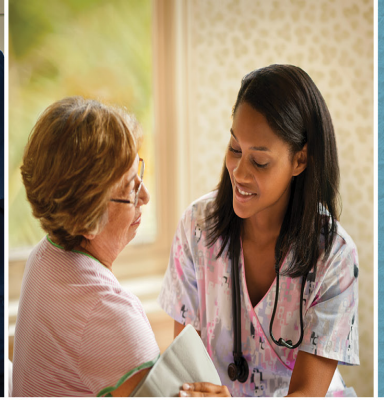


aveanna hospice

# Hospice Overview

Sasha Bowers, MD HMDC
Hospice Medical Director

THE FUTURE OF HOMECARE

# What is Hospice?

- Hospice is a concept of care through which the services of a specially trained inter-disciplinary team are provided for terminally ill patients, their families, and their caregivers. When cure is no longer possible, the goal of Aveanna Hospice is to enable the patient to live out his or her life fully, comfortably, and with enhanced dignity.
- The goal of hospice is not to prolong or speed up the dying process, but rather to maximize the quality of life for terminally ill patients and their families.
- Hospice is a form of palliative care utilized when patient goals shift from aggressive, life-prolonging treatment to comfort and quality of life.

| Difference Between Hospice and Palliative Care | Palliative Care | Hospice Care |
|---|---|---|
| Provides visits 1-2x/month and as needed for pain and symptom management | X | |
| Services provided mainly by a physician, nurse practitioner, and social worker | X | |
| No limited life expectancy requirements- Services available at any stage of the illness | X | |
| Begins earlier in the disease process – still undergoing diagnostics and aggressive tx | X | |
| Limited life expectancy- services available upon receiving a terminal prognosis | X | X |
| Services provided in the patient's home | X | X |
| Targeted focus on pain reduction and symptom management to improve quality of life. | X | X |
| Care planning based on patient and family goals and includes communication/coordination between all care providers | X | X |
| Education and support available to patient and family regarding disease process, symptom management, community resources, coping and grief process, and advance directives | X | X |
| 24/7 availability for on-call services | X | X |
| Begins later in the disease process – no further diagnostics or life prolonging tx desired | | X |
| Certified Nursing Assistants available to provide personal care | | X |
| Services provided include physician, NP's, RN case managers, CAN, SW, CH and Volunteers | | X |
| Bereavement care for family for minimum of 13 months after death of a patient, if desired | | X |
| Weekly to daily visit frequencies for pain control and symptom management based on the needs the patient and/or patient/family preference | | X |
| Durable Medical Equipment, personal/hygiene supplies, wound care and medications are covered as part of this service | | X |

# Hospice History

## CICELY SAUNDERS

***"You matter because you are you and you matter until the last moment of your life. We will do all we can, not only to help you die peacefully, but also to live until you die."***

- 1967 the 1st hospice was started in London England
- 1974 the 1st hospice in the United States was started in Branford Connecticut
- In 1982, Congress includes a provision to create a Medicare Hospice Benefit
- In 2008, Medicare revised the regulations for certified hospice providers – known as the Conditions of Participation
- In 2016, Medicare issued new reimbursement structure
- In 2020, Medicare revised Informed Consent to include a Non-addendum Form

# Hospice Services

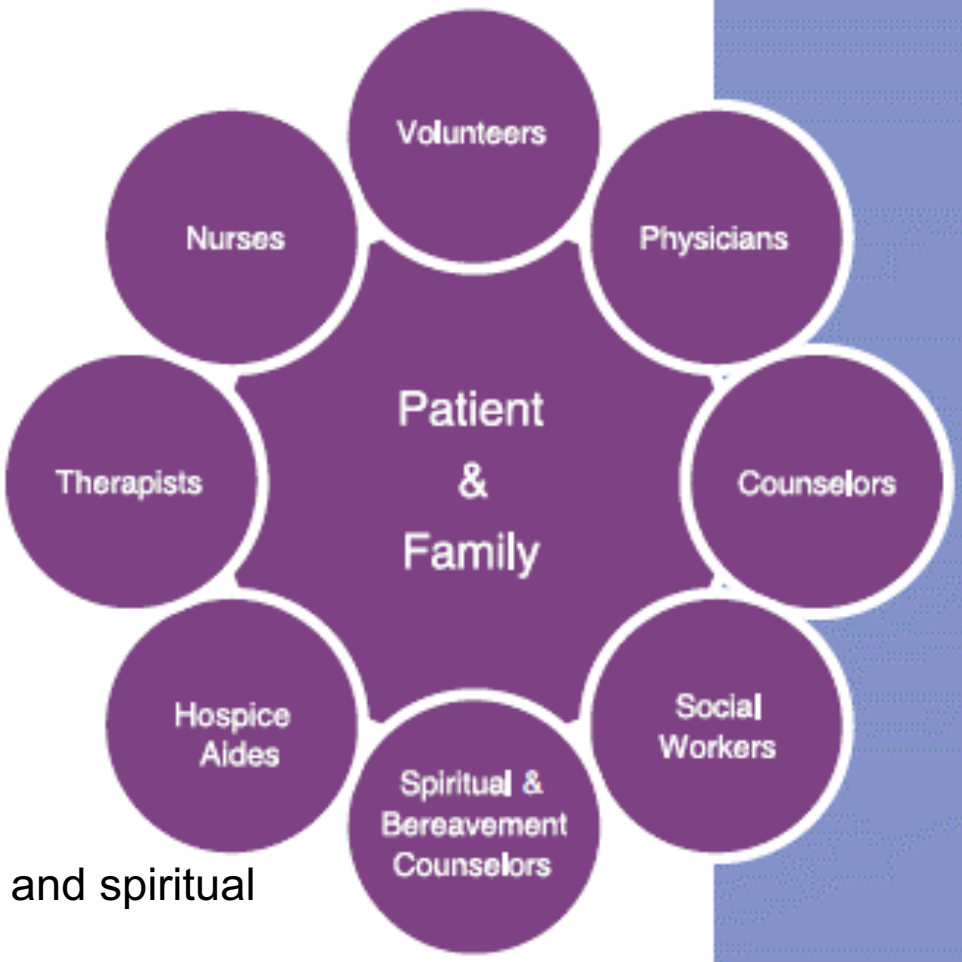
Our services include but not limited to:

