

# Hospice

It is our mission to promote quality of life through the provision of holistic comfort care for the terminally ill and their loved ones before and after the death. We are also dedicated to educating our community about issues related to death, dying, grief and bereavement.

## **Hospice Care**

For over 20 years many residents of Lewis County have invited Hospice into their homes to provide care for their loved ones with a terminal illness. Hospice care is a type of health care with a unique focus, different than typical healthcare. Healthcare is focused around curative treatment, so when someone hears end-of-life or hospice, they are fearful. Who doesn't want to live a long, healthy life? When someone reaches a point in their life when the physician sits down with them and says there is nothing more curative treatment can do to maintain quality and quantity of life, they then have the option to receive hospice services. Anyone can make a referral to Hospice as long as the person needing hospice care is accepting of our services. Hospice care focuses on the quality of life. We help make life and its loss easier for many people. Hospice treats the whole person focusing on symptoms and needs that arise. We strive to maintain patient needs including, comfort, emotional, social and spiritual needs. The patient and family are the center of the plan of care, making their own decisions regarding the end-of-life care, as the patient comes closer to the end of their journey.

## **Regulatory Changes**

For many years hospice care was delivered under Medicare regulations that have had only minor revisions and changes. In December of 2008, Medicare released new regulations called Conditions of Participation (CoP's). The new CoP's required hospice to make a significant amount of changes to the way we provide hospice care for our patients and families. We have made many policy and procedural changes to meet the new CoP's guidelines. One of the greatest challenges we have had is the new condition requiring the registered nurse to complete an initial assessment within 48 hours after the election of hospice care along with the new requirement that the entire hospice team complete the comprehensive assessment no later than 5 calendar days after the election of hospice care. There were other challenges with the new regulatory requirements which include, but are not limited to: a new Quality Assurance Performance Improvement (QAPI) program, development of a formal infection control program, official orientation, training and competency to ensure new staff and current staff are provided with appropriate training. Many other regulations were released and the hospice team worked very hard this year to meet all of the new conditions. Lastly, the regulatory changes have all been positive and have strengthened the quality of care and documentation that hospice provides.

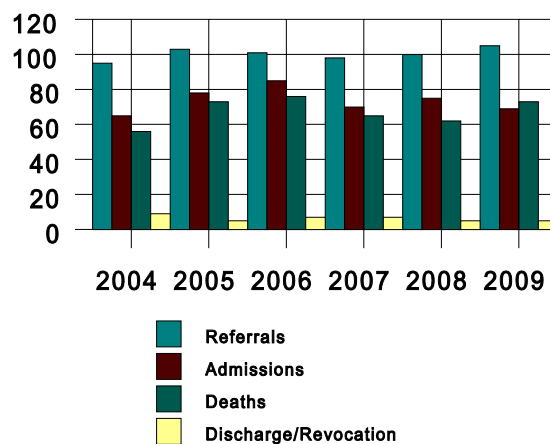
## The Hospice Team

It is not possible for one person to meet all the needs of a seriously ill patient. Hospice is made up of a group of professionals called an interdisciplinary team. Many people with different skills work as a team to support the patient and family. The team is first and foremost made up of a patient with a primary care giver and family. The primary care giver ensures the patient's needs are taken care of 24/7. The needs may be very minimal when a patient comes on service with Hospice and typically increase as the patient ends their journey. The patient's care provider is supported by hospice staff to provide the type of care the patient needs. Hospice is not in the patient's home 24 hours a day, so we provide supportive services to guide families and care providers to care appropriately for the patient. The hospice interdisciplinary team includes the attending physician, hospice medical director, Registered Nurses, a Patient Care Coordinator, Licensed Practical Nurse/Home Health Aides, a Social Worker, Bereavement Coordinator, Volunteer Coordinator to arrange volunteers, chaplain/spiritual support, and specific therapies as necessary. Hospice offers nursing on-call 24/7 in the event a patient has a problem that is more than the caregiver can manage. We also offer bereavement support for families for 13 months after the patient has died.

## General Statistics for 2009

2009 proved to be another very good year for Lewis County Hospice. Admissions and the average daily census were down, however, the average length of stay increased significantly.

