Hospice 101: It's About Living

Educational Lecture on Hospice

Learn. Communicate. Ask Questions.

Guest Speakers

- ★ Brandon Hoopes, LMSW, MBA, Keystone Hospice Administrator
- ★ Lenny Jensen, MSN, FNP-C, President
- ★ Sue Murphy, RN, CHPN, Lead Hospice Nurse
- ★ Your Community Liaison

Keystone hospice

Overview for Discussion

1. What is Hospice?
2. Understand the Medicare Hospice Benefit
3. How Hospice Works
4. Hospice & Facility Relationship & Communication
5. Questions & Discussion

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What is Keystone Hospice?

★The Keystone Mission

- Changing hospice by promoting a healthy transition through the end of life by an exceptional TEAM who cares.
- Changing lives by embracing each breath until the very last.

★Keystone Vision

- Changing Hospice. Changing Lives. Continually finding the WHY.

★Keystone Core Values

Be Compassionate	Be Creative	Be Focused
Exemplify Integrity	Be Curious	Demonstrate Balance
We Honor Veterans	Go Above and Beyond	


What is hospice?
Brandon Hoopes, LMSW, MBA
Keystone Hospice Administrator

What is Hospice?

★***Hospice is*** a philosophy of care that emphasizes the importance of living each day to the fullest in ways that are personal and meaningful; and receiving support and guidance in learning to accept death as a natural part of life.

★***Hospice is*** wherever the patient calls home.

- Private residence/Home
- Assisted Living Facilities
- Adult Care Homes
- Skilled Nursing Facilities

History of Hospice

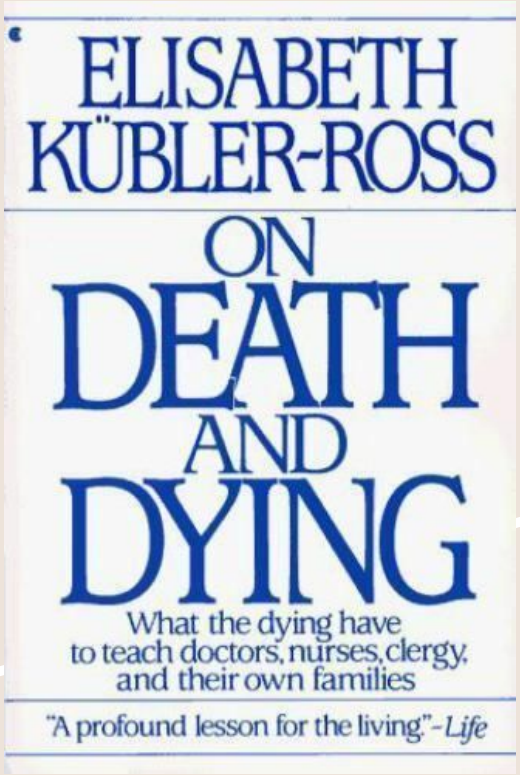
- ★ The term “hospice” can be traced back to medieval times when it referred to a place of shelter and rest for weary or ill travelers on a long journey.

- ★ The name was first applied to specialized care for dying patients by physician **Dame Cicely Saunders**, who began her work with the terminally ill in 1948 and eventually went on to create the first modern hospice—St. Christopher’s Hospice—in a residential suburb of London.

History of Hospice in the United States

- ★ In 1974, with the help of two physicians, **Florence Wald** founded Connecticut Hospice in Branford, on the outskirts of New Haven.
- ★ In the United States, hospice was originally run by volunteers who cared for dying patients.
- ★ In the 1980s, Medicare authorized formal hospice care

Bringing Awareness to Death & Dying



In 1969 **Elizabeth Kubler-Ross** wrote "On Death and Dying" and is credited with the expansion of the hospice movement.

Book: "On Death and Dying"

(1) Took death out of **secrecy** and into public **awareness** and discussion for the first time.

(2) Stated that care in **home** was preferable over institutional care.

(3) Argued that patients should be able to participate in decisions regarding their treatment.

Goals of Hospice Care

★ The goal is **palliative**, not curative and aimed to the relief of suffering and enhancing quality of life.

★ Palliative care manages physical pain, social suffering and spiritual pain.

★ Hospice neither hastens nor postpones death.

★ A **team** approach is used to address the needs of patients and their families.

A Few More Primary Goals

- ★ Supporting and guiding patients and families through the difficult interpersonal and psychosocial issues and helping them with finding closure.
- ★ Respecting personal, religious, spiritual, and cultural values.
- ★ Assisting patients and families reaching financial closures (living will, trust, advance directive, funeral arrangements).
- ★ Providing bereavement counseling to the mourning loved ones after the death of the patient for a minimum one year after death

Hospice is NOT..

★ Hospice ***is not*** only for the last 3 days of life.

★ Hospice ***is not*** a physical place where patients go to die.

★ Hospice ***is not*** only for cancer patients.

Hospice DOES not..

★ Hospice ***does not*** deal only with pain management.

★ Hospice ***does not*** discriminate based on age, gender, race, or religion.

★ Hospice ***does not*** participate in or encourage euthanasia.

Why Choose *Hospice*?

★ Hospice provides the care that most Americans say they want:

- Die in their own homes.
- Free of pain.
- Surrounded by family and loved ones.