- Symptom and pain management
- Comfort care
- Emotional and spiritual counseling
- Patient/family support and education
- Social Work Services
- 24 hour on-call services
- Bereavement services
- Primary caregiver support and respite services
- Inpatient Services and/or continuous care
- Durable medical equipment and medical supplies approved for hospice plan of care.

# The Inter-Disciplinary Hospice Team

Members of the Hospice Team

- Medical Director
- Nurse Case Managers
- Certified Nursing Assistants
- Social Workers
- Chaplains
- Volunteers
- Bereavement Counselors




The Hospice team is responsible for:

- Developing the plan of care
- Attending to the emotional, psychosocial and spiritual aspects of dying and caregiving
- Providing Teaching and Education on pain and symptom management
- Advocating for the patient and family

# Nurse Case Managers- RN

- Specialize in the care of patients with life-limiting illnesses
- Development of the patients plan of care
- Coordinate pain and symptom management
- Provide end-of-life education
- Assess appropriateness for Hospice services to assure that we are compliant with eligibility.
- Liaison between patient/family and physician
- Available 24/7 for symptom management and crisis situations

# Social Workers (MSW)

- Assessment of psycho-social issues and concerns
- Intervention in areas of concern
- Counseling and continued support of patient and family throughout the terminal process
- Family conferences and crisis prevention/management
- Assistance with resources, financial concerns, and funeral arrangements
- Grief education and support for patient and family

# Chaplains

- Assessment, planning, and coordination of spiritual services within patient/family belief system
- Individual or family counseling
- Memorial services for families or long term care staff.
- Note: The chaplain's role is not to evangelize the patient or family to his/her spiritual beliefs, but rather to provide spiritual support to the patient/family in the spiritual tradition in which the patient/family finds comfort.

# Certified Nursing Assistant (CNA)

- Reading & recording of vital signs
- Assistance with ADLs such as providing a bath/shower
- Skin and nail care, oral hygiene, and hair care
- Assistance with ambulation/transfer/ROM/positioning
- Meal assistance
- Extra TLC

# Hospice Volunteers

- Visits for support and companionship
- Verbal and tactile stimulation
- Activities
- Read to or pray with patient
- Trained and certified to provide support to terminally ill patients

# Where are Services Provided?

Can be provided in most care settings:

- Home
- Hospice facility
- Skilled Nursing Facility
- Long-Term Care Facility
- Assisted Care Facility
- Hospital
- Group home

# Hospice Levels of Care

4 levels of hospice care offered:

- Routine Care – Patient's Home Setting
- Inpatient Care –Short term level of care provided when a patient's pain or symptoms cannot be managed by routine care.
- Respite Care – caregiver relief for up to 5 days.
- Continuous Care – provided at patient's residence, primarily by nursing staff when symptoms are unable to be controlled.

# Routine Level of Care

- Most common level of care
- Anywhere the patient lives
- All hospice services provided by the interdisciplinary team in the patient's home
- Nursing visits required every 14 days at a minimum

# Respite Level of Care

- Short term in-patient care that is provided to the patient only when necessary to relieve the family members or other persons caring for the individual at home
- Provided for no more that 5 days
- Appropriate when:
  - Caregiver is physically and emotionally exhausted from caring for patient
  - Caregiver would like to attend a family event
  - Caregiver is ill and needs a break from patient care to recover

Not appropriate for:

- There is no identified caregiver
- Patient resides in SNF that provides 24/7 care
- There is not a clear reason for caregiver relief

# General In-Patient (GIP)

- Intended for short term management which cannot be managed in other settings
- Pain or symptom crisis not managed by changes in the treatment in the current setting or that requires frequent medication adjustment and monitoring
- Intractable nausea and vomiting
- Advanced open wounds requiring changes in treatment and close monitoring
- Unmanageable respiratory distress
- Sudden decline necessitating intensive nursing intervention
- Imminent death-only if skilled nursing needs are present

