

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

Hospice 101





Purpose:

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.

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 |

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 |



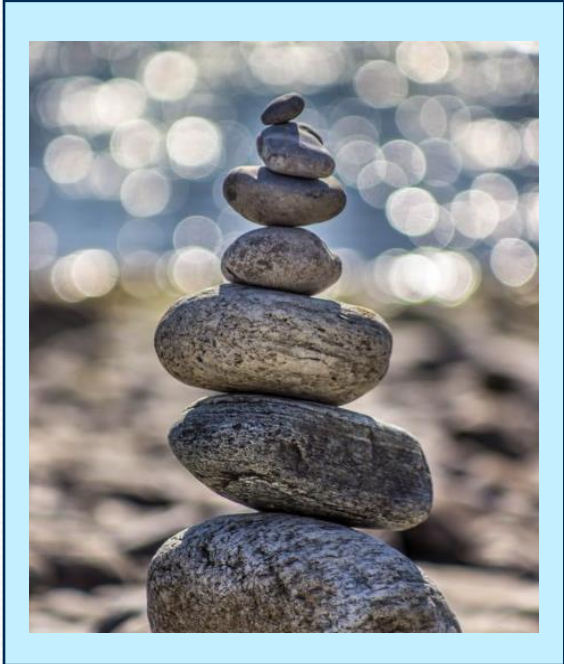
Hospice Philosophy:

- Based on the belief that everyone has the right to die pain-free and with dignity
- Based on quality, compassionate care
- For people with a life-limiting illness or injury
- For those who wish for comfort, not curative care
- 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 and education to patient's loved ones and care partners



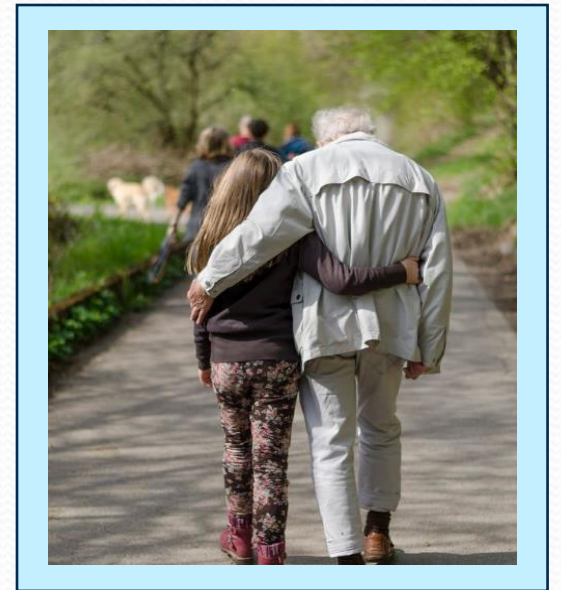
Core Aspects of Hospice Care:

- Provided wherever the patient lives
- Loved ones (s) can serve as the primary caregiver(s)
- Support for all aspects of dying
- Allows for multiple levels of care as needed
- 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



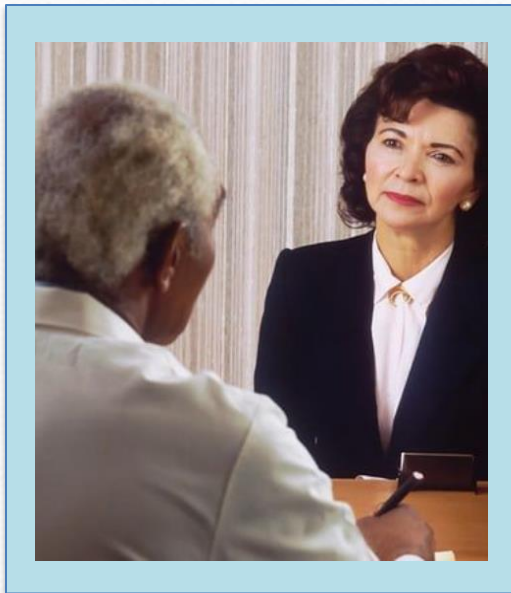
Paying for Hospice Care:

- Fully covered under the Medicare Hospice Benefit – most patients
- Medicaid and most private insurances provide coverage
- Private insurance benefits, deductibles, co-insurance - vary by plan
- No limits to number of days - patient meets eligibility criteria
- Services available through Hospice & Community Care - regardless of ability to pay



Patient Rights

- Pain management and symptom control.
- Choose attending physician.
- Confidentiality of information.
- Notice of rights upon admission.
- Information about services and limitations.
- Information about fees/charges in advance.
- Respect for personal values, beliefs, and preferences.
- Information about health status, treatment, and services consistent with end of life wishes.

