


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

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## What is Hospice?


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### “Hospice”


Experience. Compassionate. Caring.



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



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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.

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**History of Hospice**  
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**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 4<sup>th</sup> 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...**  
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**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**  
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 <p><b>Routine Home Care</b></p> <ul style="list-style-type: none"> <li>• Care provided <i>wherever the patient calls home</i></li> <li>• In a private residence, independent living, assisted living, or residential setting</li> <li>• The majority of patients in hospice receive care in the place they call home.</li> </ul>	 <p><b>Crisis Care</b></p> <ul style="list-style-type: none"> <li>• <b>One-on-One Care</b> is provided in the home or LTC setting around the clock for management of a medical crisis involving uncontrolled symptoms</li> <li>• Crisis Care is for a short period until the crisis or symptoms have been resolved and patient will likely resume Routine Care</li> </ul>	 <p><b>Respite Care</b></p> <ul style="list-style-type: none"> <li>• Care is provided in an Inpatient Care Center or contracted facility</li> <li>• For caregiver support when the family member or direct care providers need rest</li> <li>• Up to five days of respite per episode</li> </ul>	 <p><b>General Inpatient</b></p> <ul style="list-style-type: none"> <li>• Care in an Inpatient Center or contracted facility</li> <li>• Used for short-term management of acute symptoms</li> <li>• Once symptoms are under control, the patient is transferred to their home or nursing home with hospice care</li> </ul>
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**TRICE or FALSE?**  
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Hospice speeds up death.



**FALSE**  
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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.



**TRUE or FALSE?**  
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A person should only consider hospice for their final days or weeks of life.

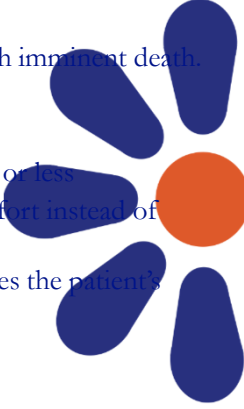


**FALSE**  
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People erroneously equate hospice with imminent death.

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.



**TRUE or FALSE?**  
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Hospice is for Cancer patients only.



**FALSE**  
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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*



**Top 10 Diagnoses**  
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Diagnosis	Percentage
Cancer	31.1%
Heart Disease	15.8%
Alzheimer's or Dementia	5.3%
COPD	6.6%
Stroke	7.6%
Respiratory	6.3%
Other	27.4%



**TRUE or FALSE?**  
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A person must give up

- Medications
- Treatments
- Their physician

...to enroll in hospice

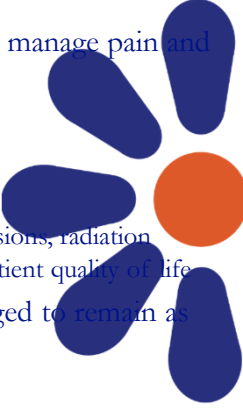



**FALSE**  
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Patients receive what they need to manage pain and symptoms including:

- 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



TRUE or FALSE

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Most people cant afford hospice care.



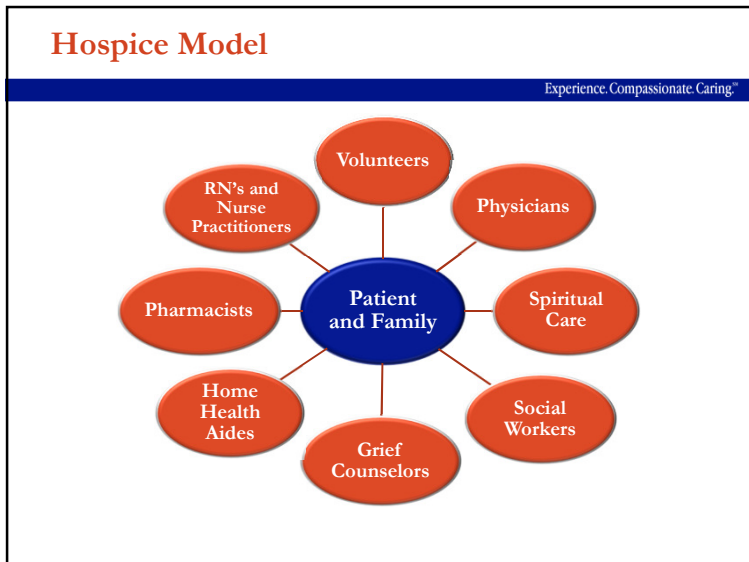

TRUE or FALSE

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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?

