


Using Hospice as a Resource:  
An Overview



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Objectives

By the end of this presentation, the participant will be able to understand:

- the change in treatment philosophy from *curative* to *palliative*
- Hospice philosophy
- Hospice as a service
- Who might qualify for services
- How to make a hospice referral

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Why Hospice?

- *“By far the biggest killer of mankind is death and it occurs 100% of the time.”*  
(Unknown Author)
- Although more than 70% of Americans would prefer to die at home, only 25% of deaths occur at home  
  
(Robert Wood Johnson Foundation)

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### Curative and Palliative Care

Curative care (Aggressive Treatment)

- Focuses on **quantity** of life and the prolonging of life by curing or slowing down the disease progression, even if that causes unpleasant symptoms.

Palliative care (along w/ Aggressive Treatment, or hospice alone)

- Focuses on **quality** of life and on controlling uncomfortable symptoms but not on curative treatment or halting the disease progression for extending life.

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### Why Use Hospice?

- Physical Decline
  - Patient has a progressive incurable condition
- Philosophical reasons
  - Patient does not want additional treatment
  - Patient and Family want to focus on Comfort and quality of life
- Practical Help
  - Medical care, support, supplies, etc.

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### Hospice Philosophy

- Recognizes dying as part of the normal process of living
- Focuses on quality of life for individuals and their family caregivers
- Affirms life - neither hastens nor postpones death

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### Hospice Services

- Provide medical, emotional, and spiritual care and support for those in the last phases of a life-limiting illness
- Provide VISITS to wherever the patient calls home. (Caregiving is provided by family, friends, paid caregivers, or facility staff)
- Patient and family needs/goals guide the hospice care

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### Hospice Range of Services

- Interdisciplinary Team & Case Management
- Medical Care
- 24 hour On-Call Assistance
- Medications
- Durable Medical Equipment
- Supplies
- Volunteers
- Grief Support (a minimum of 13 months after death)

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### The Hospice Team

- Develops the plan of care
- Manages pain and symptoms
- Attends to the emotional, psychosocial and spiritual aspects of dying and caregiving
- Teaches the family how to provide care
- Educates the patient and family about the terminal condition and medical interventions
- Advocates for the patient and family
- Provides bereavement care and counseling

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### The Hospice Team Members



- Attending physician (usually the hospice physician but can be the patient's personal physician)
- Nurse Case Manager
- Certified Nurse's Assistant (CNA)
- Social Worker
- Spiritual Counselor
- Trained Volunteer
- Speech, Physical, and Occupational Therapists as needed
- Bereavement Coordinator

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### Where is Hospice Provided?

Anywhere that a patient calls home:

- Home
- Assisted Living Facility
- Nursing Facility
- Another safe location where the patient lives and the medications are safe (i.e., hotel, friend's house).



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### Hospice Levels of Care

Hospice has four levels of care:

- **Routine Care** – patients remain on Routine Care unless they need another care level for a brief time.
- **Continuous Care** –at patient's home (ave. <48 hours)
- **General Inpatient Care (GIP)** – in a nursing facility (ave. 3 days)
- **Respite Care** – in a nursing facility (≤5 days)

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### Who Pays?

- Medicare
- Medicaid
- Insurance
- Private pay
- Occasional Non-funded



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### Specific Hospice Diagnoses

- Heart Disease
- Cancer
- Pulmonary Disease
- Liver Disease
- Renal Disease
- Alzheimer's Disease/Dementia
- Parkinson's
- Amyotrophic Lateral Sclerosis (ALS)
- HIV/AIDS
- Stroke and Coma
- Other

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### General Hospice Indicators

- Not responding to current treatments of therapies
- Loss of interest in activities
- Not "bouncing back" after an illness
- Loss of appetite
- Loss of speech
- Difficulties swallowing
- Wounds that are not healing
- Frequent Infections
- Enuresis/Encopresis
- Unplanned weight loss or weight gain
- Excessive sleeping throughout the day
- Multiple hospital visits/stays in the last six months
- Difficulty breathing even at rest
- Pain that is poorly controlled
- Frequent changes in medications
- Confusion

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### Differences with the DD Population

- It is likely that more people will be involved in patient's welfare.
- There are additional regulations to which DD Staff must adhere; hospice will need to understand these requirements.
- The hospice will want to keep hospice team members very consistent and spend extra time to become familiar with/to the patient.
- Caregivers may need additional support and education about this time of life.

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### Admission Criteria



#### General

- Life-limiting illness, prognosis is 6 months or less if disease takes normal course
- Live within the hospice's service area
- Informed consent to accept services

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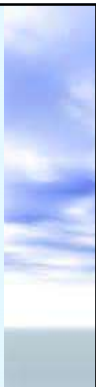
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### Who can make a Referral?

With permission from the patient/POA, referrals can come from:

- A healthcare provider
- Patients themselves
- Family or friends
- Other concerned entity (Guardian, Case Worker, etc.)



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### How to Make a Referral

- Discuss and get permission from the patient/POA to have a hospice evaluation
- Contact hospice to evaluate
- The hospice may request:
  - Patient contact, payor, and medical diagnosis information; any additional information that hospice should be aware of
  - Recent medical records, history & physical, lab results
  - A physician order to evaluate

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### Outcome of Referral

- Hospice will assess the patient and let you know the outcome of the assessment
- If patient qualifies and agrees to use their hospice benefit
  - The patient/POA will sign legal documents giving permission for the hospice to begin care.
  - Hospice will set up care including ordering medications, equipment, and supplies, and alerting the hospice team to begin.

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Hospice provides comfort and compassion at the end of life  
...for patients  
...for loved ones & caregivers.

*Doesn't everyone deserve that?*

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### Resources

- CMS. (2009, Apr 3). Medicare Claims Processing Manual-Chapter 11. Retrieved Sept 8, 2012, from Centers for Medicare and Medicaid Services: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c11.pdf>
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### Questions?

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