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# End of Life Choices in LTC Facilities

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LAURA PELOSI

REPRESENTING: VERMONT HEALTH CARE ASSOCIATION

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# Hospice in Nursing Homes

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2010:

- VAHHA, VHCA, VAHHS, VMS, VEN- held 5 focus groups around the state

2012-2013:

- VAHHA, VHCA, VEN, VPQHC- identified barriers, provided education, training via grant:
  - 52 workshops, 1000 attendees: DNR/COLST/ Medical Decision Making/Early Advanced Care Planning including “how to complete” advance directives and general information about end of life, hospice and palliative care. Developed online modules.
  - Regional clinical workshops: regulations, roles & responsibilities, staffing availability, reimbursement.
  - Developed “best practices” tip sheet for nursing facilities and hospice agencies.
  - Identified nursing home end-of-life programs as option. Interpreting hospice utilization as the only provider of end of life or palliative care may be misleading.



# Hospice in Nursing Homes

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- Patient that meets hospice criteria *chooses* hospice services;
- Since 2013 Nursing homes are required by federal law to have written agreement with each certified hospice agency that provides hospice services to residents, including:
  - Delineation of roles and responsibilities of hospice agency and nursing home in an effort to reduce duplication or conflicting services since both are required to provide similar services (nursing, physician, personal care, rehabilitation, dietary, pharmacy, social services, etc...);
  - Hospice agency responsibility for hospice plan of care (for the terminal illness & related conditions);
  - Nursing Home services to be provided 24-hr room and board; personal care and nursing needs in coordination with hospice, and ensures care based on resident needs;
  - Communication & coordination process (i.e. change in condition, physician orders, etc...);



# End of Life Choices in Nursing Homes

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## Nursing Homes: Choices

- Nursing homes, VNAs and Bayada are working to improve delivery of hospice services where residents choose the service;
- Unique partnerships:
  - Helen Porter Nursing Home & Addison County VNA – Addison Respite Care Home (ARCH)- 3 rooms
- Nursing homes can and do provide palliative/comfort care programs which many residents choose to meet their end of life needs:
  - Palliative care & pain management specialists, private rooms, family supports, therapies, chaplain & social services, etc...



# Challenges to Implementing Hospice in Nursing Homes

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## Federal Regulations (some examples):

- *Nursing Homes* must ensure *hospice services* meet professional standards and principles, and timeliness- nursing home must monitor hospice agency to ensure services and care meet assessed needs of resident;
- Nursing Homes must ensure hospice plan of care is incorporated into resident's plan of care;
- Nursing Home must report all alleged mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of property by hospice staff;

Coordination/staffing/efficiency

Payment



# Hospice in Residential Care Homes

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- Residential Care Homes (RCHs) are not subject to the same federal requirements as nursing homes in general- those coordination challenges with hospice agencies not present to the same degree;
- Hospice agencies often provide much needed staffing to meet the needs of a hospice resident in RCHs;
- Tend not to have extensive palliative care/end-of-life programs;
- No payment barriers for RCHs.

