



Hospice 101 for SNF

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Objectives

- ▶ What Is The Hospice Philosophy
- ▶ Who Is The Hospice Interdisciplinary Team
- ▶ Who Qualifies For Hospice
- ▶ Responsibilities of the SNF
- ▶ Responsibilities of Hospice

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- ▶ Objective 1 – What is the hospice philosophy?

Hospice Care Philosophy:

- Hospice provides support and care for those in the last phases of life-limiting illness.
- Hospice recognizes dying as part of the normal process of living.
- Hospice neither hastens nor postpones death.
- Hospice focuses on quality of life for the patient and their families and caregivers.

Hospice Goals:

- Hospices main goal is to provide comfort by assisting with pain and symptom management.
- Hospice also helps to enhance quality of life for the patient and the family.

Levels of Care

- ▶ **Routine Home Care:** Care is provided by the hospice team, according to the plan of care at the patient's place of residence. ie: Home, ALF, SNF, etc.
- ▶ **General Inpatient Care:** Care is provided at a nursing facility for patients who need pain control or acute symptom management.
- ▶ **Inpatient Respite Care:** Respite care is offered to provide caregivers time away from their caregiving duties. The patient may be moved to a nursing facility for up to five consecutive days with the hospice care team still directing care. You can get respite care more than once, but it can only be provided on an occasional basis.
- ▶ **Continuous Home Care:** Care to be provided only during periods of crisis to maintain the patient in their home. Criteria for continuous home care are the same as general inpatient care but the hospice care team will provide the care needed in the patients home.

Core Aspects of Hospice Care

- Patient/Family Focused Care
- Interdisciplinary Team Approach Care
- Provides a range of services:
 - Interdisciplinary case management
 - Pharmaceuticals
 - Durable medical equipment and supplies
 - Emotional and grief support
 - Volunteers

Test question 1 – Hospice is an interdisciplinary team approach to care? T/F

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- ▶ Objective 2 – Who is the hospice interdisciplinary team?

Hospice Interdisciplinary Team

- The patient's personal physician
- Hospice Physician
- RN Case Manager
- Hospice Aides
- Social Worker
- Bereavement Coordinator
- Chaplain
- Speech, physical and occupational therapist as needed
- Trained Volunteers

RN Case Manager Role

- ▶ Determines patient eligibility for hospice. Addresses physical issues and helps the patient remain free from discomfort. Provides education to not only the patient but family, too. Maintains communication with the patient's physician and hospice physician to provide the best care for the patient.

Hospice Aide

- ▶ Assists under the supervision of a RN with patients personal care needs: bathing, hair care, shaving, skin care, linen changes, catheter care, etc.

Chaplain

- ▶ Provides spiritual support based on respect of patient and family's personal faith and belief. Regularly visits and assists with linking patients to their faith community, if desired.
- ▶ Test question 2 – Hospice Aide provides care under the supervision of? A. LPN B. Social Worker C. RN D. Administrator

Social Worker and Bereavement Coordinator for patient and family

- ▶ Provides emotional support and guidance
- ▶ Identifies community resources when needed
- ▶ Assist with planning for changes, such as a move from home to a nursing facility.
- ▶ Offers information about advance directives and Durable Powers of Attorney
- ▶ Offers bereavement support for 13 months following patients death to the family.
- ▶ Test question 3 – Bereavement support follows the patients love one for 18 months following death? T/F

Bereavement Support for Staff

- ▶ Bereavement Coordinator can provide bereavement/grief support to facility staff as needed or requested.
- ▶ Examples of available support:
 - ▶ In-services regarding grief/bereavement
 - ▶ Educational material
 - ▶ Resources for grief support in the community
 - ▶ Support group as desired
- ▶ Test question 4 – The hospice bereavement coordinator will provide education and grief support to your staff? T/F

Volunteers

- ▶ May provide many different types of support roles and responsibilities when needed. Volunteers offer companionship by sharing stories, playing games/music, reading or assisting with light household duties. Volunteers may be used on a regular schedule or as needed basis.

Test question 5 – Volunteers can offer many types of support such as A. Reading B. Music playing C. Playing games D. All of the above

Expectations from your Hospice Team

- ▶ Develops the plan of care
- ▶ Manages pain and symptoms
- ▶ Attends to the mental, emotional, psychosocial, and spiritual aspects of dying and caregiving.
- ▶ Teaches the caregiver how to provide care
- ▶ Advocates for the patient and family
- ▶ Provides bereavement services.

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- ▶ Objective 3 – Who qualifies for hospice?

