VS\\_Hospice.pdf](https://www.nhpc.org/wp-content/uploads/2019/04/PalliativeCare_VS_Hospice.pdf)

Photo by <https://unsplash.com/@hushnaidoojadephotography>

# Hospice Philosophy of Care:

- Based on the belief that everyone has the right to die pain-free and with dignity
- Based on quality, compassionate care
- For people facing a serious, life-limiting illness or injury
- Affirms life and focuses on quality of life
- Neither hastens nor postpones death
- Involves a team-oriented approach
- Expressly tailored to the patient's needs and wishes
- Integrates medical, pain management, emotional, and spiritual care
- Provides support to patient's loved ones



# Core Aspects of Hospice Care:



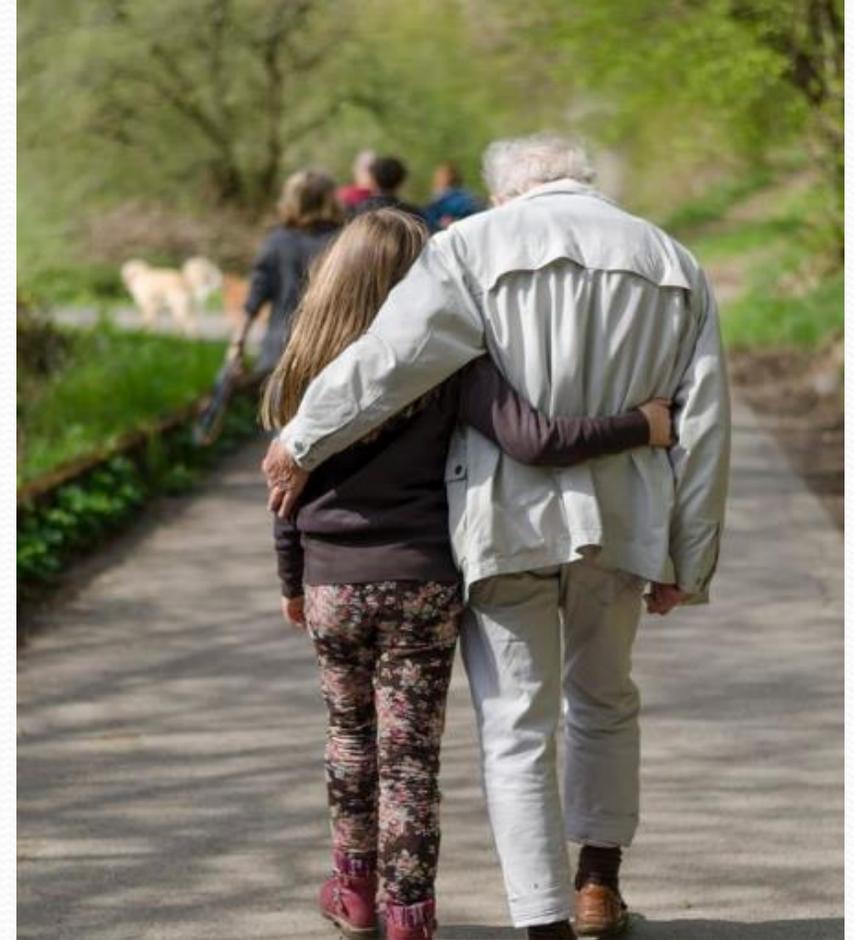
- Focused on patient and family care and support
- Provided wherever the patient lives
- Family member(s) can serve as the primary caregiver(s)
- Assists the patient with emotional, psychosocial, and spiritual aspects of dying
- Allows for short-term inpatient respite care as needed for management of difficult symptoms
- Range of services includes:
  - interdisciplinary case management
  - pharmaceuticals to manage symptoms and pain
  - complementary therapies and services as appropriate
  - medical equipment
  - supplies
  - volunteers
  - grief support to families

SOURCE: *NHPCO Hospice FAQs*. NHPCO. (2021). Retrieved 2022, from <https://www.nhpc.org/hospice-care-overview/hospice-faqs/>

Photo by <https://unsplash.com/@omeganova>

## Paying for Hospice Care:

- For most hospice patients, the cost of hospice care is fully covered under the Medicare Hospice Benefit (under Medicare Part A or hospital insurance).
- Medicaid and most private insurance companies also provide coverage for hospice care.
- Private insurance benefits, deductibles, and co-insurance requirements may vary by plan and are reviewed individually.
- There is no limit to the number of days a patient can receive hospice care as long as a patient meets the criteria needed to qualify.
- Hospice services are available through Hospice & Community Care regardless of a person's ability to pay.



