

## Hospice and Nursing Homes: Partners in End-of-Life Care

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### Objectives

- Describe the benefits of partnering with hospice
- Explain the regulations for the interface between hospice and nursing home providers
- Provide operational guidance in meeting regulatory requirements



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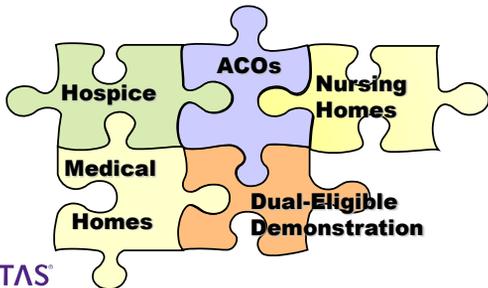
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### Partnerships



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### Philosophical Match



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### End of Life Care in a Nursing Home

- *It is projected that by 2030 half of the 3 million persons projected to be in a nursing home will die there*
- *Centers for Disease Control and Prevention cite the most frequent causes of death (other than trauma) were diseases common among nursing home residents such as heart disease, stroke, diabetes, cancer, and Alzheimer's*
- *In addition to specific diagnoses, a resident's age, overall condition, unexpected acute illness, and treatment choices may influence when death may occur*

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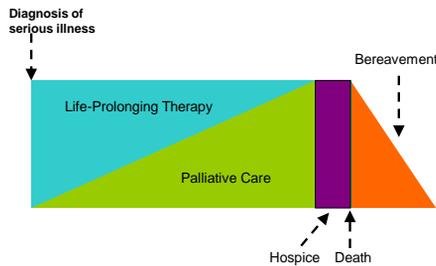
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### Health Care Continuum



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### Experts in Palliative Care

- Control of pain and other distressing symptoms
- Emotional support for the resident and significant others
- Assistance with execution of advance directives
- Assistance in funeral planning
- Bereavement care for 13 months after the death




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### Partnership

Expertise of the nursing home  
in geriatric care



Expertise of hospice in  
end-of-life care



Optimal experience for dying residents  
and their family members




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### Licensing Requirements

- *Hospice Conditions of Participation 418.112 if providing care to residents of a SNF/NF, ICF/MR implemented December 2008*
- *Companion Nursing Home licensing rules 483.75 implemented August 2013*




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### Written Agreement

- *Must be in place before hospice care is furnished to any resident*
- *Nursing home is not required to have an agreement with a hospice, but may have an agreement with one or more hospices*
- *If a nursing home does not have an agreement and a resident requests hospice, assistance in transfer to another facility is provided*
- *Education is provided to key staff on the content of the written agreement*



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### Staff Introduction

- *Designation of member of hospice interdisciplinary group*
- *Designation of nursing home member who has a clinical background*
- *Instructions on how to access hospice services 24/7*
- *Medical/electronic records*
- *Don't forget billing staff*



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### Orientation

- *Hospice provides orientation on hospice philosophy, pain control, symptom management, principles about death and dying, patient rights, individual responses to death, appropriate forms, recording keeping*
- *Nursing home provides orientation on policies and procedures in the facility, including patient rights, appropriate forms, and record keeping*
- *Housekeeping issues- parking, use of cell phones, dress, use of space, electronic records,*



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### Upon Admission

- *Notification of admission to MDS Coordinator for completion of significant change in condition which triggers completion of a comprehensive assessment and care plan*
- *Notification to nursing home bill staff and identification of hospice level of care*
- *Identification of attending physician and role of hospice physician*
- *Identification of medications, supplies, and DME to be covered by hospice for a specific patient/resident*



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### MDS 3.0 and Hospice

*O100 (k) Hospice care*

- *Resident receiving care from a Medicare certified or State licensed hospice*

*J1400 Physician six month prognosis*

- *Signed certification by a physician that there is a prognosis of a life expectancy of six months or less if the illness runs its normal course*



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### Hospice Documentation in Nursing Home Medical Record

- *Hospice election form*
- *Physician certification and recertification of the terminal illness specific to each patient*
- *Advance directives*
- *Medication information and physician orders*
- *Most recent plan of care specific to each patient*



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### Development of Care Plans

- Hospice has 5 days from admission to complete a comprehensive care plan
- Nursing home must complete a comprehensive MDS 3.0 within 14 days, followed by a care plan within 7 days
- Coordinated care plan can be a single document or one with two parts: hospice & nursing home
- When care plans are laid side by side, looks the same



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### Care Area Assessments (CAAs)

- Delirium
- Cognitive Loss/Dementia
- Visual Function
- Communication
- ADL Functional/Rehabilitation Potential
- Urinary Incontinence and Indwelling Catheter
- Psychosocial Well-Being
- Mood State
- Behavioral Symptoms
- Activities
- Falls
- Nutritional Status
- Feeding Tubes
- Dehydration/Fluid Maintenance
- Dental Care
- Pressure Ulcer
- Psychotropic Drug Use
- Physical Restraints
- Pain
- Return to Community



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### Quality Measures

- After submitting a batch of MDS forms, the Casper report can be printed.
- Casper report specific to the nursing home
- Information reported on Nursing Home Compare website



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### Mood Interview

Some of the questions that have relevance to hospice include:

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Feeling bad about yourself - or that you are a failure or have let yourself or your family down
- Thoughts that you would be better off dead, or of hurting yourself in some way



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### Preferences for Customary Routine and Activities: Daily Preferences

While you are in the facility, how important is it to you to:

- choose between a tub bath, shower, bed bath, or sponge bath?
- choose your own bedtime?
- have your family or a close friend involved in discussions about your care?



