A Closer Look at Hospice: Creating the Best Possible End-of-Life Experience

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What is Hospice?

“Hospice”

The word “hospice” brings up a variety of feelings and emotions

Hospice is for patients who have decided to no longer pursue a cure for their illness and instead seek comfort, symptom management and quality of life.
History of Hospice

1879 - First Hospice started in Dublin, Ireland.

1974 - First hospice agency established in the US in New Haven, Connecticut.

1977 - Hospice of Cincinnati becomes the 4th Hospice established in the United States.

1986 - Congress made permanent the Medicare Hospice Benefit and the various States were allowed to decide whether they wanted to include hospice in their Medicaid programs.

Signs that it might be time for hospice…

Common signs that a patient may be ready for hospice:
• Unintentional weight loss of more than 10% in past 6 months
• Recent or recurrent infections
• Frequent hospitalizations
• Decline in cognitive abilities
• Decline in Function
  (physical ability, mobility, and independence with ADLs)
• Progressive, non-healing wounds
• Increased risk factors
  (Fall risk, safety risk, aspiration issues, abnormal labs)

Hospice Levels of Care

Routine Home Care
• Care provided wherever the patient calls home
• In a private residence, independent living, assisted living, or residential setting
• The majority of patients in hospice receive care in the place they call home.

Crisis Care
• One-on-One Care is provided in the home or LTC setting around the clock for management of a medical crisis involving uncontrolled symptoms
• Crisis Care is for a short period until the crisis or symptoms have been resolved and patient will likely resume Routine Care

Respite Care
• Care is provided in an Inpatient Care Center or contracted facility
• For caregiver support when the family member or direct care providers need rest
• Up to five days of respite per episode

General Inpatient
• Care in an Inpatient Center or contracted facility
• Used for short-term management of acute symptoms
• Once symptoms are under control, the patient is transferred to their home or nursing home with hospice care

Hospice speeds up death.
Enrolling in hospice early can prolong life.

• How is this possible?
  • By careful management and treatment of symptoms, and care for physical and emotional well-being, people feel better.

A person should only consider hospice for their final days or weeks of life.

People erroneously equate hospice with imminent death.

General Hospice Criteria:
  • Life expectancy of six months or less
  • Treatment goals focus on comfort instead of curative treatment.
  • Clinical documentation indicates the patient’s health is declining.

Hospice is for Cancer patients only.
Hospice care is for anyone that meets the criteria, regardless of their disease.

At one time, the majority of patients receiving hospice care did have cancer.

A person must give up
- Medications
- Treatments
- Their physician… to enroll in hospice

Patients receive what they need to manage pain and symptoms including:
- Medications
- DME equipment
- Therapies (speech, PT, OT)
- Feeding tubes, IVs, blood transfusions, radiation treatments when they provide patient quality of life.

A patient’s physician is encouraged to remain as the attending doctor.
Most people can’t afford hospice care.

Hospice is paid for through Medicare, Medicaid, and most private insurers. Less than 1% of patients pay out-of-pocket for hospice services.

Hospice of Cincinnati provides over $1M in charity care each year.
What is Advance Care Planning?

- A series of conversations to discuss and understand a patient’s wishes for end-of-life care.
- Documenting wishes to provide a shared understanding of what matters most, including advance directives.
- A roadmap for health care professionals in the event the patient is no longer able to speak for themselves.

Talking about end-of-life

We’ve Had the Conversation. Have You?

CONSIDER THE FACTS

90% of people say that talking with their loved ones about end-of-life care is important.

but

27% have actually done so.

Talking to our doctors

We’ve Had the Conversation. Have You?

CONSIDER THE FACTS

80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life care.

but

7% report having had an end-of-life conversation with their doctor.

Writing it down

We’ve Had the Conversation. Have You?

CONSIDER THE FACTS

82% of people say it’s important to put their wishes in writing.

but

23% have actually done it.

Talking to our doctors

We’ve Had the Conversation. Have You?

CONSIDER THE FACTS

80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life care.

but

7% report having had an end-of-life conversation with their doctor.
We plan for weddings, the birth of a child, going off to college, and retirement. Despite the conversations we have for these life events, rarely do we have conversations about how we want to be cared for at the end of our lives.

**Advance Care Planning as part of overall wellness**

- It’s important to have these conversations, no matter their health status. Anyone can have an accident regardless of his or her health.
- It is important for you to consider what decisions you would make if you were unable to speak for yourself due to injuries or a serious illness.
- It is important for your family and healthcare team to understand what you want.

**Advance Directives**

- A general term
- Gives instructions about future care if you are unable to participate in medical decisions due to serious illness or incapacity

**Living Will**

- A type of advance directive in which you write down your wishes about medical treatment should you not be able to speak for yourself.
- A Living Will goes into effect when you are no longer able to make your own decisions.
- Can be signed by two witnesses (who are not blood related to you), or by a notary public.
- There is no cost to obtain or complete the forms.