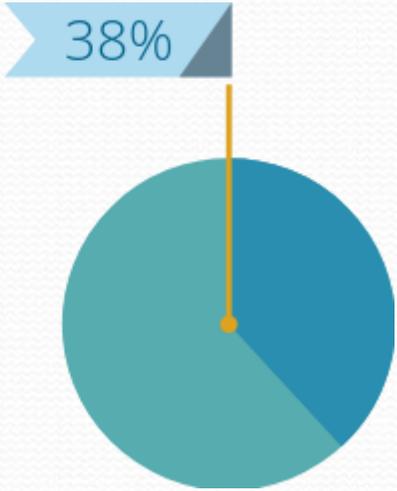
# Patient Rights



Patients have the right to...

- Receive effective pain management and symptom control by a team of professionals with services tailored to the their and/or their family's unique needs.
- Receive effective communication and right to privacy.
- Confidentiality of their personal, financial, social, and health information.
- Receive information about the scope of services hospice provides and any limitations to those services.
- Receive services without regard of race, religion, color, national origin, ancestry, age, disability, gender or gender identity, sexual orientation, marital status, veteran status, medical condition, financial status or resources, or any other legally protected characteristic.
- Respect for their cultural and personal values, beliefs, and preferences.
- Accommodation of their religious and other spiritual beliefs.
- Be involved in all decisions regarding their care, treatment, or services and to have their personal wishes regarding those treatments or services honored, if possible.
- Be informed about their health status, treatment, and services consistent with their end of life wishes.
- Refuse services and be advised of the consequences of this refusal.
- Be free from mistreatment, neglect, verbal, mental, sexual and physical abuse and be treated with respect and dignity regarding their person, family, caregivers, and property.
- Be informed of any fees or charges in advance of services for which they may be liable.
- Access, request amendment to and obtain information on disclosures of their health information, in accordance with law and regulation.
- Voice grievances concerning their care or treatment or lack of respect for property by anyone providing their care without being subject to discrimination or reprisal and have complaints investigated.

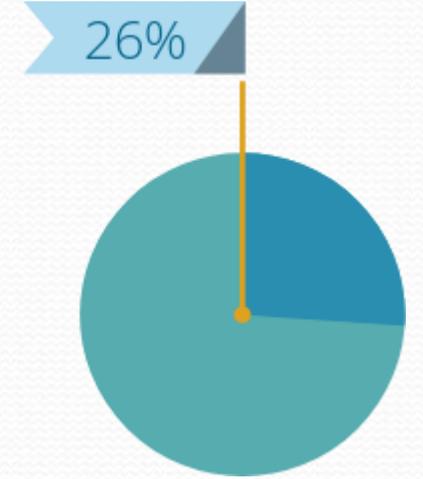
# NHPCO Report



37.8% of Medicare beneficiaries received hospice care for 14 days or less.

"We must do better to ensure that all those who will benefit from hospice care - or palliative care earlier in the course of a serious illness - have access to this compassionate, high-quality care."

**NHPCO President and CEO,  
Edo Banach**



26.3% of Medicare beneficiaries received care for seven days or less.



# Early Referral for Hospice Care:

- Allows the patient to focus on LIVING.
- Promotes a more proactive approach to life.
- Provides support for primary caregivers - 24 hours a day by phone.
- Allows for development of an individual plan of care based on patient/family choices.
- Allows for different levels of care as needed:
  - Residential/Home Care
  - Inpatient Care
  - Continuous Hospice Care
  - Respite Care



# We Value Teamwork, Open Communication, and Mutual Respect.



## Benefits of Interdisciplinary Team Approach:

- Holistic care based on patient goals
- Multi-level collaboration and communication
- 24/7 accessibility (by phone)
- Individualized plan of care is based on patient choice and goals.
- Each team member is focused on improving quality of life and delivering comfort care within their discipline.
- The team member who is present will do their best to relieve or seek help to address any immediate needs.
- Offers bereavement support for the family after the patient passes.