★ Most patients and families say their primary complaint with hospice care is they wish they had of received hospice services ***sooner.***

Most Common Diagnoses Referred to Hospice

★ Cancer
★ Lung disease (chronic obstructive lung disease, COPD)
★ Heart disease, congestive heart failure
★ Stroke
★ Coma
★ Advanced liver disease, cirrhosis
★ End-stage kidney disease
★ Dementia (Alzheimer's or other types)
★ Advanced neurologic diseases (Parkinson's disease, ALS)
★ Human immunodeficiency virus (HIV)/AIDS

Criteria for Admittance to Hospice

★ Initial certification for hospice requires the approval of **two physicians**; the **hospice medical director** and the **patient's attending physician**.

★ The patient and family choose a **palliative** plan of care, rather that **curative** treatment.

★ The patient lives **within** the hospice service area.

★ There is a **primary caregiver** available.

MEDICARE & YOU

Hospice

Understanding the Hospice Benefit

Lenny Jensen, MSN, FNP-C
President

Who Pays for Hospice?

- ★ Medicare-83%
- ★ Medicaid-5%
- ★ Private Insurance-9%
- ★ Other-3%- generally indigent care/pro bono

★ Medicare Beneficiaries must elect the Medicare Hospice benefit.

★ In doing so they agree to forgo Medicare coverage for conventional treatment for the terminal illness.

★ Medicare continues to cover items and services unrelated to the terminal illness.

Medicare Payment for Hospice

★ Daily rate to hospice providers for each day a beneficiary is enrolled in hospice.

★ The hospice assumes all financial risk for costs and services associated with care related to the patient's terminal illness.

Services Provided Under the Medicare Hospice Benefit

- ★ Depend on patient's needs and medical condition:
  - Routine assessment and evaluation
  - Routine nursing visits
  - Spiritual counseling
  - Social Worker evaluation
  - Hospice Aide Services
  - Volunteer Services
  - Additional personnel
  - Medications
  - Durable Medical equipment
  - Medical supplies

Curative Treatment

★ Generally, therapies that are thought to be a cure for the underlying hospice condition are not offered. (Chemotherapy, radiation, blood transfusion, dialysis, etc.)

★ In rare cases such therapy is offered to relieve intractable symptoms for a palliative reason.

Four Types of Hospice Care

Differences in Billing

★ Routine Home Care

★ Respite

★ Continuous Care

★ General Inpatient Care

Defined Benefit Periods

- ★ Two benefit periods of 90 days each
- ★ Followed by an unlimited number of 60 day periods
- ★ A patient can Live Discharge or Revoke services at any time

When is a Face to Face required?

Who is eligible to perform a Face to Face?

Eligibility for Hospice Care

- ★ As a general guideline, hospice is recommended for a patient with a terminal disease with a life expectancy of six months or less if the disease runs its normal course
- ★ Hospice eligibility should not be confused with length of service as there is no time limit to hospice services
- ★ Eligibility is based on disease specific criteria and the patient's functional abilities and physical signs and symptoms.

Admission Criteria

- ★ Initial certification for hospice requires the approval and written order of the patient's attending physician.
  - PCP, Hospitalist, etc.
- ★ The patient and family choose a palliative plan of care, rather than curative treatment.
- ★ The patient lives within the hospice service area.
- ★ There is a primary caregiver available.

What if the hospice beneficiary resides in a Nursing Home?

- ★ Medicare will pay for care related to the terminal illness.
- ★ There must be a contract between the nursing home and the hospice providing the care.
- ★ The Medicare hospice benefit does not cover room and board in a nursing home.


Keystone
hospice
HOW HOSPICE WORKS
Sue Murphy RNCM, CHPN, Lead Hospice Nurse

Generating Referral, Eval, Admit

- ★ Referral
  - Primary care provider
  - Hospital
  - Facility staff
  - Family
- ★ Eval/EOB
  - RMCM to evaluate patient to see if they are hospice appropriate
  - Explanation of hospice benefits to the patient and family
- ★ Admit
  - Paperwork is signed and patient is brought on to service if appropriate

The Care Team

- Attending Physician
  - PCP or Hospice MD
- RN Case Manager
- LPN
- Social Worker
- Chaplain
- Hospice Aide
- Volunteer
- Veteran’s Coordinator

Complementary Therapies

- ★ Massage Therapy
- ★ Acupuncture
- ★ Aroma Therapy
- ★ Pet Therapy
- ★ Music Therapy

Services Possible in Conjunction with Hospice

- ★ Wound Care
- ★ Personal Care Services
- ★ Physical Therapy

Services Not Possible in Conjunction with Hospice

- ★ Home Health
- ★ Rehabilitation in SNF

Billing Conflict

Interdisciplinary Group Meetings

- ★ IDG takes place every 14 days
- ★ Composed of most individuals involved in patient's care
- ★ Discuss patient's care, active issues, overall plan of care
- ★ Opportunity to discuss details with physician

Medications

- ★ Ekit Medications
- ★ Bowel Medications
- ★ Pain Management
- ★ Anxiety Medications
- ★ Medications related to patients diagnosis


END OF LIFE
EDUCATION

- ★ Signs & Symptoms
- ★ Transitioning
- ★ Active
- ★ Passing
- ★ What happens next?

Bereavement Care

- ★ Family
- ★ Staff
- ★ Bereavement Bears


HOSPICE & FACILITY
RELATIONSHIP
Community Liaison

Hospice & Facility Relationship

- ★ Our #1 Goal: Quality of Care
- ★ We are on the same team
- ★ Communication is key
- ★ What more can we do for you?

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Questions & Discussion