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- 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

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### We've Had the Conversation. **Have You?**

[start your conversation today »](#)

**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.

Source: The Conversation Project National Survey 2013.

## Talking to our doctors

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### We've Had the Conversation. **Have You?**

[start your conversation today »](#)

**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.

Source: Survey of Californians by the California HealthCare Foundation (2012)

## Writing it down

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### We've Had the Conversation. **Have You?**

[start your conversation today »](#)

**CONSIDER  
THE FACTS**

○ ○ ○ ●


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

*but*


**23%** have actually done it.



Source: Survey of Californians by the California HealthCare Foundation (2012)

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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 care for at the end of our lives.



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### 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


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- 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





Medical/Healthcare POA




### Living Will

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- 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

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- 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

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- 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

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Tool #7

### The Proxy Quiz for Family or Physician

How well does your family, proxy, or doctor know your health care wishes? This short test can give you some sense of how well you have communicated your wishes to them. Consider this a tool to promote better conversation and understanding.

#### INSTRUCTIONS:

**Step 1:** Answer the 10 questions using the **Personal Medical Preferences** test which follows.

**Step 2:** Then, ask your health care proxy, family member, or close friend to complete the **Proxy Understanding of Your Personal Medical Preferences** test. The questions are the same. Don't reveal your answers until after they take the test. They should answer the questions in the way they think you would answer. (Try the same test with your doctor, too.)

**Step 3: Grades** - Count one point for each question on which you and your proxy (or you and your doctor) gave the same answer. Their proxy score is rated as follows:

Points	Grade	...
10	Superior	... You are doing a great job communicating!
8 - 9	Good	... Need some fine tuning!
6 - 7	Fair	... More discussion needed.
5 or below	Poor	... You have a lot of talking to do!

## How often should we have an advance care planning conversation/update your advance directives?

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Through the Developmental Stages of Life	
<b>At 16</b>	Accidents happen. Provides direction to your parents or legal guardians
<b>College</b>	You are on your own for the first time and your parents or NOK are often far away
<b>Married</b>	Your NOK changes from parents or guardian to your spouse
<b>First Child</b>	Name guardianship if something were to happen to you
<b>Retirement</b>	Goals for retirement also includes planning for the unexpected to happen
The 5 Ds	
<b>Death</b>	Death of a friend or family member can be used as a catalyst for a meaningful discussion
<b>Divorce</b>	Choose another proxy and redo directives
<b>Diagnosis</b>	Dx of a significant medical condition, a chronic or terminal illness
<b>Decade</b>	It's been 10 years since the last talk or review of documents
<b>Decline</b>	In physical or mental condition



## Where should this information be kept?

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- 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

## Getting started



**Your Conversation Starter Kit**

The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.


We know that no guide and no single conversation can cover all the decisions that you and your family may face. What a conversation can do is provide a shared understanding of what matters most to you and your loved ones. This can make it easier to make decisions when the time comes.

Name:

Date:






Created by The Conversation Project and the Institute for Healthcare Improvement



**Your Conversation Starter Kit**

For Families and Loved Ones of People with Alzheimer's Disease or Other Forms of Dementia



LEARN HOW TO TALK ABOUT END OF LIFE.

**Things You Shouldn't Wait To Say**

Click here to see our grassroots community engagement campaign to begin advanced care planning conversations.

**Start the Conversation**

Click here for answers to basic questions, some great tips and an easy starter kit.

