


 MINNESOTA NETWORK OF
HOSPICE & PALLIATIVE CARE




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1

1


 MINNESOTA NETWORK OF
HOSPICE & PALLIATIVE CARE


Facilitator

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2

2


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Learning Objectives

- Compare and contrast palliative care and hospice care that includes funding, coverage of care and services, and models of delivery

3

3

Resource Use across the Health Spectrum

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Healthy
(Age 18+)

Start the conversation with your family and loved ones

Complete a health care directive

●

Diagnosis of a serious illness
(Any age)

Ask your doctor about your illness and your choices, including palliative care.

Revisit and revise your health care directive.

Ask your doctor if a POLST is right for you.


●

End of Life
(Any age)

Talk to your doctor, family and loved ones about hospice care.

Have the Conversation

Talk to your doctor, family and loved ones about what it means to "live well" at any stage of your life.



What resources included in my training packet are designed for each of the stages?

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Advance Care Planning FAQ
Honoring Choices Short or Long Form
Stanford Letter
The Conversation Project

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Palliative Care FAQ
Elephant in the Room
Honoring Choices Long Form
POLST Fact Sheet
Stanford Letter
The Conversation Project

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Hospice FAQ
Hospice FAQ (Veterans)
Hospice Consumer Guide

4

4



PALLIATIVE CARE

5

5

WHAT is Palliative (pal-lee-uh-tiv) Care?

Palliative care is specialized holistic care for people with serious illnesses.

- It focuses on providing patients with relief from the symptoms, pain and stress of a serious illness—whatever the diagnosis and age.
- The goal is to improve quality of life for both the patient and the family.



6

6

Definition of Palliative Care

Palliative care focuses on expert assessment and management of pain and other symptoms, assessment and support of caregiver needs, and coordination of care. Palliative care attends to the physical, functional, psychological, practical, and spiritual consequences of a serious illness. It is a person- and family-centered approach to care, providing people living with serious illness relief from the symptoms and stress of an illness. Through early integration into the care plan for the seriously ill, palliative care improves quality of life for the patient and the family.

— NCP, 4th Edition

7

7

Palliative Care is a Bridge



8

8

WHAT are Some Benefits of Palliative Care Services?

- Provide relief from pain and other uncomfortable symptoms
- Assist in making difficult medical decisions
- Help coordinate care and navigate the often-complex health care system



9

9

WHAT are Some Benefits Of Palliative Care Services? Cont.

- Improve communication between the patient and health care community
- Solicit the goals for care from the patient and family
- Provide emotional and spiritual support and guidance to patients and their families

10

10

The Palliative Care Team

- Patient and Family
- Doctor
- Nurse
- Social Worker
- Chaplains/Counselor
- Pharmacist
- Dietician
- Volunteer
- Therapist
 - (PT, OT, ST, Music, Massage)



11

11

Models of Palliative Care

- Hospital
- Hospice
- Home health care
- Outpatient
- Long term care facilities
- Consult Teams



12

12

DISTINGUISHING PALLIATIVE CARE FROM HOSPICE CARE

13

Palliative Care

- Comfort Care
- Offered and provided at any time of diagnosis of a serious illness
- May be offered at the same time as curative treatment
- There may be limited financial coverage of palliative care

Hospice Care

- Comfort Care
- Care and services offered and provided for persons with a 'terminal' illness
- No longer receiving curative care but comfort care
- Benefit that includes coverage of the hospice team, medications, supplies, and bereavement care

14

Palliative Care Facts

- Palliative programs may look different
- There is little reimbursement for services
- There is no coverage of medications, treatments, therapies beyond the usual and customary insurance coverage
- There may be coverage of limited visits by the PC team

15

15

How to Make a Referral to Palliative Care

- Consider who is providing palliative care in your community
- Do you have written information on the providers of palliative care in your community?
- MNHPC Palliative Care Directory <https://www.mnhpc.org/palliative-care-directory/>

