Partnering for Success
The Nursing Facility and Hospice Partnership to Provide End-of-Life Care
To Nursing Facility Residents
What will I learn today?

- Attitudes towards death & dying
- Overview of hospice care and philosophy
- Patient rights
- Comfort-focused care
- Response to death
- Bereavement support
- Nursing facility and hospice partnership
- Coordination of care
Attitudes Towards Death & Dying

- Each person has his or her own view of death and attitude towards it.
- Society has greatly influenced people’s perception of death.
- The attitudes of society towards death have been changing over time.
- Fear has always been one of the most common attitudes towards death.
- Attitudes towards death change over the lifetime of the person.
Attitudes Towards Death & Dying

- American society tends to deny the reality of death.
  - Previous experiences with death
  - Circumstances of death
  - Some medical professionals view death as a failure

- Cultural factors can significantly influence patients’ reactions to their illness and the dying process.

- There are many different religions and belief systems across the world. Each holds an individual view of death and mourning.
What is Hospice Care?

- Hospice care focuses on improving the quality of life for patients and their families faced with a life-limiting illness.

- The primary goals of hospice care are to provide comfort, relieve physical, emotional, and spiritual suffering, and to promote the dignity of terminally ill patients.
What is Hospice Care?

- Care is palliative (not curative) to control pain and symptoms associated with the terminal illness.
- Hospice treats the whole person, not just the disease.
- Hospice focuses on the needs of both the patient and the family.
- Avoids hospitalization if that is the person’s desire.
What is Hospice Care

- Hospice addresses patient and family needs such as:
  - Pain and symptom management
  - Emotional, psychosocial, and spiritual support
  - Help with funeral planning and arrangements
  - Bereavement for family/caregivers after the patient’s death
The goal of hospice care is to enable the patient to continue an alert, pain-free life for as long as possible and to manage other symptoms so that the person’s last days can be spent in their place of residence with quality and dignity, surrounded by family and friends.

Your nursing facility staff can join together with the hospice team to make this goal a reality for your residents on hospice.
Basic Principles of Hospice Care

- Affirms life
- Regards dying as a normal process
- Neither hastens nor postpones death
- Relieves pain and other symptoms
- Integrates medical, psychological, social, and spiritual aspects of care
- Offers a support system to patients and families
Where is Hospice Care Provided?

- Hospice care is a philosophy or approach to care rather than a place.

- Care may be provided in a patient’s home, nursing home, hospital, assisted living facility, or independent facility devoted to end-of-life care.

- Hospice was originally designed to be a non-institutional benefit. However, today many patients receive hospice care while residing in a nursing facility since the nursing facility is the person’s home.
When is it Time for Hospice?

- When the patient and family have opted for palliative treatment for a life-limiting or “terminal” illness.

- Medicare guidelines require that the physician has determined that life expectancy is six months or less if the disease follows its normal course.
Hospice Care Diagnoses

- Hospice care is not just for cancer patients.

- Other hospice diagnoses include:
  - End Stage Heart Disease
  - End Stage Pulmonary Disease
  - End Stage Renal Disease
  - End Stage Liver Disease
  - Dementia due to Alzheimer’s Disease and Related Disorders
  - HIV Disease
  - Stroke & Coma
Payment for Hospice Care

- The Medicare Hospice Benefit provides payment for Medicare Part A beneficiaries.

- Most states also have a Medicaid hospice benefit.

- Most commercial insurance policies also have a hospice benefit.

- Most hospices care for all patients, regardless of a person’s ability to pay.
Hospice Eligibility

- The patient is re-evaluated at regular intervals by the hospice physician and hospice team to determine if they continue to qualify for hospice based on their current prognosis.
- As long as a patient has a prognosis of 6 months or less, the patient remains eligible to receive hospice care.
- If a patient no longer meets criteria for hospice care (is no longer terminally ill), they may be discharged and re-admitted at a later date.
Hospice Core Services

- Hospice core services **must be routinely provided by the hospice and cannot be delegated to the facility.**

- Hospice core services include:
  - Physician services
  - Nursing services
  - Social work services
  - Counseling services
    - Bereavement and spiritual
    - Dietary
Hospice Interdisciplinary Team members include:

- Patient’s primary physician
- Hospice physician
- Hospice RN case manager
- Medical social worker
- Spiritual counselor
- Hospice aide
- Bereavement counselor
- Volunteers
- Other team members may include dietician, occupational or physical therapist, pharmacist
Patient Rights Under Hospice

- Patient rights are specified in the 2008 Medicare Hospice Conditions of Participation.