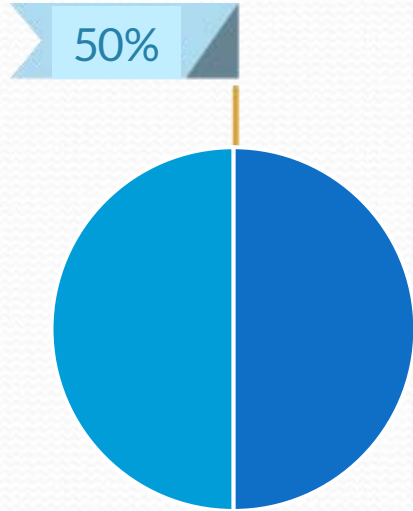


Patient Rights

- Involvement in care decisions.
- Right to refuse treatment - informed of results.
- Receive information on Advance Care Planning.
- Voice grievances.
- Receive services regardless of any legally protected characteristic.
- Access information on disclosures of their health information in accordance with law and regulations.
- Free from mistreatment and neglect and be treated with respect and dignity.



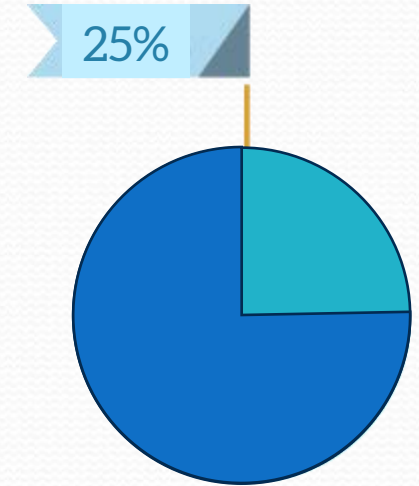
NHPCO Report



50% of Medicare beneficiaries received hospice care for 17 days or less.

"We know about 50% of all Medicare beneficiaries who are eligible for hospice care receive it. But that means there are still 50% that are not, and we want to make sure we continue to facilitate and advocate for that kind of access to care..."

**Ben Marcantonio,
COO and Interim CEO of NHPCO**



25% of Medicare beneficiaries received care for seven days or less.

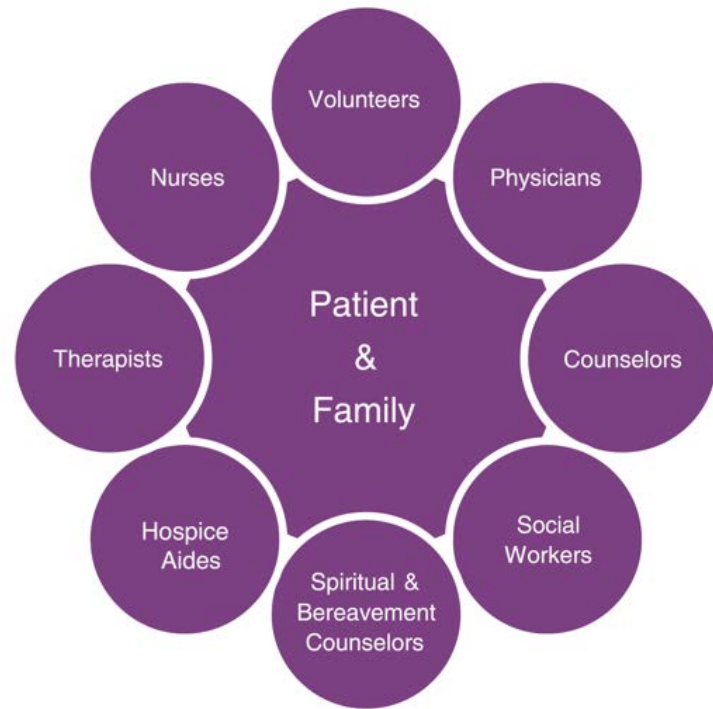


Early Referral for Hospice Care:

- Allows focus on LIVING
- Promotes proactive approach to life
- Provides support for primary caregivers
- Allows for development of an individual plan of care based on patient/family choices
- Allows for different levels of care as needed:
 - Routine 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)
- Focus on improving quality of life and comfort
- Bereavement support

What You Can Expect From Hospice:

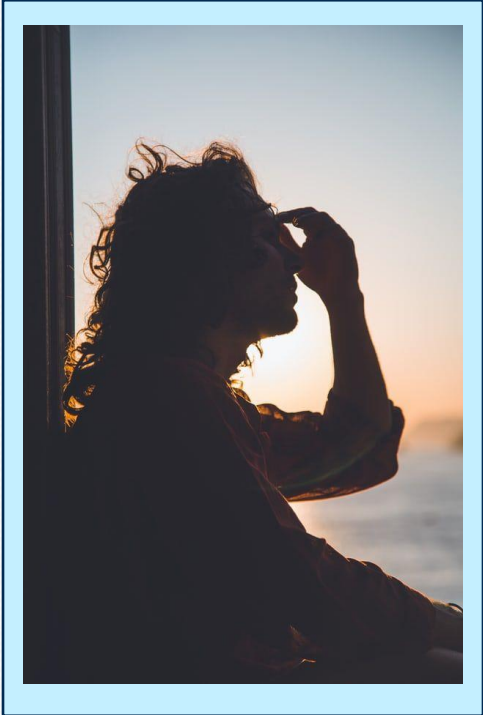
- Dedication to the mission of improving quality of life
- Resources and expertise in medical, psychosocial, and spiritual issues
- Collaboration to provide the highest quality of care
- Development of patient-centered care plans
- Effective communication
- Teamwork
- Diversity in training
- Following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

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



HOSPICE
& COMMUNITY CARE

Symptom Management:

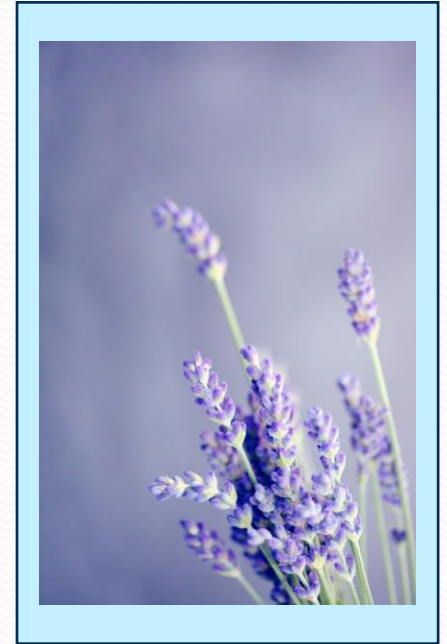


- Reviewed and assessed based on:
 - severity, frequency, and amount of distress caused
 - amount of interference with ADLs
 - impact on the patient's independence/psychological well-being
- Managed quickly - avoid unnecessary suffering
- Pharmacological/non-pharmacological depending on needs
- Pharmacological interventions - low dose, increased as needed
- Interventions
 - implemented in 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

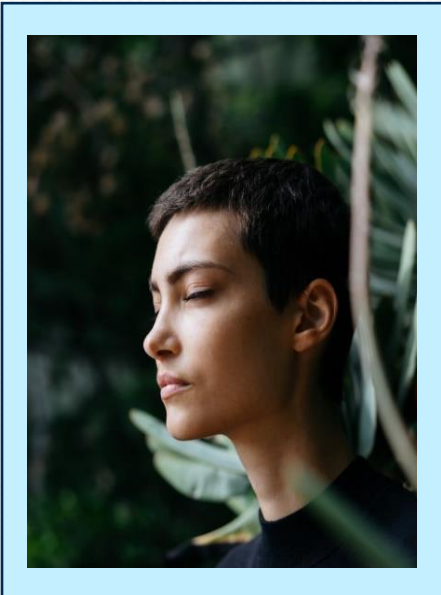
Providing Comfort Care:

- Medications - evaluated to determine level of necessity.
- Medications - administer as prescribed and document.
- Food/fluids - offer but should never force.
- Bowel Regimen – follow as directed.
- 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 increase comfort.
- Create a calm, relaxing environment.
- Family culture and wishes - accommodate without judgment.
- Educate family members about comfort measures.