# What You Can Expect From Hospice:

- Dedication to the mission of improving quality of life
- Resources and expertise in medical, psychosocial, and spiritual issues
- Collaboration to provide the highest quality of care
- Development of patient-centered care plans
- Effective communication
- Teamwork
- Diversity in training
- Following guidance in Conditions for Participation for hospice and skilled facilities

**We Value Integrity,  
Honesty, and Ethical  
Behavior.**



**HOSPICE**  
& COMMUNITY CARE

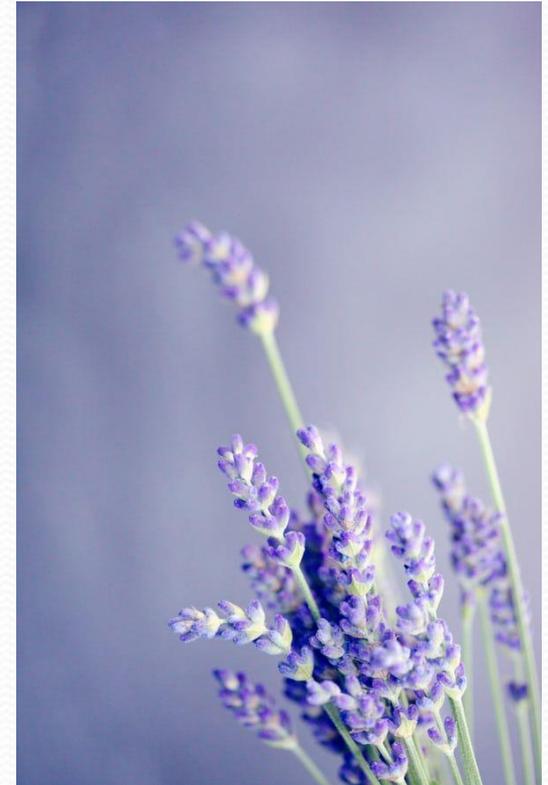
# Symptom Management:



- Symptoms are reviewed and assessed based on:
  - severity, frequency, and the amount of distress caused
  - amount of interference with activities of daily living
  - impact on the patient's independence/psychological well-being
- Symptoms are managed quickly to avoid unnecessary suffering.
- Interventions can be pharmacological and non-pharmacological depending on patient need.
- Pharmacological interventions begin with a low dose and are increased as needed.
- Interventions are implemented in a thoughtful manner to minimize side effects.
- Diagnostic testing and/or other treatments may be used to determine appropriate interventions for specific symptoms (not for routine surveillance or as curative measures).

# Providing Comfort Care:

- Medications are evaluated to determine level of necessity.
- Medications should be administered as prescribed and documented.
- Food and fluids may be offered but should never be forced.
- Bowel regimen should be followed as directed.
- Caregivers should be aware of non-verbal signs of discomfort.
- Massage and/or music may decrease stress and anxiety.
- Mindfulness and relaxation techniques may be helpful.
- Changing patient position may help to maintain comfort.
- A calm, relaxing environment may increase level of comfort.
- Patient dignity should be maintained at all times.
- Family culture and wishes should be accommodated without judgment.
- Caregivers and family members should be educated about comfort measures.





## Pain Management:

- Non-pharmacological and pharmacological interventions are implemented as appropriate depending on patient needs.
- Medication side effects are as important as efficacy.
- The benefits vs. burden to the patient is always considered.
- Pain management is unique to each individual patient.
- The age and frailty of each patient is taken into consideration.
- Plans are communicated to caregivers.
- Caregivers are educated regarding medication orders and possible side effects.

# Experiences at End of Life:

- Dying is a normal and natural process.
- Every end-of-life experience is unique to the individual.
- Patient privacy and family wishes are paramount.
- Patients often experience lack of energy and increased fatigue.
- Patients often withdraw from family and friends.
- Time spent sleeping increases as end of life draws near.
- Food and fluid intake will decrease and is natural.
- Changes in breathing and circulation are likely to occur.
- Confusion and disorientation may increase as end of life nears.



