



Comfort Care at the End of Life

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Hospice Care

- ▶ When should care begin?
 - ▶ Treatment will no longer cure the disease
 - ▶ Activities of daily living (ADL's) such as bathing, dressing and walking have become difficult
 - ▶ Symptoms are increasingly uncomfortable or difficult to manage
 - ▶ Pain is not well controlled.
- ▶ What needs to happen for admission?
 - ▶ Anyone can call in a referral
 - ▶ Physician certification of life expectancy of six months or less
- ▶ Does this mean there is nothing more we can do?
 - ▶ In short, no, hospice is about quality of life and living life to the fullest.

Who pays for hospice?

- ▶ Medicare hospice benefit includes:
 - ▶ The services of the hospice team
 - ▶ Medications related to the hospice diagnosis and those utilized to control pain and relieve other symptoms
 - ▶ Short-term respite care to provide caregiver relief
 - ▶ Short-term, in-patient care to manage uncontrolled symptoms, if necessary
 - ▶ Medical supplies and equipment related to the hospice diagnosis
- ▶ Arbor Hospice will serve any eligible hospice patient no matter their ability to pay.

What does hospice care include?

- ▶ Interdisciplinary Team
 - ▶ Physician
 - ▶ RN Case Manager
 - ▶ Social Worker
 - ▶ Spiritual Care Advisor
 - ▶ Hospice Aide
 - ▶ Volunteers
 - ▶ Grief Support Service Coordinators
 - ▶ Complementary Therapies

What is an Advance Directive?

- ▶ An Advance Directive preserves the individual's right and ability to accept or decline treatment when incapacitated.
- ▶ Advance directives are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. They give you a way to tell your wishes to family, friends, and health care professionals and to avoid confusion later on.

Medical Durable Power of Attorney

- ▶ An agent to make health care decisions for an individual should they become physically or mentally incapacitated
- ▶ Consults with health care providers
- ▶ Makes decisions on whether to begin, withhold or withdraw life-sustaining treatments
- ▶ Provide written consent when required
- ▶ Have access to appropriate clinical records
- ▶ Authorize the release of information and clinical records

FAQ's

- ▶ Does a patient have to be a DNR? What does it mean to have a DNR?
- ▶ How do we ensure that patients receive the type of care they want?
- ▶ Does everyone die in pain? Are you going to drug them and leave them to die? Does using morphine hasten death?
- ▶ Why should someone choose a not for profit hospice over a for profit hospice?
- ▶ What if the patient can not speak for themselves?

When should you call hospice?

- ▶ If you know of someone who is experiencing any of the following, hospice may be able to help:
 - ▶ Weight loss, more than 10% over 6 months or less
 - ▶ Decline in cognitive abilities
 - ▶ Increased levels of pain
 - ▶ Lack of response to treatment
 - ▶ Repeated trips to the hospital
 - ▶ Patient or family desires only comfort care

How to make a referral

- ▶ Anyone can refer a friend or loved one to hospice. While medical professionals often refer their patients, it's not a requirement.
- ▶ Gather information
 - ▶ Patient Name, address, phone number and date of birth
- ▶ Make the call – 24 hours a day, 7 days a week
 - ▶ **I-800-997-9266**