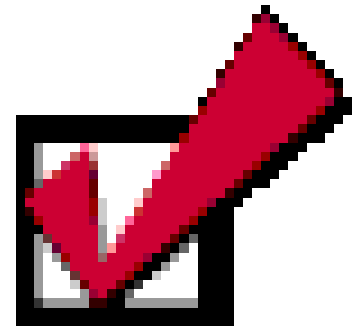

Hospice Basics and Benefits

Goal

- To educate health care professionals about hospice basics and the benefits for the patient and family.



Objectives



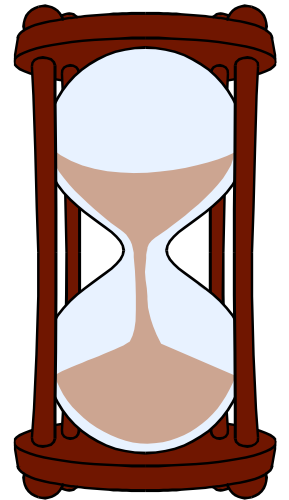
- Describe the history and philosophy of the hospice movement
- List criteria for the hospice appropriate patient and identify common diseases typically seen in end-of-life care
- Identify the difference between curative and palliative care
- Explain Medicare Reimbursement
- Discuss the role of advance directives and DNR in hospice.

All of Us Will Die

- **<10%** suddenly, unexpected event, heart attack (MI), accident, etc...
- **>90%** protracted life-threatening illness
 - Predictable steady decline with a relatively short “terminal” phase (cancer).
 - Slow decline punctuated by periodic crises (CHF, emphysema, Alzheimer’s)

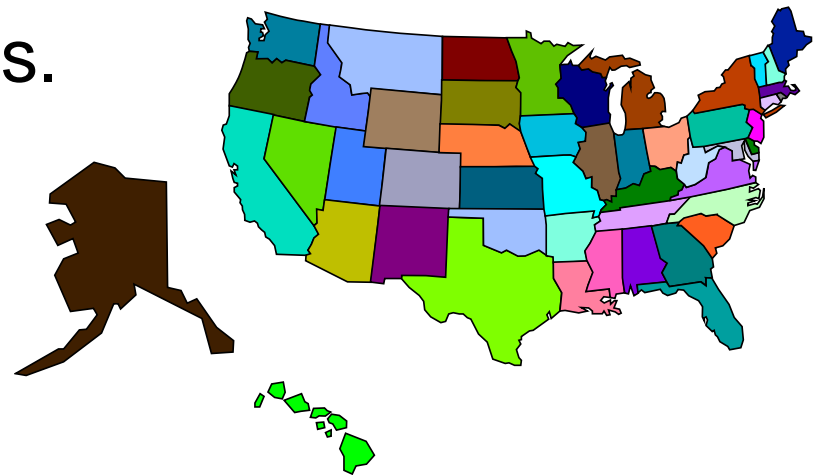
Dying in the 19th Century

- **3%** of America's population was **>65**
- Life expectancy was **45-50** years
- Most people **died at home**



Dying in the United States Today

- **13%** of the population is > 65 years.
- Approximately **75%** of Americans die in health care facilities.
 - 57% die in hospitals.
 - 17% die in long term care facilities.



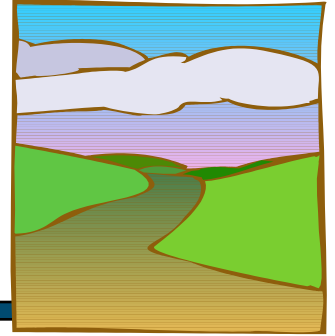
Care at the End-of-Life



“When people are asked where they would prefer to receive medical care if they were terminally ill with a prognosis of 6 months or less, **9 out of 10 respondents cite their home as the preferred site of care.**”

*Institute of Medicine,
Committee on Care at the End of Life.*

History of Hospice

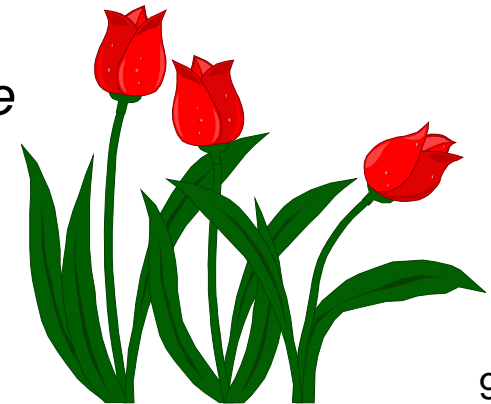


- 1905 St. Joseph's
- 1967 St. Christopher's in London
- 1969 Elizabeth Kubler-Ross
 - “On Death and Dying”
- 1974 New Haven Hospice of CT
- 1978 National Hospice Organization
 - (now called the National Hospice & Palliative Care Organization (NHCPO))

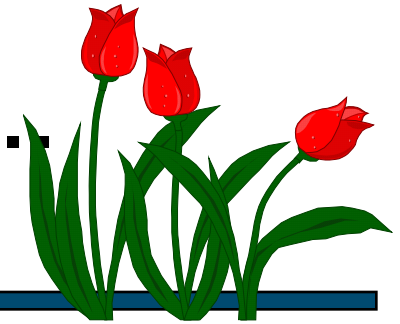
What is Palliative Care?