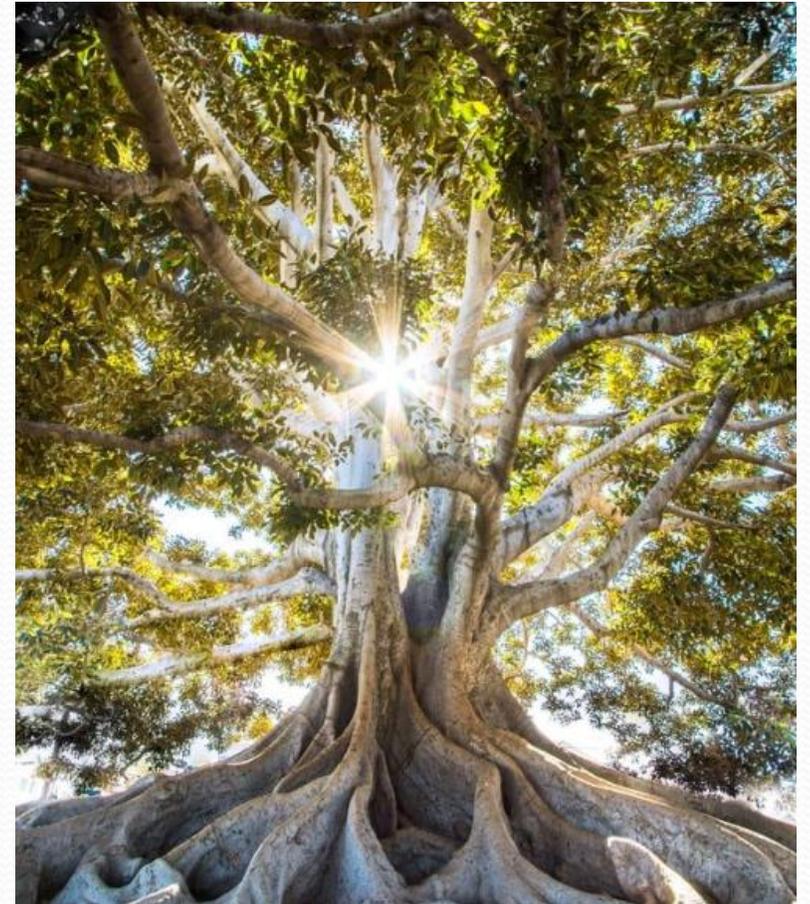
SOURCE: *NHPCO Phases at End of Life*. NHPCO. (2016). Retrieved 2022, from [https://www.nhpc.org/wp-content/uploads/2019/04/Phases\\_at\\_the\\_End\\_of\\_Life-SPANISH.pdf](https://www.nhpc.org/wp-content/uploads/2019/04/Phases_at_the_End_of_Life-SPANISH.pdf)

Photo by <https://unsplash.com/@joelfulgencio>

# Supporting Patients, Families, and Caregivers at End of Life:

## TOGETHER WE MUST...

- Understand and respect patient/family beliefs and preferences.
- Engage patients and families in care decisions.
- Create a safe environment for goals of care discussions.
- Tailor information delivery to patient and caregivers.
- Prepare patients and families about what will happen and discuss how they want it to happen.
- Validate, educate, and support caregivers while sharing the importance of self-care.



SOURCE: *NHPCO Family Caregivers in Palliative Care and Hospice: Minimizing Burden and Maximizing Support*. NHPCO. (2016). Retrieved 2022, from [https://www.nhpc.org/wp-content/uploads/2019/04/PalliativeCare\\_Family\\_Caregivers.pdf](https://www.nhpc.org/wp-content/uploads/2019/04/PalliativeCare_Family_Caregivers.pdf)

Photo by <https://unsplash.com/@jeremybishop>

# Your Responsibilities in Working with Hospice:

The skilled location shall notify the hospice immediately in the event of...

- any adverse event (i.e. medication event, falls, injuries, etc.).
- a significant change in the patient's physical, mental, social, or emotional status.
- clinical complications that suggest a need to alter the plan of care.
- the need to transfer the patient from the facility for any reason.
- the patient's death.