- 105 Referrals
- 69 Admissions
- 73 Deaths
- 3 Decertifications
- 2 Revocations
- Average length of stay: 57.6 days
- Average Daily Census: 9.7 patients



patient and his or her family and loved ones. The following changes may indicate a need for a Hospice referral:

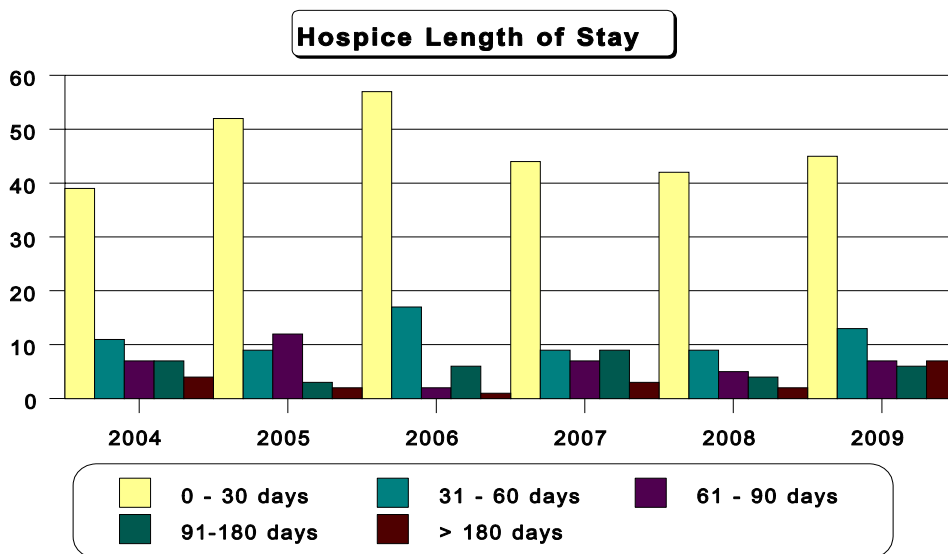
- Treatment goals that shift from curative to palliative
- A patient’s request to discontinue aggressive treatment
- An apparent and progressive deterioration of the patient’s condition and abilities
- There is a need for additional social, spiritual and emotional support for the patient and family

This in turn has allowed us to obtain the goal of our Mission Statement: To promote quality of life through the provision of holistic comfort care for the terminally ill and their loved ones before and after death. We are also dedicated to educating our community about issues related to death, dying, grief and bereavement.

**Length of Stay**

Hospice care is divided into benefit periods, two ninety-day periods, and with an unlimited amount of sixty-day benefit periods.

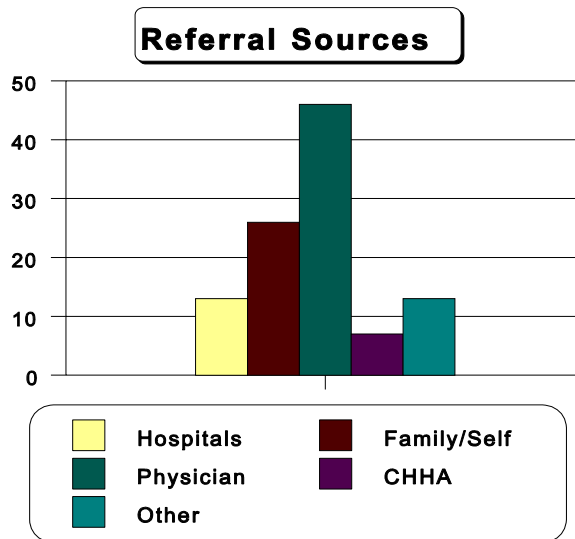
- 58% of patients died within 30 days of admission
- 32% of patients died within 7 days of admission
- 83% of patients were on service between 1 and 90 days
- 8% of patients were on service between 91 and 180 days
- 9% of patients were on service greater than 180 days



**Referrals/Non Admissions**

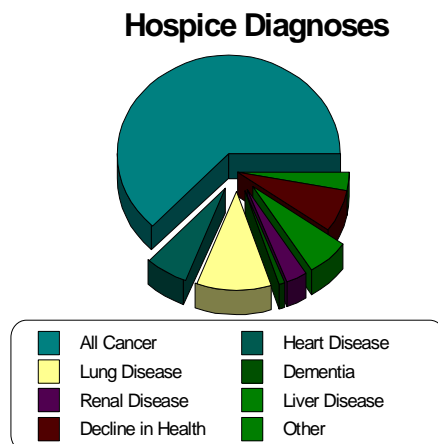
Hospice accepts referrals from any source. All referrals are reviewed to determine whether the patient meets admission criteria. 34% or 36 referrals were not admitted. Of these:

- 6 - Could not be certified as terminally ill
- 11- died prior to admission
- 9 - declined service/chose another agency
- 2- were seeking aggressive therapy
- 2 - had no primary care giver
- 6 - using Medicare benefit for Nursing Home Room & Board



**Diagnosis**

Hospice cares for anyone with a life threatening illness and who has a prognosis of 6 months or less, if the illness runs its expected course. Cancer diagnoses accounted for 63% of admissions, and non-cancer diagnoses accounted for 37% of admissions.