“The study and management of patients with active, progressive, far-advanced disease for whom the prognosis is limited and the focus of care is quality of life.”

Oxford's Textbook of Palliative Medicine



Palliative Care ...



- Affirms life.
- Regards dying as a normal process.
- Neither hastens nor postpones death.
- Provides relief from pain & other symptoms.
- Integrates the psychological & spiritual aspects of care.
- Provides support for patient and family.

World Health Organization

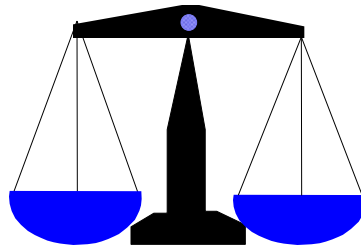
Curative vs. Palliative Care

- Curative

- Disease driven
- Doctor in charge
- Disease process is primary
- Few choices

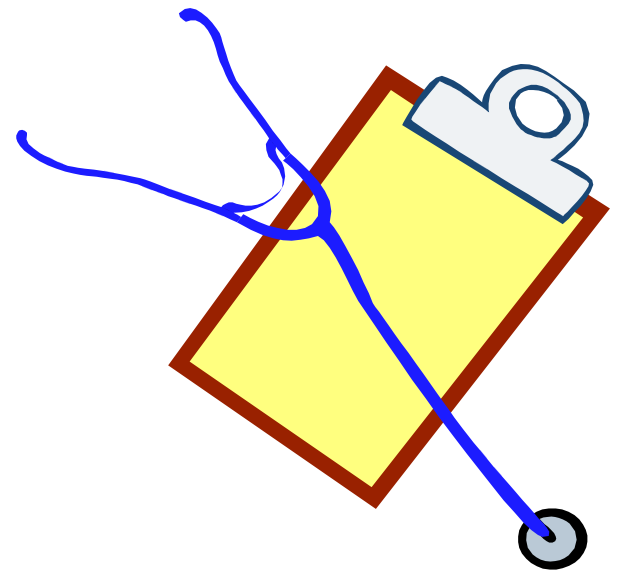
- Palliative

- Symptom driven
- Patient is in charge
- Disease process is secondary to person
- Many choices
- Comfort & quality of life



Patient Appropriateness

- Life-limiting illness.
- Medicare regulations
 - Six months or less prognosis
 - Two physicians
- Patient and/or family request



Oncology (Cancer) Diagnoses

- Breast CA
- Bone CA
- Renal Cell CA
- Pancreatic CA
- Bladder CA
- Malignant Melanoma
- Lung CA
- Colon CA
- Advanced Prostate CA with metastasis
- Head & Neck CA

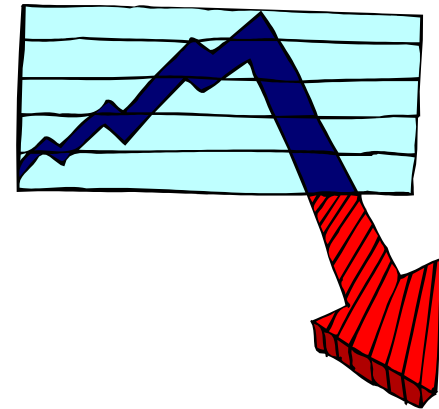
Non-Oncology Diagnoses

- End Stage
 - Cardiac
 - Pulmonary
 - Alzheimer's Disease
 - Renal Disease
 - Liver
 - Stroke (Acute & Chronic)
 - ALS (Lou Gerhig's disease)
- Debility Unspecified
- AIDS



Disease Progression

- Change or decline in performance status
- Loss of appetite
- Excessive weight loss
- Difficulty breathing



Pain!

End of Life Symptoms

Pain and symptom management are the first priority in palliative care.

- Unrelieved pain
- Confusion
- Restlessness
- Weight loss
- Shortness of breath
- Disturbed bladder and bowel function
- Disrupted sleep
- Nausea or Vomiting

End of Life Symptoms

Hospice also address psychosocial and spiritual symptoms that are part of the dying process

- **Psychosocial**
 - depression
 - anxiety
 - ineffective coping
 - ineffective communication
 - life role transition
 - caregiver distress
- **Spiritual**
 - despair / hopelessness
 - powerlessness
 - loneliness
 - need for reconciliation

After the End of Life

- Hospice provides **care for the family** even after the patient dies through our **bereavement services**.
- These services follow the family for at least **one year** following the death
 - letters, cards and phone call
 - bereavement support groups
 - annual memorial services