SOURCE: *NHPCO Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison*. NHPCO. (2017). Retrieved 2022, from [https://www.nhpc.org/wp-content/uploads/2019/05/Hospice-Nursing\\_Home\\_Interpretive\\_Guidelines\\_-\\_Side-by\\_Side.pdf](https://www.nhpc.org/wp-content/uploads/2019/05/Hospice-Nursing_Home_Interpretive_Guidelines_-_Side-by_Side.pdf)

Photo by <https://unsplash.com/@gstockie>

**HOSPICE**  
& COMMUNITY CARE

# Benefits of Working Together:



- Integrated plan of care between hospice and skilled facility
- Pharmacy, supply, and equipment coordination
- Coordination and collaboration with staff who are caring for the patient or resident (including care conferences)
- Dialogue with skilled staff on every visit
- Assistance in serving families
- Continuity through levels of care
- Orientation and training of staff in hospice philosophy and care
- Grief support available to staff members

SOURCE: *NHPCO Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison*. NHPCO. (2017). Retrieved 2022, from [https://www.nhpc.org/wp-content/uploads/2019/05/Hospice-Nursing\\_Home\\_Interpretive\\_Guidelines\\_-\\_Side-by\\_Side.pdf](https://www.nhpc.org/wp-content/uploads/2019/05/Hospice-Nursing_Home_Interpretive_Guidelines_-_Side-by_Side.pdf)

Photo by <https://unsplash.com/@danielfranco>

# Hospice Referral is Appropriate For...



- Any individual with a serious illness measured in months, not years (6 months or less).
- Anyone with a diagnosis that is considered to be terminal by a physician.
- Any individual, or the family, who verbalizes the desire for palliative or comfort care and is no longer seeking aggressive measures.
- Any individual who has exhibited a clinical progression of disease which includes:
  - documented progression through testing
  - decline in functional status
  - change in nutritional status
  - onset of symptoms (nausea, pain, etc.)

SOURCE: *NHPCO Palliative Care or Hospice*. NHPCO. (2019). Retrieved 2022, from [https://www.nhpc.org/wp-content/uploads/2019/04/PalliativeCare\\_VS\\_Hospice.pdf](https://www.nhpc.org/wp-content/uploads/2019/04/PalliativeCare_VS_Hospice.pdf)

Photo by <https://unsplash.com/@gusmoretta>

## Signs of Decline in Functional Status:

- Increased occurrences of incontinence
- Decreased ability to perform activities of daily living (ADL)
- Decreased ambulation ability
- Changes in memory, reasoning skills, or levels of consciousness
- Increasing muscle weakness
- Onset of pain and/or weakness

## Signs of Decline in Nutritional Status:

- Loss of appetite or anorexia
- Change in weight
- Onset of or worsening in difficulty with swallowing
- Changes in intake or output



# Consider Hospice Care When the Person...



- has advanced or rapidly progressive disease.
- has a prognosis of months or weeks.
- has increasing healthcare needs.
- has increase Emergency Department or physician office visits.
- is in need of pain and/or symptom management.
- needs assistance with making decisions.
- has a desire for palliative measures instead of aggressive treatment measures.
- has (or the family has) emotional and spiritual needs.

Your Care. Your Community. Your Hospice.

# Hospice & Community Care



## We Value the Comfort, Dignity, and Safety of our Patients, Their Families, and Their Caregivers.

- Specialists in hospice and palliative care
- Access to our 24-bed inpatient care center for intense symptom management and/or respite care
- On-call around the clock by phone
- 24-hour admissions
- Care and support for patients of all ages when facing any serious illness



