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# Hospice Services

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## **GENERAL INFORMATION:**

Hospice is a service offered to patients and families when cure is no longer possible or no longer sought AND prognosis is estimated to be less than six months

Quality of life becomes the focus (symptom control, pain management, support)

Patient's and family's needs are considered as a whole (emotional, spiritual, social, and physical).

## Different types of Hospice:

Routine Hospice (most common):

Depending on the medical, psychosocial, and spiritual needs of the patient or residence, hospice providers visit and provide services to meet the individual plan of care.

Inpatient Hospice:

Inpatient level of care can be provided in a contracted nursing home or hospital when the patient's condition requires pain control, symptom management, or new diagnostic assessment.

Continuous Hospice:

Hourly care can be provided for 8-24 hours a day for crisis resolution (total of 24 hours).

Respite:

Occasionally, inpatient respite care is provided in order to offer a brief rest (up to five days) to caregiver.





## ADMISSION CRITERIA:

### General Guidelines

- Terminal illness with prognosis of  $\leq$  six months if disease runs its normal course
- Patient/representative desire palliative care over curative care.
- Documented clinical progression of disease
- Decline in functional status
  - Karnofsky score  $\leq$  50
  - ADL – dependence in 3 of 6 areas
    - bathing, dressing, toileting, transfer, continence, feeding
- Impaired nutritional status
  - weight loss  $\geq$ 10% over past 6 months
  - serum albumin  $<$  2.5 g/L
- MISC
  - Certified by two physicians; typically, referring physician and hospice medical director
  - Benefit period is 90 days and renewable



## Karnofsky Performance Scale:

Normal activity, work

Performance	Score
No complaints	100
Capable of normal activity; minor symptoms	90
Normal activity with some difficulty; some symptoms/signs	80

Increasingly limited or minimal activity, work, independence

Performance	Score
Cares for self; unable to carry on normal activity or active work	70
Requires occasional help but is able to care for personal needs	60
Requires considerable assistance; frequent medical care	50



## Minimal self care

Performance	Score
Disabled; requires special care/assistance	40
Severely disabled; hospitalization is indicated, not imminent death	30
Very ill; urgent hospitalization/treatment necessary	20
Moribund, rapidly progressing fatal processes	10
Death	0



### Prognostic Indicators by Specific Conditions

\*AIDS/HIV

\*Neurological (Parkinsons, ALS, MS)

\*Cancer

\*Pulmonary Disease (COPD)

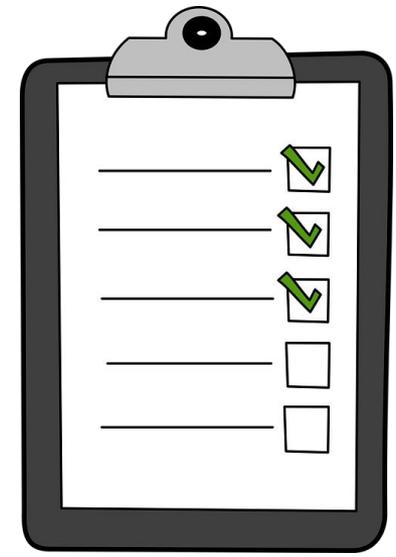
\*CHF

\*Dementia

\*Renal Disease

\*Liver Disease

\*Stroke/Coma





## THE HOSPICE TEAM:

All Hospice organizations must provide a core set of personnel and services.

- Medical Director: Certifies patient terminally ill and oversees medical plan of care.
- Nurse: Serves as case manager and is available 24/7.
- Social Worker: Assists with referrals to community resources and offers counseling.
- Spiritual Care Counselor (Chaplain): Provides non-denominational spiritual support.
- Home Health Aide: Provides personal care services; assistance with bathing, toileting, mobility, feeding, light housekeeping.
- Volunteer: Provides friendly visits, errands, companionship.
- Dietician: Provides nutritional counseling.
- Therapists (OT, PT, Speech): Provide services as needed.
- Bereavement Counselor: Maintains contact with family and offers supportive services for over a year after patient's death.



## COMMUNICATION:

Transitioning to Hospice care is often difficult and emotional. How the transition is introduced can positively impact how it is received. Here are some basic steps and suggested statements.