Pain Management:



- Non-pharmacological and pharmacological interventions - implemented as appropriate depending on patient needs
- Medication side effects - as important as efficacy
- Benefits vs. burden to the patient - always considered
- Pain management - unique to each individual patient
- Age and frailty of patient - taken into consideration
- Plans are communicated to caregivers
- Educated provided - medication and possible side effects

Experiences at End of Life:

- Dying - a normal and natural process
- Every end-of-life experience - unique to the individual
- Patient privacy and family wishes - paramount
- Lack of energy and increased fatigue is common.
- Patients often withdraw from family and friends.
- Time spent sleeping increases as end of life draws near.
- Food/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.



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

TOGETHER WE MUST...

- **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 for what will happen.**
- **Validate, educate, and support caregivers.**
- **Share the importance of self-care for caregivers.**

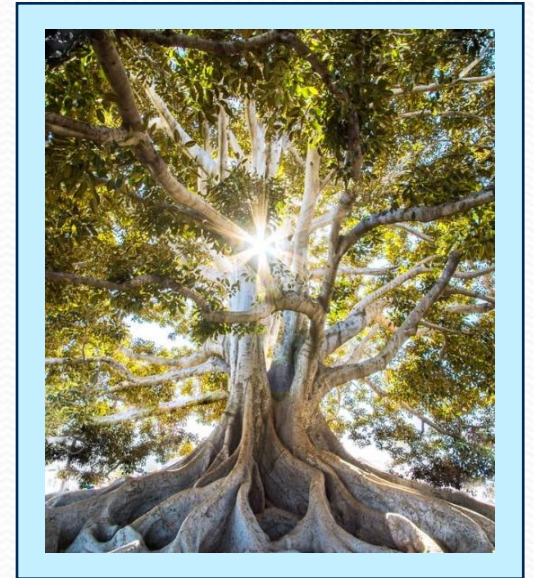


Photo by <https://unsplash.com/@jeremybishop>

SOURCE: *NHPCO Family Caregivers in Palliative Care and Hospice: Minimizing Burden and Maximizing Support*. NHPCO. (2016). https://www.nhpco.org/wp-content/uploads/2019/04/PalliativeCare_Family_Caregivers.pdf

Responsibilities - 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 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.



Benefits of Working Together:

- Integrated plan of care between hospice and skilled facility
- Pharmacy, supply, and equipment coordination
- Collaboration with staff caring for the patient/resident
 - Including care conferences
- Dialogue with skilled staff on every visit
- Assistance in serving and supporting families
- Continuity through levels of care
- Orientation and training of staff in hospice philosophy and care
- Grief support available to staff members



Eligibility for Hospice Care:

- Anyone with serious illness measured in months - 6 months or less
- Anyone with a terminal diagnosis
- Any individual who prefers comfort – not curative measures
- Anyone who with clinical progression of disease:
 - documented progression through testing
 - decline in functional status
 - change in nutritional status
 - onset of symptoms (nausea, pain, etc.)



Signs of Decline in Functional Status:

- Increased incontinence
- Decreased ability to perform activities of daily living (ADL)
- Decreased mobility
- Changes in cognition
- Increasing weakness and/or fatigue
- Onset of pain and/or symptoms

Signs of Decline in Nutritional Status:

- Loss of or changes in appetite
- Changes in weight
- Onset/worsening - difficulty with swallowing
- Changes in intake or output



Consider a Referral When a Person...

- has advanced or rapidly progressive disease.
- has a prognosis of months or weeks.
- has increasing healthcare needs.
- has increased hospitalizations or ED/Urgent Care visits.
- needs pain and/or symptom management.
- needs assistance with making end-of-life decisions.
- has a desire for comfort instead of curative care.
- has increased emotional/spiritual needs.



Your Care. Your Community. Your Hospice.

Hospice & Community Care



HOSPICE
&
COMMUNITY CARE

We Value Being Part of Our Community.



Click 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



[Click to play video.](#)



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 People and Treat Everyone with Compassion, Care, Respect and Dignity.



- **Specialized pediatric care**
- **Top Level 'We Honor Veterans' Participant**
- **Resource Teams for specific diagnoses and populations**
- **Services available regardless of patient's ability to pay**
- **Pathways Center for Grief & Loss**

Making a Referral

- If you are not sure if a patient is appropriate for hospice care - CALL US.
- We offer free informational visits 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/>