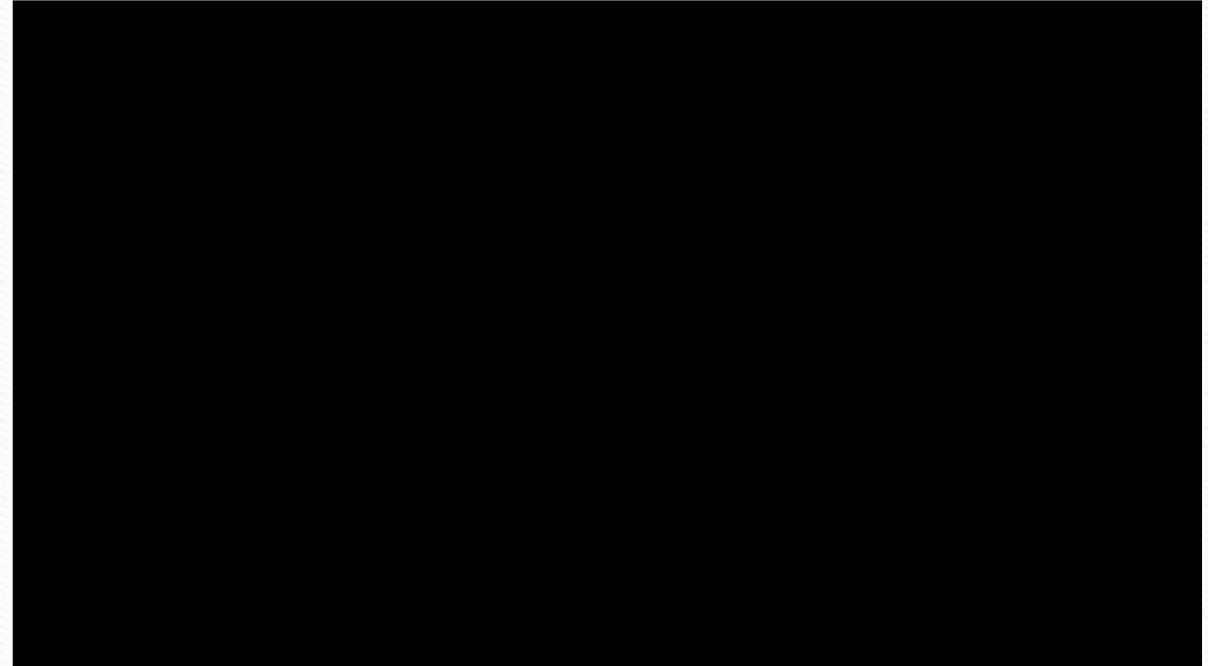
## We Value Being Part of Our Community.



Double click on the image above to play video.

Our mission is to provide personalized care and comfort to help patients and families live better with serious illness through end of life.

# Our Inpatient Center



Double click on the image  
above to play video.

# We Value People and Treat Everyone with Compassion, Care, Respect and Dignity.

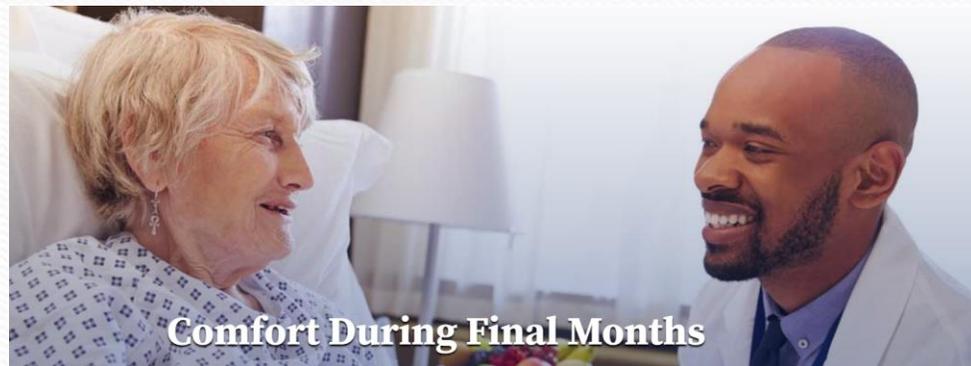
- Specialized pediatric palliative care
- Top Level 'We Honor Veterans' Participant
- Dementia, Jewish, Latino, and LGBTQ+ Resource Teams
- Services available regardless of patient's ability to pay
- Pathways Center for Grief & Loss – This is a free resource to any caregiver, including facility staff, in our service region regardless whether a loved one or resident is or was a hospice patient.



**HOSPICE**  
& COMMUNITY CARE

# Making a Referral

- If you are not sure whether or not a patient is appropriate for hospice care - CALL US.
- We offer free informational visits as well as evaluations at no obligation.
- **Call [844] 422-4031**



Comfort During Final Months

## Our Vision:

**Every person living in our community will receive the care and compassion they need while coping with serious illness, facing end of life, or experiencing the loss of a loved one.**



## Additional Resources:

<https://www.hospiceandcommunitycare.org/hospice-101-acknowledgement/>

<https://www.hospiceandcommunitycare.org/>

<https://www.nhpco.org/>