**Resources for Taking Action**

Click here to find tools, worksheets, state forms, MOLST and video clips.

**End of Life Care**

Click here to learn if hospice care is right for you or your family.

**Questions? Contact Us**

Info for Providers

Media Kit

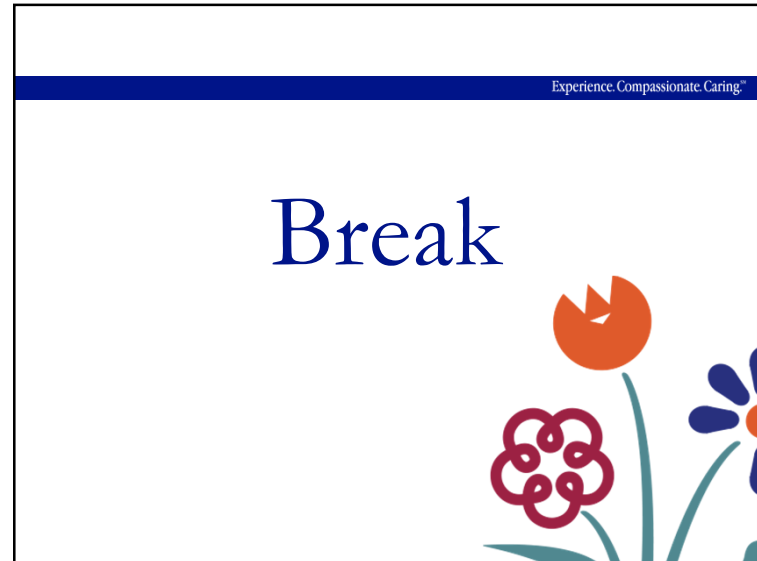
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THINGS YOU SHOULDN'T WAIT TO SAY



#ThingsYouShouldntWaitToSay



**A Chance Encounter**  
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**The story of a Bear....**



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*“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



**Volunteer Services - 5% Requirement**  
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**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.

**Initial and Comprehensive Assessment**  
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**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.

**Volunteers – Part of the Plan of Care**  
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**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.

**Volunteer Locations or Services**  
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**Where do Volunteers Serve?**

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


**Volunteer Service Types**  
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**Home Care**

- Companionship
- Caregiver Respite
- Errands/Shopping
- Deliveries
- Vigil

**Long-Term Care**

- Companionship
- Vigil




**Volunteer Service Types**  
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**Inpatient Care Centers**

- Companionship
- Meal Delivery
- Holistic Therapies
  - Music
  - Art
  - Healing Touch/Reiki
- Pet Visits
- Vigil

**Hospitals**

- Companionship
- Vigil



## Benefits of Volunteering

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- 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

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**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


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- 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?

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- 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?

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



## Bereavement

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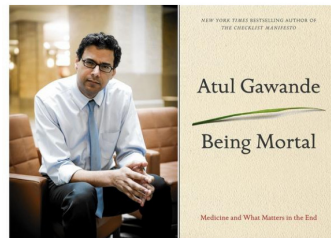
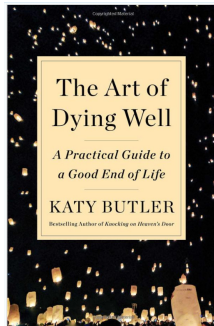
### The Goldstein Family Grief Center

Promoting Healing for Life After Loss

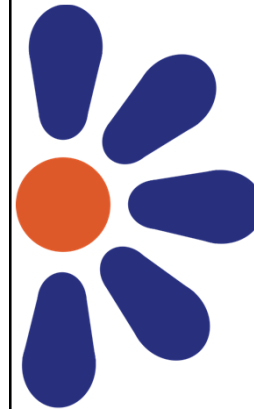


Services are free and available to all, regardless of whether their loved one was cared for by Hospice of Cincinnati.

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](#)

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# Thank You



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## 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	