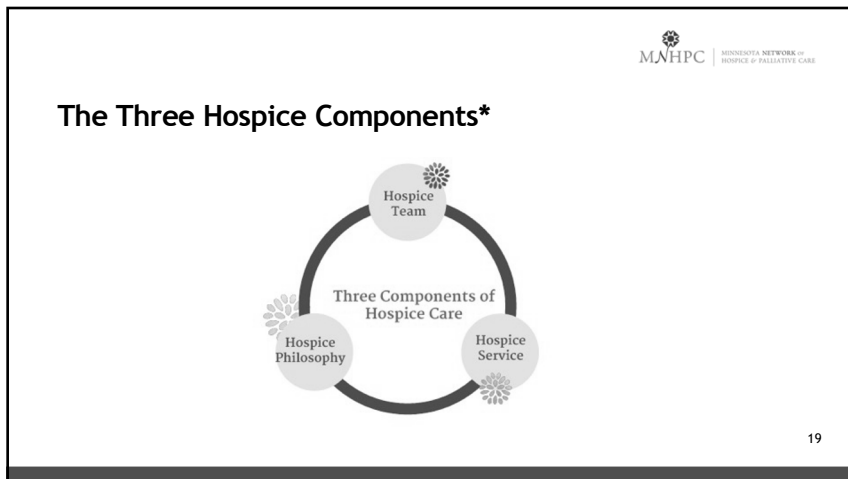
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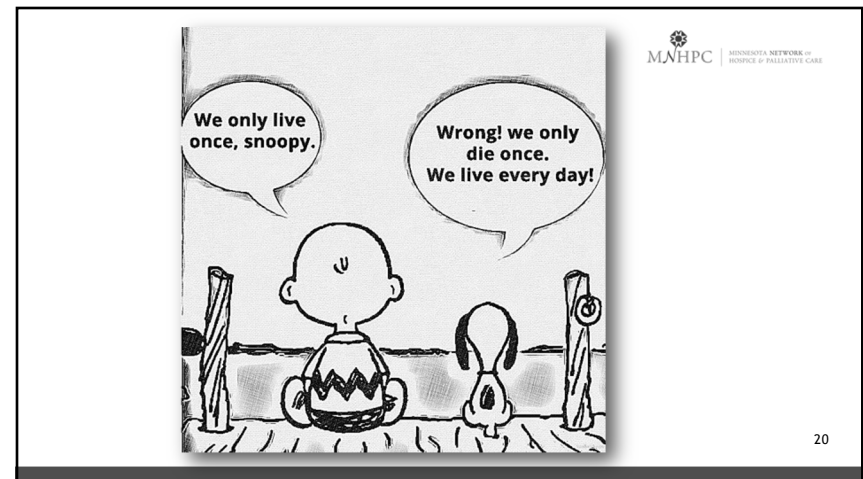
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18



19



20




Hospice Care

Hospice Care


- Hospice (pronounced haw-spiss) care is a special kind of care that a patient and their family or loved ones choose.
- Hospice care helps patient's with life-limiting illnesses live their final months in comfort and dignity.
- Hospice care is unique in that it also provides support to the patient's family and caregivers

21


21



HOSPICE PHILOSOPHY



22




Hospice Philosophy

Hospice Philosophy

- Hospice care is a special kind of caring that recognizes that quality of life should be encouraged and supported when quantity of life is limited.
- Hospice care helps patient's with a life-limiting illness live their final months in comfort and with dignity.

23

23




Hospice Philosophy

Hospice Embraces the Following:

The patient has the right to:

- be informed of all options available and choose those options that meet your values, culture and beliefs
- live the remaining days as fully as possible
- to experience relief from physical, spiritual and emotional pain that frequently accompanies a life-limiting illness

24




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Who Qualifies for Hospice Care?