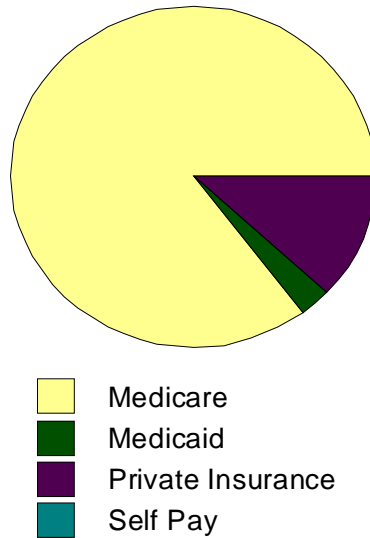


**Reimbursement**

**Sources**

Both Medicare and Medicaid provide Hospice care coverage and most insurance plans have some form of Hospice benefit. Because the reimbursement rate, most often, does not cover all program expenses, The Friends of Lewis County Hospice raises money through donations and annual fund-raisers to supplement the program.

**Reimbursement Sources**



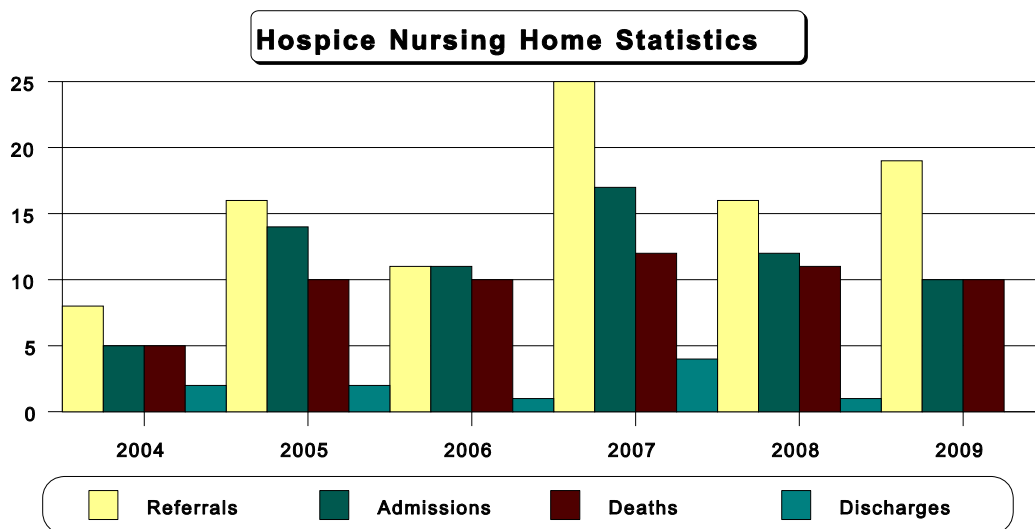
**Hospice Team Visits**

Year	2006	2007	2008	2009
Nursing	649	732	815	829
HHA/LPN	1350	1641	1881	1794
Social Work	145	125	165	121
Chaplain	85	70	68	68
Bereavement	57	83	78	31
Physical Therapy	13	5	38	31
Volunteer Coordinator	59	44	40	30
Massage Therapist	104	137	75	7

**Hospice in the Residential Health Care Facility**

Hospice has been caring for terminally ill patients in the Lewis County Residential Healthcare Facility since 1994. The Hospice Interdisciplinary Team directs and coordinates the plan of care for residents in collaboration with the nursing home staff. Fifteen percent of the admissions in 2009 were residents of Lewis County Residential Healthcare Facility.