*Living Will is not the same as a Last Will and Testament*
Medical/Healthcare Power of Attorney

- A medical decision maker (proxy) is a person who can help make decisions for you if you become too sick to make them for yourself.
  - This person can be a family member or a friend
  - They must be 18 years of age
  - This should be someone that you trust
- Legal form can be signed by two witnesses, who are not blood related to you, or by a notary public
- There is no cost to obtain or complete the forms and you don’t need an attorney.

Choosing the right person

- Will the person be okay making decisions on your behalf even if their own wishes are different from yours?
- Will the person have a hard time making decisions on your behalf because their emotional connection to you would get in the way?
- Will the person stand up for you?
- Will the person be okay with asking questions of doctors and other busy providers?
- Will the person ask for clarification if they do not understand a situation or an answer?
- Will the person be good at making decisions (sometimes very quickly) in changing circumstances?

Being a good healthcare proxy

How often should we have an advance care planning conversation/update your advance directives?
Where should this information be kept?

- With a spouse, partner, children, parent, siblings
- With a close friend
- With your doctor and other health care providers
- With your pastor, priest, rabbi, etc
- With your attorney
- In a clearly marked file
- DNR/MOLST- on the refrigerator, clearly marked
2016 Campaign

Break

HOSPICE VOLUNTEER SERVICES

Volunteers are the “Heart” of Hospice

• Hold a hand
• Read a book
• Listen to cherished memories
• Stuff envelopes
• Give caregivers a break
• Welcome guests
• Touch hearts
The story of a Bear….

"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

Volunteers - 5% of Direct Care Staff Hours

- Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that at a minimum, equals 5% of the total patient direct care hours of all paid hospice employees and contract staff.
- Volunteers are able to assist hospices in many ways and assume many different roles.
- Any services provided to the patient / family must be part of the plan of care.

Comprehensive Assessment - Determines Volunteer Needs

- Comprehensive Assessment means a thorough evaluation of the patient’s physical, psychological, emotional and spiritual status related to the terminal illness and related conditions.
- All members of the Interdisciplinary Group must be involved in completing and updating the comprehensive assessment.
- Need for volunteers included as part of the comprehensive assessment.
Volunteer Services – Plan of Care

- Volunteer services should be introduced to patient on admission and periodically.
- Need for volunteers included as part of comprehensive assessment.
- Patients / families decide whether or not they want volunteer services.
- The Plan of Care must specify the services necessary to meet the patient / family specific needs identified in the comprehensive assessment.

Where do Volunteers Serve?

- Patient Homes
- Long-Term Care and Skilled Nursing Facilities
- Hospice Inpatient Care Centers
- Hospitals

Volunteer Service Types

**Home Care**
- Companionship
- Caregiver Respite
- Errands/Shopping
- Deliveries
- Vigil

**Long-Term Care**
- Companionship
- Vigil

**Inpatient Care Centers**
- Companionship
- Meal Delivery
- Holistic Therapies
- Music
- Art
- Healing Touch/Reiki
- Pet Visits
- Vigil

**Hospitals**
- Companionship
- Vigil
Benefits of Volunteering

- A sense of “giving-back”
- A sense of purpose
- Feeling happy
- Connects you to others
- Contributes to a longer life
- Combats stress and depression
- Learn new skills
- Brings fulfillment

Thinking about Volunteering

When it comes to volunteering the most valuable assets you can bring to any volunteer effort are compassion, an open mind, a willingness to pitch in wherever needed and a positive attitude.

Hospice Benefit

- The focus of hospice is on LIFE
- Hospice is covered by insurance
- Hospice can save you money on medications, equipment and supplies
- Enrolling in hospice early can prolong life
- You don’t have to give up your doctor
- Hospice provides support for caregivers/family members
- People erroneously equate hospice with imminent death

What Can Hospice Do For Patients?

- Create individualized care plans
- Care for patients in the place they call home
- Provide medications, supplies, therapies and medical equipment related to the patient’s terminal diagnosis
- Provide emotional and spiritual assistance and support
What Can Hospice Do For Caregivers?

- Caregiver education and training
- Help with difficult decisions
- 24/7 availability
- Emotional and spiritual support
- Financial assistance
- Respite care
- Bereavement services

Bereavement

The Goldstein Family Grief Center
Promoting Healing for Life After Loss

Services are free and available to all, regardless of whether their loved one was cared for by Hospice of Cincinnati.

Support for children and families through individual counseling, expressive art therapy and support groups.

Excellent reading on better end of life care and decisions

Threshold Choir video
A Closer Look at Hospice: Creating the Best Possible End-of-Life Experience

Agenda

9:30  What is hospice?  Julia Hedges
10:00 Planning for End of Life  Kelly Haley, RN
10:30 Break
10:50 The role of volunteers in hospice  Melissa Su and Rosemary Deitzer
11:30 Things You Shouldn’t Wait to Say

Thank You