- Terminally ill patient's whose life expectancy is six months or less given the current progression of their disease process (any age-any diagnosis)
- Patients seeking palliative (comfort) care rather than curative treatment

25

25




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Steps to Hospice Admission

- Referral (by anyone)
- Eligibility (guidelines for terminal illness)
- Election of benefit (by patient)
- Revocation (by patient)
- Discharge (by agency)
- Recertification (by physician)


26

26




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HOSPICE SERVICES



27

27



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Hospice Services

The hospice team will provide the following services to patients in their 'home'

- Manage pain and other distressing symptoms
- Offer support and counseling for family members and loved ones
- Offer support for the emotional and spiritual aspects dying
- Teach family members skills to help them provide care

28

28




Hospice
Services

Levels of Care

- In-Home
- Respite
 - Relief for caregiver-max of 5 days paid by Medicare
- General In-patient (GIP)
 - Acute/crisis care
- Continuous Care
 - Crisis care in the 'home' setting primarily provided by skilled nursing more than 8 hours per 24 hours

Hospice
Services

29




Hospice
Services


Provide Medications and Treatments

- All medications and treatments related to the terminal and “related” conditions are covered as approved by hospice.
- This may include: radiation, chemotherapy, blood transfusions, etc. if provided for the relief of pain/suffering according to the patient’s goals for care.

Hospice
Services



30




Hospice
Services

Provide Medical Supplies


Supplies related to the terminal condition are covered.

Examples:

- Wheelchair
- Walker
- Oxygen
- Wound care supplies
- Incontinent products
- Dressings
- Electric bed
- Other



31



Additional Considerations

- Emergency transportation
- Surgical procedures palliative in nature
- Short term dialysis
- Blood transfusions
- Other

32

HOSPICE TEAM



33

The Hospice Care Team



34

The Hospice Care Team

- Patient and Family
- Hospice Medical Director
- Attending MD or NP or PA
- Registered Nurse
- Social Worker
- Chaplains/Counselors
- Volunteers
- Pharmacist
- Dietician
- Therapists
 - (PT, OT, ST)



35

35

Additionally

- Integrative Therapies
 - Music
 - Massage
 - Animal/Pet
 - Other

36

36

Hospice Team

What Role Does the “Family” Play?



- The patient and family are at the core of the hospice team and are at the center of all decision making.
- Family may include relatives, friends, neighbors, or extended family identified by the patient.

37

Who Pays for Hospice Care?



- Medicare hospice benefit-100%
- Medical Assistance hospice benefit-100%
- MN Care
- Most Health Plans
- Private Pay
- Several Long Term Care Insurances

38

Hospice in the Skilled Nursing Facility

- Hospice does provide services and visits to the patient/family as this is the patient's 'home'
- Hospice does not pay for the room and board charges
- Hospice and the SNF develop a plan of care that identifies 'who does what'
- Hospice is required to professionally manage pain and symptoms
- A contractual arrangement between hospice and the SNF is required

39

39

Hospice in Assisted Living

- The hospice and the AL do not need to have a formal contract
- Hospice doesn't pay for room and board
- Hospice and AL collaborate on the plan of care
- Hospice and AL encourage the involvement of family

40

40

Hospice Facts

- A “DNR” order is not required
- Hospice is not only for patients with a cancer diagnosis
- Hospice is usually covered 100% by most payer sources
- Hospice enrollment doesn’t “cause death.”
- Morphine doesn’t “cause death.”
- Hospice is for the last months of life, not “days.”
- Hospice doesn’t require a patient to change physicians
- Hospice doesn’t limit access to emergency services or hospitalization

41

41

How to Make a Referral to Hospice



- Offer a list of the hospice providers in your area to the patient/family.
 - MDH Licensed Hospice Providers
 - MNHPC Provider Members
- While individual choice is important, the health care ‘system’ the patient is enrolled in may be important to choice and access
- Encourage the patient to make an appointment with his/her health care provider

42

42

Questions?

43

43



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44

44