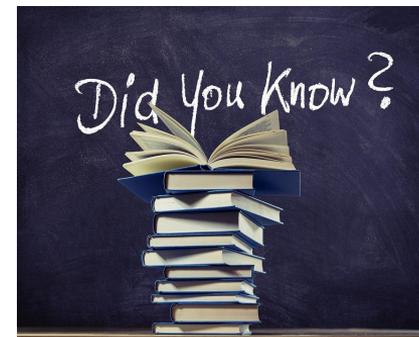
### Set the Stage

- Discuss in person, in private, comfortable setting. Consider a home visit.
- Seek permission to limit distractions (visitors, television, phone calls).
- Include significant others (support, decision making, recalling information later).
- Sit during conversation.
- Be willing to listen, be silent, and repeat information as necessary.
- Make arrangements with staff that you are temporarily unavailable during discussion (silence pager, reduce phone calls or knocks at the door).
  - I'd like to talk to you about where we're going with your care.
  - I'd like to review where we are and make plans for the future. Would you like your wife to be here with you?



## Assess Knowledge:

- Learn what patient and family already knows about the medical condition.
  - What do you understand about your illness?
  - How would you describe your medical situation?
- When patient and physician do not have a shared understanding, determine what the patient wants to know or if patient wants another person to be informed instead.
  - Would you like me to tell you the full details of your condition? If not, is there someone else you would like me to talk to?
- Ask patient to consider the future. Most want comfort, be at home, and not a burden on others.
  - What do you see for yourself? What are you hoping for?
- Clarify what is likely or unlikely to happen.
- Proceed to hospice discussion or postpone till ready.





## Discuss Hospice:

- Introduce hospice as a way to help patient/family maintain their expectations, values, and wishes.
  - Staying independent and out of the hospital as much as possible are your main priorities. Hospice is designed to assist you in that goal.
  - You said spending time with family is important to you and receiving care at home through hospice can provide you with that time.
- Pause to listen after making a statement or offering any information.
- Describe a few features of hospice but emphasize that you are still involved with their care.
- Reinforce that hospice is intended to help patient to live as well and as long as possible. Have pamphlet or hospice contact information available.
- Recommend initial meeting with hospice as an opportunity to meet and gather information – no commitment.
- Solicit questions or concerns.

## Respond to Emotions:



- Initial responses can be strong but do not persist indefinitely.
- Most patients and family are willing to move into active coping after such expressions.
- Being present in the patient's and family's emotions is an important part of the professional relationship and transition in care.
- In addition to crying, expressions of anger and statements of blame can occur.
- Acknowledge the difficulty of the news:
  - I imagine this is difficult news...
  - Tell me more about how you are feeling about what I just said.
  - What worries you the most?
  - Is there anyone you would like me to call?



## Summarize and Plan:

- Summarize the information discussed.
- Plan the next steps:
  - Follow-up visit with you to discuss further (hours, days as situation dictates)
  - Family look over hospice material (pamphlet, suggested website)
- Contact hospice only when family fully understands and is desiring hospice.
- Solicit questions or concerns.
- Express optimism for quality of life.



## FAQ:

Does Medicare Cover Hospice services?

Yes!!

Medicare Part A covers the  
Hospice benefit



## FAQ:

### When to introduce Hospice?

If the patient's condition overall has declined and there seems to be no improvement, then Hospice may be a consideration.



## FAQ:

### Who is the Physician in charge?

The patient's/resident's primary physician may continue to follow their patient during the hospice course.

If the primary care physician chooses not to follow, then the hospice medical director will be in charge of the hospice plan of care, along with the rest of the hospice team.



## FAQ:

### Is religion involved?

Hospice is not driven by religion. However, spiritual concerns / wishes are often associated with death and grief. Chaplain services are offered, and patient chooses if desired.



## FAQ:

Does Hospice mean “No treatment”?

No.

Patient's can and often do receive some kinds of treatments, such as, if the client acquires a secondary infection (UTI, URI) it can be treated as this is considered a comfort measure.



## FAQ:

What if the patient lives longer than six months on Hospice?

A patient can be on Hospice indefinitely as long as they continue to meet the criteria, and the prognosis for his or her condition is less than six months.



## FAQ:

Can a hospice patient with recovery signs ever return to regular treatment?

Yes. If improvement in the condition occurs and the disease seems in remission, patient can be discharged from hospice and return to regular therapy.



# FAQ?

Is the home the only place that hospice care can be delivered?

No. Most hospice services are delivered in a personal residence; however some patients are cared for in hospitals, nursing homes, or hospice centers.



# FAQ?

When should a decision about entering hospice care be made?

At any time during a life-limiting illness, or a decline in condition where the patient is no longer wanting to seek treatment.

At that time, it is appropriate to discuss all of patient's care options, including hospice services.