- Hospice providers must review the notice of patient rights in a language they can understand with patients, family members and/or representatives at the time of hospice admission.

- The hospice must obtain a signature that the patient received their notice of these rights.
Patient Rights

Each patient has the right to:
- Exercise his or her rights as a patient
- Have his or her property and person treated with respect
- Voice grievances
- Be protected from discrimination or reprisal for exercising their rights
Patient Rights

- Patients also have the right to:
  - Refuse care or treatment
  - Receive effective pain management and symptom control
  - Be involved in developing his or her plan of care
  - Choose his or her attending physician
  - Have a confidential clinical record/HIPAA
  - Be free from mistreatment or any type of abuse
  - Receive information about their hospice benefit
  - Receive information about the scope and limitations of hospice services
End-of-Life Symptoms

- Most patients and families who are living with a life-threatening illness can expect to experience multiple physical symptoms.

- Some of these symptoms are related to the primary illness, others are related to adverse effects of medications or therapy or related conditions.

- Hospice care manages a patient’s symptoms to promote comfort and quality of life.
Common End-of-Life Symptoms

- Pain
  - Physical
  - Emotional
  - Spiritual
- Shortness of breath
- Nausea/Vomiting
- Loss of appetite/weight loss
- Weakness/Fatigue
- Constipation
- Delirium

- Anxiety
- Restlessness/Agitation
- Depression
Hospice Provides Comfort

• Hospice applies various comfort methods for both the patient and family.

• Physicians, nurses, medical social workers and spiritual counselors each complete an assessment to identify the patient and family’s goals.

• As a team, interventions are developed to meet the patient and family’s goals, which always include a focus on comfort.
Pain Control

- Medication dosages used for hospice patients may be *higher* and/or given *more frequently* than those routinely used for nursing facility patients.

- Hospice often uses PRN medications so patients must be asked or assessed for non verbal signs of pain. This allows for optimal pain and symptom control.
Pain Control

• Medications used for hospice symptom management may not be routinely used for similar symptoms in nursing facility residents.

• Purposely use medications due to their positive side effects.

• For example:
  – Morphine for shortness of breath
  – Haldol for nausea
  – Decadron for appetite stimulation
Medication Administration

• Hospice medication may be administered in a variety of ways.

• Tablets
• Liquid
• Patches
• Suppositories
• Creams/gels
• Sublingual (under the tongue)
• Injections
• Intravenous
• Subcutaneous infusions
Non-Physical Pain

- Spiritual and emotional pain are addressed by the hospice team. Methods to address these types of pain may include:
  - Spiritual Counseling
  - Emotional Support
  - Bereavement Counseling
  - Music Therapy
  - Aroma Therapy
  - Relaxation Therapy
  - Massage Therapy
Symptom Management

• Goal of Hospice Team
  – Initiate a quick response to any symptom that causes the resident discomfort.
  – Hospice staff is available 24 hours/day, 7 days/week.
  – Facility staff should call when symptoms arise.
  – Facility staff should call hospice instead of calling 911.
Symptom Management

- Symptoms include, but not limited to:
  - Pain (physical/emotional/spiritual)
  - Anxiety
  - Nausea and vomiting
  - Constipation
  - Restlessness/Agitation
  - Shortness of breath
  - Depression
  - Weakness/Fatigue
  - Delirium
  - Anorexia/Cachexia
Methods of Comfort

- Hospice implements a variety of comfort methods for both the patient and family.

- Nurses, physicians, medical social workers and spiritual counselors each complete an assessment used to identify appropriate interventions. These interventions are then implemented as needed to help bring added comfort to both patient and family.

Additional comfort care measures are encouraged for use by all caregivers, including those caring for residents in facilities.
To Comfort the Dying Resident

• Offer a quiet, private environment for residents and families that supports the intimate process of dying.

• Support personal rituals to honor the dying resident.

• Offer food and fluids only as the dying person desires and is able to take.

• Reposition the resident at frequent intervals to ensure comfort.
To Comfort the Dying Resident

- Offer the resident frequent oral care.
- Place artificial tears or eye lubricant in resident’s eyes for increased comfort when needed.
- Limit vital signs to respirations and pulse when appropriate.
- Stop medications that are not essential to promoting comfort (with resident and/or family consent and physician order after consulting hospice).
To Comfort the Dying Resident

• Stop needle sticks for blood draws and finger sticks for blood sugars (with resident and/or family consent and physician order after consulting hospice).