How hospice helps Skilled Nursing

- ▶ Regular visits by a hospice RN for expert management of pain and other symptoms, such as problems breathing or swallowing.
- ▶ Regular visits by a hospice certified nursing assistant for personal hygiene, such as bathing, grooming, eating, and this is all provided in addition to the care provided by the facility staff.
- ▶ Emotional and spiritual support by a social worker and chaplain for patient, family and staff.
- ▶ 13 months of bereavement support by the bereavement coordinator for the family members following the death of their loved one.
- ▶ Supplies, durable medical equipment and medications for their terminal illness.
- ▶ Coordination of the resident's care and medications across all of the medical providers, including the patient's own doctor, hospice doctor, hospice nurse, hospice aide, and all nursing home staff.

Nursing facility needs hospice when...

- ▶ Physical symptoms aren't controlled
 - ▶ Patient is not in a skilled bed
 - ▶ Patient doesn't want to leave the facility
 - ▶ Patient doesn't want aggressive care

Who Pays?

- ▶ Medicare will reimburse hospice the cost of hospice services under the patient's Medicare Part A
- ▶ Medicaid
- ▶ Private and HMO insurances
- ▶ Sometimes a combination of these

What is covered and not covered?

Covered:

Physician services

Nursing care, Hospice Aide, Social Worker, Chaplain, Bereavement Counseling, Volunteer services

Medical equipment and supplies as related to the terminal illness

Medications for symptom management and pain relief related to the terminal illness as pre-approved by hospice

Short term inpatient care or respite

Physical, occupational and speech therapy

Dietary counseling

Non Covered:

Treatment for the terminal illness which is not for palliative symptom management and is not within the hospice plan of care

Care provided by another hospice

Ambulance transportation not included in the plan of care

Medications not related to the terminal illness

Emergency room visits without prior approval

Inpatient care at non-contracted facilities

Sitters or hired caregivers

Admission to the hospital without prior approval

Lab studies, medical testing, and/or any treatments unless approved by the hospice

Room and Board if you are a resident of nursing home

Admission Criteria

Anyone can refer a patient to hospice. Admissions will include communication with the physician to determine medical eligibility.

Medical eligibility includes:

- ▶ Life expectancy of 6 months or less if the illness runs its normal course
- ▶ Opting for comfort care vs. curative care

Test question 6 - Hospice provides sitters/hired caregivers. T/F

Common medical diseases that qualify for hospice

- ▶ Cancer
- ▶ Heart Disease
- ▶ Renal Failure
- ▶ Dementia
- ▶ Stroke
- ▶ Pulmonary Disease
- ▶ HIV/Aids
- ▶ Liver Disease
- ▶ Chronic degenerative conditions such as ALS, Parkinson's, Muscular Dystrophy, Myasthenia Gravis, or Multiple Sclerosis

Test question 7 – A common hospice diagnosis is? A. Pneumonia B. Stroke
C. Thyroid Disease D. Weakness

Hospice Admission Process

- ▶ With the patient/family consent, the facility will obtain an order from the primary physician for a hospice evaluation.
- ▶ Once a patient's physician and Hospice agree that hospice care may be appropriate for the patient, the hospice admission nurse will make an appointment to visit the patient and family. This visit is to further explain hospice services, to assess the patient's needs and to discuss the patient's and family's goals of care.
- ▶ The patient or representative will be asked to sign consent for election of hospice services. The consent is similar to the form a patient signs when entering a hospital. It states the patient understands that hospice care is palliative, aimed at pain relief and symptom control, rather than being a curative treatment. It also outlines the multiple hospice services that will be provided to the patient and family.
- ▶ Test question 8 – Hospice can admit a resident without the consent of the resident or family? T/F

Hospice Admission Process Cont'd

- ▶ The Hospice Nurse must complete the initial assessment and begin the care planning process within 48 hours of admission.
- ▶ Hospice can share hospice problem list and care plan with the facility for further collaboration.
- ▶ Hospice Team needs to visit with the patient and complete the comprehensive assessment no later than 5 calendar days after the election of hospice care.

Hospice Admission Process Cont'd

Paperwork Hospice will ask for from the facility

- ▶ All medications, dosages, and how often medication is taken.
- ▶ Any insurance cards and Medicare and/or Medicaid cards.
- ▶ Hospice respects the patient's rights and wishes regarding who may receive information, if necessary, regarding their condition.
Therefore, hospice will ask that you provide a complete list of names and phone numbers of any family members or friends who the patient wants information given to regarding condition changes.
- ▶ A copy of any advance directives.
- ▶ A list of any durable medical equipment needed.

Hospice Record Keeping with Facility

Hospice will provide the facility with an updated binder with the following patient information:

- ▶ Medication Profile
- ▶ Medication side effects reference sheet
- ▶ Election Statement
- ▶ Admission Agreement
- ▶ Disclosure of Health information
- ▶ Initial nursing assessment
- ▶ Clinical review for support of hospice eligibility
- ▶ Physician certification of terminal illness
- ▶ Physician verbal order
- ▶ Hospice IDG Plan of Care and Hospice Aide Care plan
- ▶ Written communication protocol between facility and hospice

Integrated Plan of Care

- ▶ According to the contract between hospice and the facility, hospice will retain overall professional management of the Plan of Care related to the terminal illness.
- ▶ Both providers will maintain open communication for services performed and for changes in the patient's status that affect the plan of care.