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### Preferences for Customary Routine and Activities: Activity Preference

While you are in the facility, how important is it to you to:

- listen to music you like?
- be around animals such as pets?
- keep up with the news?
- go outside to get fresh air when the weather is good?
- participate in religious services or practices?



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### Pain Assessment

- *Is the resident on a scheduled pain medication regimen and whether they received a PRN medication during the reference date?*
- *Is the resident receiving non-medication interventions for pain?*
- *Interview the residents to assess their level of pain*
- *Pain is assessed using either a numeric rating scale (0 – 10) or verbal descriptor scale (mild, moderate, severe, very severe- horrible)*



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### Care Plans

- *Identifies the care and services to be provided and designates responsible party*
- *Any changes in the plan of care must be approved by all representatives before implementation*
- **Coordinated** care plan developed with input from hospice, nursing home, patient/resident, family, physicians



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### Interdisciplinary Team Meetings

- *Hospice team has team meetings every 15 days*
- *Nursing home has team meetings quarterly*
- *Care plan meetings are more than a discussion*
- *Be creative as to how communication is coordinated*

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### Role of the Hospice Staff

- *Has the same meaning to a hospice that it would if the patient were living in his/her own home*
- *Includes furnishing any necessary medical services that the hospice would normally furnish to patients in their homes*
- *All hospice services of the IDT must be routinely provided by the hospice and cannot be delegated to the facility unless circumstance requires nursing facility intervention to meet the immediate needs of the patient*
- *May involve the nursing facility personnel only to the extent that the hospice would routinely utilize the services of a patient's family/caregiver*



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### Role of Nursing Facility Staff

- *Become the patient/resident's primary caregiver*
- *Provide the same services that would be provided to any other resident*
- *Meet the Medicare/Medicaid regulations*
- *Notify the hospice of any change in condition, clinical complications requiring change in care plan, need to transfer the resident, or resident's death*



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### Surveyor Interpretative Guidelines

#### *Appendix PP Surveyor Interpretative Guidelines,*

- *Review of a Resident Receiving Hospice Services*
- *Review of a Resident at or Approaching End of Life and/or Receiving Hospice Care and Services*
- *Advance Directives*



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### Appendix PP- Definition 483.25

*“Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.”*



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### Surveyor Protocols

*End-of-life stipulations are in the following:*

- Pain
- Weight Loss
- Feeding Tubes
- Pressure Ulcers
- Urinary Incontinence
- Antipsychotic Medications
- Activities



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### Nursing Home Compare Antipsychotic Quality Indicators

- Percentage of short-stay residents who newly received an antipsychotic medication (residents receiving medication on admission are excluded)
- Percentage of long-stay residents who received an antipsychotic
- Residents with a diagnosis of Schizophrenia, Tourette's Syndrome, or Huntington's Disease are excluded
- Residents who receive antipsychotic medications during the death event are not captured on the discharge summary



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### Survey

- Hospice surveys every 7 years. NH surveys every 12-15 months and deficiencies have a financial impact.
- Nursing home surveyors are required to include hospice patients in their sample
- When either surveyor notes a deficiency, a complaint survey may be triggered for the other provider



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### Factors Influencing Future Relationships



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### Cost of Hospitalization

- Among 1.5 million NH residents in the US, about 1/3 will be hospitalized in one year, which equals about 450,000 hospitalizations
- The cost of each hospitalization is about \$6,500 for a hospital DRG payment, plus a 30-day SNF stay for 1/3 of those hospitalized at \$350/day --equals about \$10,000/hospitalization
- The total cost is \$4.5 billion



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### Managed Care Organizations (MCO)

- *Dual eligible population in the nursing home is included*
- *MCO's negotiating payment rates*
- *Moving away from fee-for-service to bundled payments*
- *MCOs negotiating contracts with select organizations*
- *Longer payment cycles*



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### Value Based Purchasing

*Payment based on performance of selected measures:*

- *Nurse staffing*
- *Avoidable hospitalizations*
- *Resident outcomes*
- *Survey deficiencies*

*Demonstration in Arizona, New York, and Wisconsin*



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### OIG Report, September 2009

*Eighty-two percent of claims for Hospice Benefit in the Nursing Home did not meet at least one Medicare coverage requirement pertaining to election statements, plans of care, services or certification of terminal illness.*

OE 1-02-06-00221



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### Hospice Utilization in Nursing Facilities OIG Work Plan FY 2011

*We will examine the characteristics of nursing facilities with high utilization patterns of Medicare hospice care and the characteristics of the hospices that serve them.*

*We will also assess the business relationships between nursing facilities and hospices and access the marketing practices and materials of hospices associated with high utilization patterns.*

OEL- 02-10-00070



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### Questions & Discussion



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