• Remove nonessential equipment that may disturb the dying resident or distract family from focusing on their loved one who is dying.

The hospice team will be there to assist you to provide comfort to your resident.
Principles of Death and Dying

• Hospice provides support, reassurance and information about grief, bereavement and the dying process.

• Emotional & spiritual signs of approaching death include:
  - Withdrawal
  - Vision-like experiences
  - Restlessness
  - Decreased socialization
  - Needing permission from loved ones to go
  - Saying good-bye
Principles of Death and Dying

- Physical signs of approaching death:
  - Increased amount of time sleeping
  - Coolness of arms & legs
  - Skin color changes
  - Bowel and/or bladder incontinence
  - Decreased urinary output
  - Decreased appetite & thirst, may want little or no food or fluid
  - Breathing pattern changes
  - Congestion, gurgling sounds with respirations
Bereavement After Patient Death

- Every hospice program offers bereavement services to family and loved ones for a minimum of 12 months following the death of a patient.

- Services can be:
  - Phone contact
  - Short-term counseling
  - Assessment of need and referrals to community resources
  - Support groups
  - Educational forums
  - Written information on the grief process
  - Memorial services
Bereavement Services are Available to:

- Resident’s roommate
- Family members
- Nursing Facility caregivers who experience grief from the loss of the resident
The Hospice and Nursing Facility Partnership

- Consistent communication, coordination, and documentation are keys for success!
Partnerships for Patients

- The provision of high quality, coordinated, end-of-life care is a win-win scenario for the:
  - Patient and their family
  - Nursing facility and their staff
  - Hospice and their staff
Hospice Regulations

- On June 5, 2008, the Centers for Medicare and Medicaid Services (CMS) published new regulations for hospice care.

- The new regulatory language includes guidance for hospice care for a patient who resides in a facility. 
  \[ (418.112: \text{Condition of participation (CoP): Hospices that provide hospice care to residents of a facility}) \]
Written Agreement

- Required under the Medicare CoPs and must:
  - Specify services to be provided by both the hospice and the nursing facility
  - Be signed by both hospice and nursing facility before services are provided
  - Include method/manner of communication:
    - Requirements for communication between staff
      ➢ e.g. changes in condition of patient
  - Specify process for reporting violations
  - Include bereavement responsibilities
Hospice Responsibilities

- Professional management of hospice services
- Ensure provision of services in accordance with hospice plan of care
- Determine course & level of care
- Arrange for inpatient services as appropriate
- Provide care related to terminal illness above what is currently provided
- Develop the hospice plan of care in conjunction with the nursing facility/patient/family
When a hospice patient is admitted to a nursing facility, the hospice will provide the nursing facility with the following information:

- Patient’s most recent plan of care
- Copy of patient’s hospice election form
- Patient’s advance directives
- Physician certification/recertification of terminal illness
- Names and contact information for hospice personnel
- Instructions on how to access the hospice’s 24-hour on-call system
- Hospice medication information
- Hospice physician/attending physician orders
Nursing Facility Responsibilities

- Provide 24-hour room and board care
- Personal care and nursing needs at level of care prior to hospice election
- Communicate to hospice any changes in patient condition
- Assist in the implementation of hospice plan of care
Record Keeping Requirements

• In keeping with Medicare’s 2008 Hospice Conditions of Participation:
  - The hospice patient’s facility chart will include a record of all inpatient services furnished and all events regarding care that occurred at the facility.
  - A copy of the facility’s discharge summary will be provided to the hospice at the time of discharge.
  - A copy of the patient’s inpatient clinical record is available upon request by the hospice.
Coordination of Care

- Hospices are required to coordinate care with Nursing Facilities (CFR 418.112)
- Provision of Services
- Orientation/Training
- Bereavement
- Quality Data Collection
- Ongoing Communication
The Hospice and Nursing Facility Partnership

- The nursing facility staff become part of the interdisciplinary team when a nursing facility resident elects hospice care.

- It is important for each provider to recognize each other’s knowledge and remain open to two-way learning.
  - Nursing facility staff are skilled in meeting the clinical and psychosocial, and spiritual needs of their residents.
  - Hospice staff are skilled at meeting the special clinical, psychosocial, and spiritual needs at end of life.
The Hospice and Nursing Facility Partnership

- Combined expertise allows the nursing facility and hospice to deliver the most comprehensive care to the resident and their family as possible.