Highlights of Hospice/Facility Contract

The facility must IMMEDIATELY notify Hospice if:

- ▶ A significant change occurs in a patient's physical, mental, social, or emotional status
- ▶ Clinical complications appear that suggest a need to alter the patient's plan of care
- ▶ There is a need to transfer the patient from the facility, and the hospice makes arrangements for, and remains responsible for any necessary continuous care or inpatient care related to the terminal illness and related conditions.
- ▶ A patient dies.

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- ▶ Objective 4 – What are the responsibilities of the SNF?

Responsibility of the Facility

Facility staff is the patient's primary caregiver to provide a safe, comfortable environment for the patient.

This includes:

- ▶ Performing personal care services
- ▶ Assisting with ADL's
- ▶ Administering medications
- ▶ Socialization activities
- ▶ Maintaining cleanliness of patient's room
- ▶ Supervising and assisting with use of durable medical equipment

Test question 9 – Facility staff our responsible for? A. Notifying hospice with any change in condition. B. Assisting with ADL's C. Orientating new staff to the hospice resident D. All of the above

Other responsibilities of the facility

- ▶ Notify hospice of change in condition. Must meet the requirements for notifying attending physician and family.
- ▶ Notify hospice in advance of Care Plan meetings.
- ▶ Orientation of new staff that patient is receiving hospice care from.
- ▶ Assess eligibility of Medicare/Medicaid

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- ▶ Objective 5 – What are the responsibilities of hospice?

Responsibilities of Hospice

- ▶ Provide the same services as provided to patients in their own home.
- ▶ Ongoing assessment, care planning, monitoring, and coordination of care.
- ▶ Assessment coordination for change in levels of care.
- ▶ Professional management of patient care.
- ▶ Designate a RN Case Manager who's responsible for:
 - ▶ Overall coordination of hospice care in the facility
 - ▶ Communication with all other health care providers assisting with care for the terminal illness and to ensure quality of care for the patient and family.

Plan of Care and Services

- ▶ Hospice develops an individual plan of care, which is based upon identified needs, goals, physician orders for medications, and personal wishes with effective pain management.
- ▶ The Hospice plan of care involves all aspects of the patient
 - ▶ Physical care
 - ▶ Personal Care and comfort
 - ▶ Spiritual needs
 - ▶ Psychosocial needs
 - ▶ Bereavement Care

Patient and Family Bill of Rights

Patients have the right to be notified of their rights/obligations. Patients and family have the right to not be discriminated against based on race, color, religion, national origin, source of payment, age, sex or handicap.

Patients have the right to freedom from restraints and to be treated with respect and dignity including respect for their property. Hospice has the obligation to protect and promote the rights of patients, including the following rights:

- ▶ Dignity and Respect
- ▶ Patient decision making
- ▶ Patient Privacy
- ▶ Financial Information
- ▶ Quality of Care

Victims of Abuse or Neglect

- ▶ Hospice may use or disclose protected information to protective services or social services if they reasonably believe someone has been the victim of abuse or neglect.
- ▶ If a patient is incapacitated and unable to agree to such a disclosure, hospice may release their protected information for this purpose but only if failure to release it would materially and adversely affect a law enforcement activity and the information will not be used in any way against you.

Discharge, Transfer, and Referral

Discharge, transfer or referral may result from several types of situations including the following:

- ▶ Hospice determines that the patient no longer is terminally ill
- ▶ Patient moves out of the hospice's service area and transfers to another hospice
- ▶ Patient's behavior/situation is disruptive, abusive or uncooperative to the extent that delivery of care to the patient or the ability of the hospice to operate effectively is seriously impaired
- ▶ Patient/family requests to end (revoke) the services of hospice

All transfers or discharges will be documented in the medical chart on a discharge summary. When a discharge occurs, an assessment will be completed and instructions will be provided for any needed ongoing care or treatment.

Test question 10 – Hospice can discharge a resident that no longer qualifies for services? T/F

Conclusion

- ▶ Hospice is a skilled benefit that residents can use in a SNF/ALF setting that not only benefits the resident, but also the family and caregivers.
- ▶ Hospices goal is to provide comfort and to enhance the quality of life for the patient and the family.
- ▶ Dying is a normal process of living and hospice neither hastens nor postpones death.
- ▶ Hospice provides support, care and education to the resident, family, caregivers and staff.

Tell me your best hospice myths

- ▶ "People aren't allowed to eat if they are on hospice."
- ▶ "You will just make them unconscious on morphine till they stop breathing."
- ▶ "Don't you have to be about to die?"
- ▶ "Don't they have to be in the hospital?"