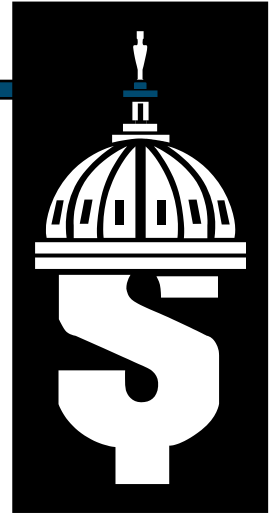
Hospice Interdisciplinary Team

- **Patient & Family**
- Attending Physician
- Hospice Physician / Medical Director
- Registered Nurse
- Home Health-Aide
- Social Worker
- Chaplain
- Volunteer



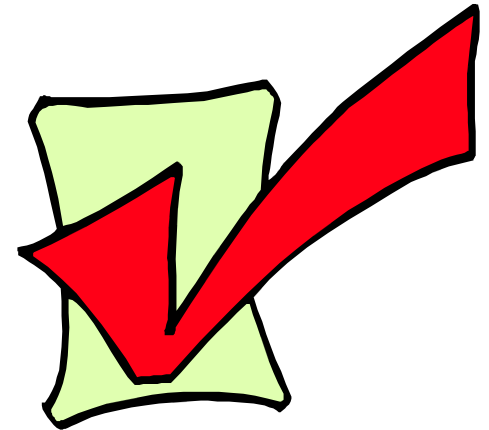
Medicare Hospice Benefit

- Passed by Congress in 1982.
- Covers 100% of costs, related to the terminal diagnosis
 - Includes HME and pharmacy
 - Excludes attending physician's services
- Unlimited benefit periods.
- Services are primarily reimbursed on a per diem basis



Medicare Covered Services

- Skilled nursing services
- Physician visits
- Home health aide visits
- Volunteer services
- Medical social services
- Spiritual counseling
- Nutrition counseling
- Bereavement support for family



All of these are provided based on the needs of the patient and family!

Four Levels of Hospice Care

- Routine Home Care
- Continuous Care
- Inpatient Care
- Respite Care



Ethical Issues

- Ethics Committees
- Advance Directives
- Do Not Resuscitate Order (DNR)



Advance Directives

- **Include** living wills, durable power of attorney, and health care surrogacy.
- **Define** the type of medical care a patient **wants** or **does not want** to receive if they become terminally ill and are mentally or physically unable to communicate their wishes.

Advance Directives

- In 1990, Congress enacted the **patient self determination act** which mandated that all healthcare providers who receive Medicare and Medicaid funds, **provide information** regarding Advance Directives to patients admitted to their program.

Hospice & Advance Directives

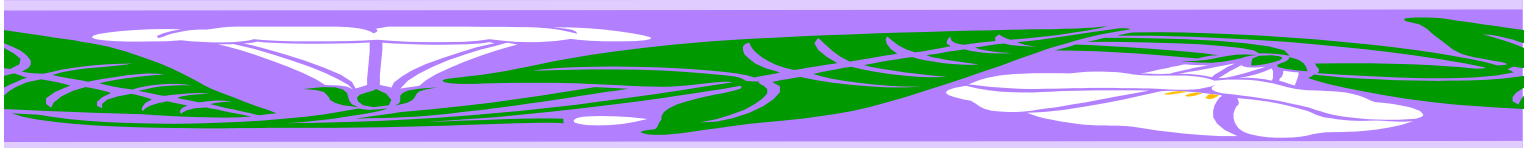
- Patients **do not** have to have advance directives in order to receive hospice care.
- Hospice staff **will discuss** the importance of advance directives in preserving patient choice.



Do Not Resuscitate orders (DNR)

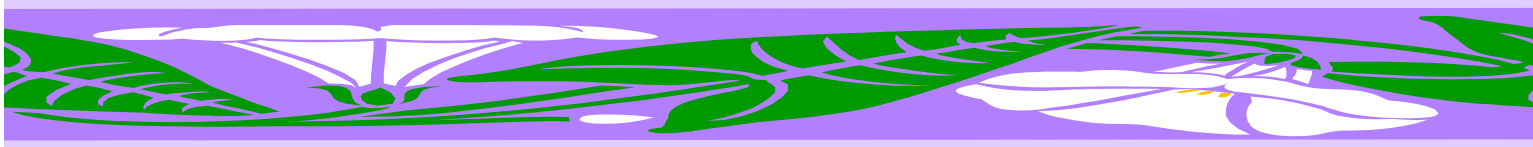
- A document for **communicating a patient's wishes** to health care professionals regarding the use of cardio-pulmonary resuscitation.
- Patients **are not** required to sign a DNR in order to elect their hospice benefit or to receive hospice care.
- Hospice offers additional training on advance directives.

Hospice *Can Help...*



*“You matter because you are you.
You matter to the last moment of life,
and we will do all we can,
not only to help you die peacefully,
but also to live until you die.”*

***Dame Cicely Saunders
St. Christopher’s Hospice,
London, England***



Hospice Basics and Benefits