Hospital Hospice Partnerships
The Dos & Don'ts
Debby Greenlaw, MS, ACNPC, ACHPN
Director of Palliative Care
Providence Hospitals

Learning Objectives
• Identify 3 practices that support a positive hospital-hospice partnership
• Recognize a marketing strategy that may be negatively perceived
• Plan to implement one new idea from this presentation into your practice

The Bad .......
........... And Ugly
“I know others say this, but we really are committed to providing good end of life care. Our staff really loves our patients.”

“Clearly, I was talking to someone without expertise in hospice care or the hospice Medicare benefit, much less anyone who could work with me to develop the patient’s care plan.”

“In my experience, many hospice Xs market well – flyers, lunches, paraphernalia with logos, etc., offering programs that claim to smoothly transition from home health to hospice. These programs may sound good to the referring providers, but do not necessarily work for the patients/families.”
"When I called Hospice X to inquire about his condition and discuss his plan of care, I was unable to reach anyone who had access to his record or knew his situation."

Hospice Risk Areas
Improper patient solicitation activities
  • Aren Fox (government regulations law firm)
Action Plan

- Develop 'Ideal Hospice' GIP Criteria
- Survey to Identified Hospices
- Review Survey Responses & Select Hospices to Interview
- Interviews
- Selection
- Contract
- Policy Development
- Education of Staff

Ideal Hospice GIP Criteria

- Responsive -
  - Timely and on time
  - One number to call
  - A designated person/liaison
  - Clinical background (not just marketing)
- Communicate with requesting physician/NP/PA; call for orders if needed.
- Communicate with staff
- Communication Form

Ideal Hospice GIP Criteria

- Have difficult conversations
  - And provide that information to staff
- See themselves as part of the hospital's IDT
  - Admission and biweekly patient conferences
- Provide compounded medications
- Bereavement services
- Death and Dying, Grief education
- Staff Education
Choosing a Quality Hospice for you and Your Loved Ones
The National Hospice and Palliative Care Organization

Survey Questions
• How long has your hospice been operating?

• What is your hospice’s governance structure? (non-profit, for profit, government, faith-based, part of a larger healthcare organization)

• Is your hospice Medicare Certified?

• Has your Hospice been surveyed by a state or federal oversight agency in the last 5 years? When? Were there any deficiencies? If so, how were they resolved?

Survey Questions
• Is your hospice accredited by a national organization?

• Does your hospice conduct a family evaluation of hospice care? If so, please send us your survey scores.

• Are your clinical staff (physicians, nurses, social workers) certified or credentialed in hospice and palliative care?

• What services do volunteers offer, and if requested, how quickly will a volunteer be available? How do you match volunteers to patient needs? What screening and training do your volunteers receive?
Survey Questions

• Will staff come to the home if there is a crisis at any time of the day or night and on weekends? Who is available to make the home visit in an emergency (nurses, doctors, social workers, chaplains)?

• How many patients at any one time are assigned to each hospice staff member?

• How quickly will someone come to begin the admissions process? Are they available on the weekends and at night?

• Is your organization a member of NHPCO or of the Carolinas Center for Hospice and End of Life Care? If a member of NHPCO, have you completed the Standards Self Assessment? If so, how recently?

Questions for Interviews

• If you could choose just one thing about your hospice, what would it be that sets you apart from all the other hospices?

• If you could have your ideal in-patient hospice experience, what would that look like?

• Who is your Medical Director? How involved is he or she in the care of the patient?

• What could you offer when we have an indigent patient that needs GIP?

Questions for Interviews

• What is the social worker’s role? What if the patient improves beyond what meets GIP criteria?

• We see communication between our agencies as very important. How would you assure good communication between our hospital and your agency?

• How do you handle conflict with patients/families?
Implementation

- The Contract
- Collaborative Delineation of Responsibilities
- Processes (& Policies)
- Resource Sharing

HOSPITAL AND HOSPICE COLLABORATIVE PLAN
FOR INPATIENT HOSPICE

Interdisciplinary Team Services

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Provide the same level of care as would be available if patient were not on Hospice care.</td>
<td>- Nurse visits daily and PRN to assist the hospital staff in develop plan of care.</td>
</tr>
</tbody>
</table>
| - Notify Hospice of:  
  - Changes in patient condition  
  - Patient family needs or concerns  
  - Death of patient  
  - Need for changes in physician orders, pain and symptom management or other concerns  
  - Request for visits from Hospice social worker, chaplain, or other team members | - Assess, teach, assist with decision making and minimize hospice concepts of comfort care. |
| - Participation in Plan of Care IDT meetings. | - Assist w/patient, family and staff needs and provide plan of care oversight. |
| | - Nurse on call 24/7 for phone consult or visits. |
| | - Aide visits may include:  
  - Provide personal care  
  - Provide companionship |
Interdisciplinary Team Services

Hospital

- Social Worker visits, Clergy visits, Volunteer visits.
  - to assist team with Plan of Care and address patient and family needs.
- Bereavement services to patient's family and as requested by Hospital staff.
- Participation in Plan of Care IDT meetings

Hospice (continued)

- Provide and administer medications and treatments as ordered, document effectiveness.
- Collaborate with Hospice nurse to review and change medication regimen as needed.
- Obtain new orders from physicians, as needed.
- Provide all needed supplies and equipment.
- Assist with teaching Hospital staff, patient, family regarding use, frequency and expected outcomes of medications used for comfort and symptom relief.
- Assess patient during daily visit; initiate review of medication regimen and effectiveness. Contact physician for new orders, as needed.

Meds, Supplies & Equipment

Hospital

- Provide and administer medications and treatments as ordered, document effectiveness.
- Collaborate with Hospice nurse to review and change medication regimen as needed.
- Obtain new orders from physicians, as needed.
- Provide all needed supplies and equipment.

Hospice

- Assist with teaching Hospital staff, patient, family regarding use, frequency and expected outcomes of medications used for comfort and symptom relief.
- Assess patient during daily visit; initiate review of medication regimen and effectiveness. Contact physician for new orders, as needed.

Patient Care

Hospital

- Routine daily care and documentation.
- Care of skin, wounds, dressings, drains, feedings, pumps, etc.
- Death Pronouncement and post-mortem care.

Hospice

- Assist with care and treatments as needed.
- Skin/ wound care and dressing changes for assessment purposes, if needed.
- Provide Hospital staff education on Hospice protocols as requested.
- Complete documentation of visits on appropriate forms and leave copy in Hospital medical record.
- Post death visit for family support.
- Bereavement services.
Transitions

GIP to Routine Home Care

- Anticipate and Plan for:
  - Level of Care changes
  - And/or Location of Care transitions
  - Communicate ongoing care options to patient and family (and hospital staff)

The Emergency Department

- The ED is a place of transition, not a destination.
- Diagnose, Treat, Disposition
Advanced Illness/EOL in the ER
- Symptom management
- Decision making
- Understanding of Non-Hospice diagnosis and Relatedness

Positive Partnership Strategies

Engaging Customers
- Understand their business and/or specific needs
- Hospital Liaison
- Understand customer challenges
- Partner for future growth
Etiquette

• Be Honest
• Be Thorough
• Follow Up
• Be Professional
• Exude Excellence

Debby's Golden Rules

Be Responsive
Do what you say you will do
Make it Easy

Questions

... And Thank You!
Deborah.greenlaw@providencehospitals.com