When GIP is not appropriate:

- Not intended as caregiver respite
- Not intended to address unsafe living conditions
- Not an “automatic” level of care when patient is imminently dying

# Continuous Care

Nursing care covered on a continuous basis as much as 24 hours a day to achieve palliation and management of acute medical symptoms

May be provided during a period of crisis

- Frequent medication adjustment to control symptom/collapse of family support system
- Symptom management/rapid deterioration
- Imminent death does not qualify of continuous care

# Hospice Eligibility

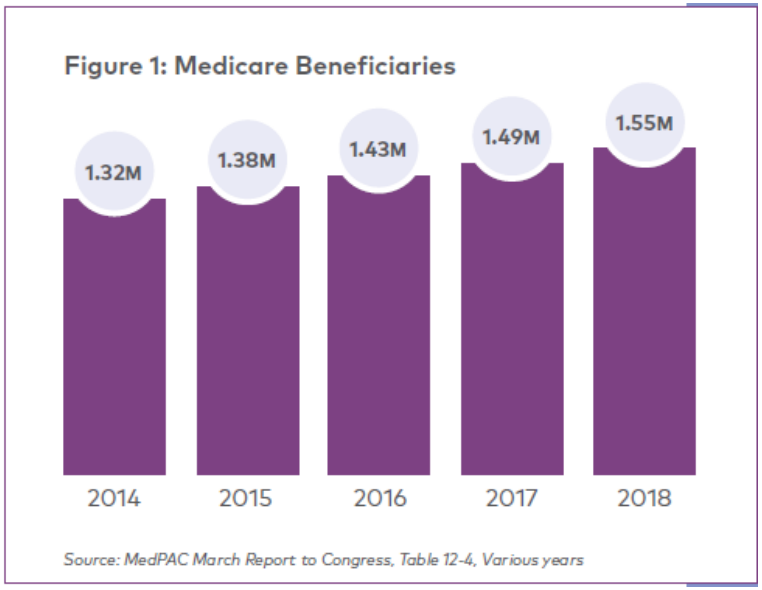
- A physician referral to include an “Evaluation/Consult” to hospice services.
- The patient has a life limiting condition with a terminal prognosis of six months or less life expectancy
- Patient/family informed condition is life-limiting
- Patient/family elected palliative vs. curative care
- Documentation of clinical progression of disease (i.e. laboratory studies; radiological or other studies; multiple ER visits; inpatient hospitalizations)

# Is the patient hospice appropriate?

| Be alert to the following symptoms and conditions | |
|---|---|
| Frequent hospitalizations | Increased confusion/restlessness |
| Weight loss – more than 30% in 3-6 months | Confined to bed/chair |
| Increased or difficult to manage pain | Increased skin breakdown, non-healing wounds, muscle wasting |
| Maximum assistance with ADLs | Unresponsive to verbal stimuli |
| Requires oxygen | Change in chewing, increased difficulty swallowing |
| Progressive, increased coughing | Shortness of breath |
| Recurrent infections | Decreased physical coordination (balance/falls) |
| Dehydration despite increased fluids | Frequent changes in medication |
| Uncontrolled fever - septic | Increased weakness/fatigue |

# How is Hospice funded?

- Medicare
- Medicaid
- Private Insurance, including traditional insurance, VA, PPO's and HMO's




*Reference NHPCO 2020*

**Patient's that reside in a Skilled Nursing Facility**

- Medicare will pay for hospice services but NOT facility room and board while patient is on hospice services.
- Medicaid will pay for hospice services as well as room and board.
- VA will pay hospice a contracted rate, but only if the VA has a contract with that hospice. However, if patient resides in a contacted VA facility, then it will pay for room and board.
- Most private insurances will pay for hospice but may need to obtain authorization.

# Common Myths of Hospice

- **Hospice is Only for People with Cancer.**
  Nationwide greater than one-fifth of all hospice patients have a diagnosis other than cancer. Aveanna Hospice also serves patients and their families that are coping with the end-stages of chronic diseases, like emphysema, Alzheimer's, HIV/AIDS, or cardiovascular and neuromuscular diseases.
- **Hospice is Only for Dying People.**
  As a family-centered concept of care, Aveanna Hospice focuses as much on the grieving family as on the dying patient. We offer individual and family bereavement counseling for thirteen months following the death of the patient.
- **Hospice Patients Require a "Do Not Resuscitate" Status Prior to Admission.**
  Aveanna Hospice acknowledges and respects the end-of-life choices of its patients and their families. Therefore, Aveanna Hospice does not require a "Do Not Resuscitate" status for admission. However, patients and their caregivers are provided with information and counseling so they can make informed decisions regarding end-of-life issues.
- **Hospice Patients Cannot Live Longer than Six Months.**
  Once an individual becomes a hospice patient, he or she continues to receive services for as long as the patient continues eligibility. Services are not discontinued unless they are no longer necessary or the patient chooses to have them discontinued.
- **Hospice Patients are not Permitted to be Hospitalized.**
  All Aveanna Hospice patients with conditions requiring inpatient care, will have access to inpatient care at one of our contracted facilities.

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# QUESTIONS