Year	2005	2006	2007	2008	2009
Referral	16	11	25	16	19
Admissions	14	11	17	12	10
Deaths	10	10	12	11	10
Live Discharges	2	1	4	1	0



## **Social Work**

The provision of holistic comfort care to our Hospice patients includes offering the availability of Social Work services. This is done by evaluating factors such as family dynamics, customs and concerns, safety, social support systems, and personal beliefs. The Social Worker is trained to provide emotional support to families who are facing the impending death of a loved one. The Social Worker assesses a wide variety of factors, including but not limited to, the patient and family's adjustment to the terminal illness, the social and emotional factors related to the terminal illness, the presence or absence of adequate coping mechanisms, the family dynamics and communication patterns, financial resources or constraints, the caregiver's ability to function effectively, identifying family support systems to help facilitate coping with end of life issues. Additionally, the role of the Social Worker is to help the interdisciplinary team identify issues that either impede or facilitate the patient's treatment and to assist the patient/family in reaching the maximum benefit from hospice care and services.

- Professional Development
- Diversity and End-of-Life Care
- Advance Care Planning in Health Care - Facilitator Training
- Professional Boundaries: Maximizing & Minimizing Stress

## **Bereavement**

The caring and support of Lewis County Hospice continues after the death of the patient. The Hospice Bereavement Program provides support, guidance, and education. Professional bereavement services are available to the patient's survivors to assist them with addressing their grief and loss. These services including individual grief counseling, periodic mailings and Memorial Service are provided without charge. The families and loved ones of Hospice patients are eligible to receive services throughout the first 13 months of bereavement. Bereavement Services also extend to our community, where we provide free support groups and grief workshops at various times throughout the year.

- Professional Development
- Diversity and End-of-Life Care
- Workshop "The Grief Tool Box for Professionals, A Guide to Understanding the Bereaved."
- Complicated Bereavement: Current Understandings and Hospice's Responsibilities

## **List of Events for 2009:**

- Facilitated a Grief Support Group for both Hospice Bereaved and Community Bereaved.
- Sponsored a teleconference in cooperation with Lewis County Cooperative Extension and the

- Hospice Foundations of America entitled “Living with Grief: Diversity & End of Life Care.”
- 8 Community Referrals were received requesting bereavement counseling, referral or information.
  - Volunteer provided 47 hours of bereavement support to families and loved ones of Hospice patients. This includes face-to-face contacts as well as phone calls. Many additional hours were given to assist with office work.
  - Over 60 people attended the Annual Hospice Memorial Service in September. The Memorial Service is offered as a community event for people who are grieving the loss of a loved one.
  - Hosted a Holiday Grief workshop.
  - Implemented a new Bereavement Mailing Program utilizing "The Grief Bulletin" Series. Mailings are sent to bereaved families at various intervals following the death of their loved one.
    - Soon after the death: “Grief Information Guide”
    - At one month: “Feelings of Grief”
    - At three months: “Coping with Grief”
    - At six months: “Different Bonds, Different Grief”
    - At twelve months: “After the First Year”

## **2009 Volunteer Report**

Our volunteers continue to be an integral part of our Hospice Team. They continue to go “above and beyond” in their support of our patients, their families and our staff. Their ongoing support enables us to provide quality of care to our patients and their families.

They continued to provide assistance in a variety of ways, patient care, family support, office work and fundraising.

- **57%** of our patients received volunteer services.
- **25** of our patient care volunteers had assignments.
- Those **25** volunteers had **59 active patient assignments**.
- Volunteers made **736 patient and family contacts** (visits and phone calls) and spent **992 hours** providing services and bereavement support to our patients and their families.
- **214 hours** were spent **helping staff in the office** with clerical duties, bereavement correspondence and record keeping.
- **36 hours** of volunteer time went towards **community education** both through community grief education and talking with community groups.
- We had **48 active volunteers for 2009**.
- The **Friends of Hospice Board members** gave **201 hours** of their time to board business and joined with other Hospice volunteers to provide **363 hours** for fundraising.
- **A total of 1976 hours were provided by our volunteers (including board members) to help support our patients, their families and our agency.**
- 8 people completed our volunteer training class.
- **Volunteers and staff** were given the opportunity to attend **5 inservices** on **3 subjects** to help further their education as well as the opportunity to attend **3 support groups**.
- Our **Hospice Alliance** hosted a **Professional Development Conference for Volunteers in October in Syracuse**. Conceived and developed by the Alliance’s Volunteer **Coordinators Peer Group**, this conference provided the opportunity for volunteers of every agency within the alliance to gather together for a day of education and insight. Our Volunteer Coordinator and 5 of our volunteers

attended this conference.

