Enhancing Quality of Life through Hospice

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RICE HOSPICE
WILLMAR, MN
ABOUT RICE HOSPICE

• Medicare Certified, Joint Commission Accredited;
• Hospital-based, non-profit hospice;
• Provider of hospice care for 30 years;
• Administrative office located in Willmar;
• Seven satellite offices across West Central MN;
• 541 patients served in 2011;
• 250+ dedicated volunteers;
• Robust complementary therapies program.
Rice Hospice Service Area

Over 5,000 square miles
18 counties

- Benson Satellite Office – est. 1988
- Rice Hospice Willmar Administrative Office – est. 1982
- Rice Hospice Service Area
- Granite Falls Satellite Office - est. 1988
- Ortonville/Graceville Satellite office – est. 1990
- Appleton Satellite Office – est. 1991
OBJECTIVES

• Describe basic components of hospice care;
• State how people with dementia qualify for hospice;
• Describe at least 3 complementary therapies beneficial for people with dementia;
• Identify how dementia impacts families at the end of life.
WHAT IS HOSPICE CARE?

- Hospice is a philosophy of care which embraces the idea of comfort and dignity at the end of life;
- Hospice does not prolong life or hasten death, it allows the death process to proceed at a normal and natural pace;
- Hospice addresses, physical, emotional, social, practical, and spiritual needs of patients and their caregivers;
- Hospice care is covered by Medicare, Medicaid and most private insurances;
- Hospice is provided by a team consisting of:
  * Physician
  * Nurse
  * Social Worker
  * Spiritual care provider
  * Volunteer
What is Hospice Care, cont’d

- Other team members who may be involved:
  * Hospice Aide
  * Dietician, Therapists - PT, OT, Speech, as appropriate
  * Music, Massage, Pet Therapy

- Hospice Medicare Benefit provides:
  * Regular visits by team members
  * Nurse available 24/7
  * Medications related to the terminal illness
  * Medical equipment and supplies
  * Short-term inpatient care for symptom management
  * Respite care in a licensed facility
  * Short-term in-home continuous care during times of crisis
Who Qualifies for Hospice?

- Any one with a life-limiting illness in which the physician believes the life expectancy to be six months or less, if the illness runs its normal course;
- Medicare Fiscal Intermediaries have developed Local Coverage Determinations (LCDs), which are guidelines to help providers determine who may be eligible to receive hospice care;
- LCDs are also used to assist in determining if a patient is appropriate to remain on hospice care.
Hope in Hospice

• People who choose hospice are not giving up hope, they are redefining it;
• Though a cure may no longer be possible, they redirect their hope into mending and restoring relationships, spending quality time with those they love, and finding peace and comfort.
Prognosis in Alzheimer’s Disease

- Dementia is a progressive terminal illness;
- Life expectancy from onset of symptoms can vary from 3 to 10 years;
- Average life expectancy after diagnosis is 4-6 years;
- In most cases, symptoms exist well before illness is formally diagnosed;
- Prediction of when a person is in their last few months of life is very difficult;
- Very limited research in this area.
Indicators of Poor Prognosis

• Male gender
• Difficulty walking
• Resides in a facility
• Single or widowed
• Behavioral and psychiatric symptoms present
• Malnourished or obese
• Presence of co-morbid conditions
• Loss of more than 3 mini mental status exam points per year
Prognosis Related to Age of Onset

- Age of onset is the most significant predictor of prognosis

- Median survival time:
  - ** 65 years: 8.5 years
  - ** 90 years: 3.4 years
Determining Terminal Status

A patient will be considered to have a life expectancy of six months or less if he/she meets the non-disease specific guideline “Decline in Clinical Status” guidelines described in Part I.

Alternatively, the baseline non-disease specific guidelines described in Part II, plus the applicable disease specific guidelines listed in Part III will establish the necessary expectancy.
PART 1

DECLINE IN CLINICAL STATUS requires documented disease progression in the following areas:

1. Clinical Status
2. Symptoms
3. Signs
4. Laboratory Findings (if available)
5. KPS Score
6. FAST Score
7. ADL Dependence
8. Pressure Ulcers (Stage III or IV)
9. ER/MD/Hospital visits
The word “should” in the disease specific guidelines means that on medical review, the guideline so identified will be given great weight in making a coverage determination. It does not mean, however, that meeting the guideline is required. The only requirement is that the documentation supports the beneficiary’s prognosis of six months or less, if the illness runs its normal course.
PART II

- Non-disease specific baseline guidelines: both A and B should be met

A. Physiologic impairment of functional status as demonstrated by:
   * Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) <70%

B. Dependence on assistance for 2 or more activities of daily living (ADLs):
   * Ambulation;
   * Continence;
   * Transfer;
   * Dressing;
   * Feeding; and/or
   * Bathing.
PART II, cont'd

- C. Co-morbidities- Although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less. should be considered in determining hospice eligibility.
PART II, cont’d

- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Renal Failure
- Liver Disease
- Ischemic Heart Disease
- Diabetes Mellitus

- Neurologic Disease (ALS, CVA, Parkinson’s, MS)
- Neoplasm
- Acquired immune deficiency syndrome (AIDS)
- Dementia
- Refractory severe autoimmune disease (Lupus, Rheumatoid Arthritis)
PART II , cont’d

• Please note: The baseline guidelines (Part II) do not independently qualify a patient for hospice coverage.
PART III

- This section is specific for Alzheimer’s Disease and Related Disorders, and is not appropriate for other types of dementia.
DISEASE SPECIFIC GUIDELINES

DEMENTIA DUE TO ALZHEIMER’S DISEASE AND RELATE DISORDERS

- Patients will be considered to be in the terminal stage of dementia if they meet the following criteria:

  1. Patients with dementia should show all the following characteristics (in addition to meeting Part II):
     
     a. Stage 7 or beyond according to the Functional Assessment Staging (FAST) scale;
     
     b. Unable to ambulate without assistance;
     
     c. Unable to dress without assistance;
     
     d. Unable to bathe without assistance;
     
     e. Urinary and fecal incontinence, intermittent or constant;
     
     f. No consistently meaningful verbal communication: the ability to speak is limited to six or fewer intelligible words.
FAST SCORING

- 7a – Speech ability limited to approximately 6 intelligible words
- 7b – Intelligible vocabulary limited to a single word
- 7c – Ambulatory ability is lost
- 7d – Ability to sit up is lost
- 7e – Ability to smile is lost
- 7f – Ability to hold head up is lost
DEMENTIA, cont’d

2. Patients **should** have had one of the following within the past 12 months:
   a. Aspiration pneumonia;
   b. Septicemia;
   c. Pylonephritis;
   d. Fever, recurrent after antibiotics;
   e. Decubitus ulcers, multiple, stage 3-4;
   f. Inability to maintain sufficient fluid/caloric intake with 10% weight loss in prior 6 months or serum albumin <2.5 gm/dl.
LOCATING CURRENT LCDs

- [http://www.ngsmedicare.com](http://www.ngsmedicare.com)
- Pick “Go to Home Page” under Home Health Hospice section
- “Accept” attestation
- At Quick Links on left side of page, click “Medical Policy Center (LCD)
- Select region from drop down menu
- Click “View a list of Active LCDs for your region”
- Scroll down and select “Hospice-Determining Terminal Status”
THANK YOU