- Successful partnerships between a hospice provider and a nursing facility include:
  - Acknowledgement and respect for each other’s regulations
  - Development of an excellent communication process
  - Consistent coordination of care by both the hospice and the nursing facility
  - Identification of a care plan in both the nursing facility and the hospice medical record
Thank you from the Oregon Hospice Association

Nursing Facility Partner:

Thank you taking time to complete hospice orientation training and for the comfort, warmth, safety, care and nourishment you provide to terminally ill residents in your facility.

You now know about the philosophy and goals of hospice to provide comfort care, pain control, and symptom management as well as the principles of death and dying. You understand the federal requirements that hospices must develop the hospice plan of care, coordinate the resident’s care and also define record keeping requirements and communications between hospice and your facility.

Please take the Hospice and Nursing Facility Partnership Orientation Completion Test. After passing the test, your facility leadership will be provide you with a Certificate of Completion and will also place a copy in your file.

If you would like more information or have questions, please contact your local hospice.

Hospice is pleased to be your partner in providing care to residents at the end of life.

Deborah Whiting Jaques
CEO, Oregon Hospice Association
References

- The National Hospice and Palliative Care Organization.
  - www.nhpco.org
- EndLink – Resource for End of Life Care Education (Northwestern University)
  - http://endoflife.northwestern.edu/index.cfm
- Centers for Medicare and Medicaid Services – 42 CFR Part 418, Medicare and Medicaid Programs: Hospice Conditions of Participation; Final Rule (Pgs. 32216-32217)
ADDENDUM

Title of Your Contract

This Addendum (“Addendum”) is attached to and by this reference made a part of the [Insert Title of Your Contract] dated __________, 2011, between the parties, [hospice legal name and d.b.a., if applicable], a hospice organization with an address at [provide hospice address], [city], [state] [zip code] (the “Hospice”), and [SNF/NF or ICF/MR legal name], a nursing facility with an address at [provide facility address], [city], [state] [zip code] (the “Facility”).

ARTICLE ___ Responsibilities of the Facility

Orientation and Training of Facility Staff. Hospice staff must assure orientation of SNF/NF or ICF/MR staff furnishing care to Facility residents on Hospice in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements. The Facility agrees to utilize and incorporate the Standardized Hospice Orientation and Training program as identified by the [state hospice association name] into its routine orientation and training of facility personnel.

Documentation of Orientation and Training of Facility Staff. The Facility agrees to maintain attendance records, posttests, and Facility staff Certificates of Completion as proof of training for compliance with §418.112(f). Facility agrees to provide written proof of Facility Orientation and Training to the Hospice upon request.

IN WITNESS WHEREOF, the parties have duly executed this Addendum as of the ____ of __________, 2011.

[Hospice Legal or d.b.a. Name]

By: ____________________________________
Name: 
Title: 

[Facility Legal Name]

By: ____________________________________
Name: 
Title: 
Hospice Orientation Completion Test

Name: ___________________________________________________ Date: _________________

Facility Name __________________________________________________________________________

1. If the attitude in society is that death is scary, people will have a perception that death is something to fear.
   a. True
   b. False

2. Hospice deals with the physical, emotional, social, and ____________ impact of the disease on the resident and their family.
   a. Financial
   b. Spiritual

3. Hospice care is only available for people who have terminal cancer.
   a. True
   b. False

4. In order to be eligible for hospice, the hospice physician must certify that the resident is terminally ill, meaning the resident has 6 months or less to live. If a nursing facility resident lives longer than 6 months, the resident no longer qualifies for hospice care.
   a. True
   b. False

5. Hospice manages various symptoms by using medications for their positive side effects (i.e. morphine used for shortness of breath).
   a. True
   b. False

6. Which of the following is not a medication route that hospice would use:
   a. Creams/gels
   b. Liquids
   c. Injections
   d. Use all of the routes listed
7. Physical signs of approaching death may include:
   a. Decreased urinary output
   b. Breathing changes
   c. Congestion, gurgling sounds with breathing
   d. All of the above

8. Hospice is federally mandated to provide the professional management of the resident’s hospice care.
   a. True
   b. False

9. Consistent communication, coordination and documentation are key elements of a successful nursing facility and hospice partnership.
   a. True
   b. False

Congratulations on completing your hospice orientation training!
Certificate of Completion

Awarded to: Staff Name

In Recognition for ORIENTATION and TRAINING in Hospice Care

______________________________
Signature

______________________________
Date