- Our **Christmas Basket Project** was once again a huge success. Thanks to the hard work and dedication of Sue Berrus, and the volunteers, staff and community members who assisted her, beautiful, bountiful Christmas baskets were delivered to our patients and their families.
- Opportunities for volunteers to gather and socialize were held throughout the year. These events included:
  - **Dessert Night**. Held in February at Maple Ridge.
  - **A Meet and Greet** in May (pizza and wings at the Elk's)
  - Our **Volunteer Picnic** was held in August at the fairgrounds.
  - The **Volunteer Recognition Dinner** was held in November at Memories Restaurant
  - **Linda and Tom Yousey were honored the 2009 Volunteers of the Year.**

### **Spirituality**

The spiritual is a real part of us as humans. This part moves on in a continued existence while our physical being dies. The spiritual, the real person, often becomes stronger at the very time the body becomes weaker.

We, as a hospice team, are committed to ministering to the whole person. Since we, as humans, are interconnected, spiritually and physically, each team member is in touch with the spiritual directly or indirectly.

As chaplain, I try to become connected with each client and family, attempting to honor and work symbiotically with the church and pastoral connections they already have. At times my services are declined, but others of the team pick up the torch and minister pastorally. It is a team effort-at, which we all emerge from, never quite the same.

*Evan Zehr, Hospice Chaplain*

### **QAPI**

The purpose of the Hospice Quality Assurance and Performance Improvement (QAPI) Program is two-fold, monitoring quality while at the same time developing and implementing strategies for improvement. Performance is measured to monitor progress, providing for a continuous cycle of quality assessment and

performance improvement.

This program functions within the framework of the Performance Improvement Project (PIP). Areas of priority are selected with a focus on patient safety and improved patient outcomes. Areas of high-risk, problem prone, high volume situations are considered. Hospice identified the following goals for 2009:

- To improve the effectiveness and efficiency of Hospice services
- To improve the outcomes of the care provided by Hospice
- To increase patient/family satisfaction with the services provided by Hospice

The Hospice conducted the following Performance Improvement Projects in 2009:

▫ Pain Management – The dying patient will be free from distressing symptoms. In this PIP the Hospice focused on relief of discomfort in patients who were uncomfortable because of pain on admission to hospice services. The National Hospice and Palliative Care Organization (NHPCO) has set forth the guideline that hospice patients will achieve their goal for comfort by 48 hours after admission. Compliance was monitored using retrospective medical record review with findings submitted to NHPCO for benchmarking.

Hospice has not met its goals, and does not compare favorably with NHPCO benchmarks for this PIP. However, according to the NHPCO Family Evaluation of Hospice Care, caregiver responses indicated that Hospice patients received the right amount of pain medication 90.9 to 100% of the time in 2009. The Pain Management PIP will continue in 2010.

▫ Interdisciplinary Team Activities – IDT activities will be accurately documented and carried out as planned. Documentation by the interdisciplinary team was monitored using concurrent medical record review. Major categories of review include: Interdisciplinary meeting, Professional management, Plan of care, and Follow-up assessment.

Hospice has improved or sustained performance in all major categories, meeting the goal of 90% in the third and fourth quarters of 2009.

▫ End of Life Outcomes - Hospice staff will honor patient preferences for avoidance of hospitalization, provision or CPR, and Do Not Resuscitate. Patient preferences for hospitalization and CPR are recorded at admission. Every effort is made to educate patients and to honor preferences. Compliance is monitored using both concurrent and retrospective medical record review.

Hospice met the established goals and honored the preferences of all patients in 2009.

▫ Staffing Pattern – Management of Human Resources by adding 0.2 FTE to RN staffing with the goal of reducing overtime, increasing effectiveness of case management, and improving staff morale. This PIP was affected by the retirement of a hospice RN. A part-time RN and a per diem RN were hired in 2009. When compared to 2008, overtime hours in 2009 decreased by approximately half.

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The Hospice has selected Bereavement Services with a focus on community outreach and hospice bereaved individuals as a PIP for 2010. In addition, the Pain Management PIP will continue in 2010.

The Lewis County Public Health/Hospice continues to be certified by the Centers for Medicare/Medicaid Services and was surveyed in a follow-up survey in 2009. Significant improvement was noted with three of

four areas previously cited found to be in compliance.

Hospice participates in the NHPCO Family Evaluation of Hospice and Bereavement Care survey process. This is a post-death survey that assesses multiple areas of the quality of care provided.

