Module: Caring for Surgical Patients at End of Life-Hospice

Learning Objectives

Attitudes	• Review how to discuss hospice with patients • Understand the role of hospice in the care of surgical patients • Discuss how to refer patients to hospice
Knowledge	• Evaluate which patients are appropriate for hospice referrals • Demonstrate knowledge about what services are part of hospice care
Skills	• Demonstrate how to engage patients in a discussion about hospice • Demonstrate how to elicit goals and recommend hospice when appropriate

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Teaching Outline

Hospice is often confused with palliative care by both patients and providers. Hospice is a subset under the palliative care umbrella and while there is some overlap, they are not synonymous. This module will describe what hospice is, who is eligible, and how to discuss and refer appropriate patients.

What is Hospice?

Hospice is a multidisciplinary care system for patients at the end of life who want to focus on comfort and symptom management. It describes the care agency; hospice is not a place. It is a Medicare benefit that is typically paid for by Medicare, Medicaid, and private insurance.

Where Does Hospice Provide Care?

Routine hospice care is the most common level of care in the US and occurs wherever the patient is currently living, for example at home or in a care facility. Some facilities have dedicated hospice units at their site for patients to live and receive care. When symptoms related to the terminal illness cannot be managed elsewhere, patients may be admitted to the hospital for a higher level of care. Often, hospice can help patients remain at their preferred site of death.

Who is Eligible for Hospice?

Patients with a terminal illness with an expected prognosis of 6 months or less are eligible for hospice. Prognostication can be challenging and a patient's comorbidities and functional decline also contribute, so clinicians should use their best judgment to assess if they would be surprised if the patient died within 6 months if the disease were to run its typical course. The Centers for Medicare and Medicaid Services (CMS) has published guidelines lists for determining terminal status. Any physician can determine and document they believe a patient is eligible and refer them to hospice. This eligibility will then be reviewed by the accepting hospice physician.

Who Should be Referred for Hospice?

Patients who are deemed medically eligible (physician certified prognosis <6 months) and have goals of care in line with the hospice philosophy should be referred. Broadly, this means the patient elects for comfort focused treatments and wishes to stop life prolonging treatments. Any physician can refer a patient to hospice, it does not need to be initiated by a specific team. The ability to receive treatments for conditions other than the hospice qualifying diagnosis on a limited basis is complicated and depends on individual patient circumstances.

What Should Patients and Families Expect from Hospice?

Hospice care is provided by an interdisciplinary team including physicians, nurses, spiritual care providers, social workers, counselors, home health aides, and volunteers. The goal is to provide holistic support for patients and their families. The level of service depends on the needs of the patient. For routine care, home visits typically occur by nurses 1-2 times a week, by SW and spiritual care once every 1-2 weeks, and home health aides up to a couple times a week.

Patients and families have access to the hospice team by phone 24:7 and visits can increase as patients near the end of life and needs increase. It is important to recognize, however, that the hospice team does not provide around the clock care; the majority of the daily care and assistance is done by the family or privately hired caregivers. Patients who require more assistance may need a higher level of care, for example a skilled nursing facility, and these expenses are not covered by the hospice benefit. Patients who have higher level hospice needs may also be managed in the inpatient setting if symptoms are unable to be controlled elsewhere. Hospice also provide bereavement resources for the family for the year after death.

Discussing Hospice with Patients and Families

Hospice conversations should take place in the context of broader goals of care conversations. These conversations can happen at any time depending on the patient's prognosis; some common scenarios to prompt a goals of care discussion with surgical patients includes after repeat hospitalizations, when post op recovery is not progressing as hoped/unexpected complications have arisen, or before a major surgical intervention or procedure in a high-risk patient. The goal is to identify what the patient hopes to achieve from treatment to ensure our interventions are in line with their expectations and values.

More details about goals of care discussions are reviewed in other chapters. Typically, after identifying that a patient's goals are in line with the hospice philosophy (want to be comfort focused, remain home as long as possible, avoid rehospitalization, etc), it is appropriate to discuss hospice care and ask if they have any prior experience. Patients and families may have an inaccurate picture of what hospice is (many people think it is a place) so it may be helpful to clarify that hospice is a service that helps patients and families achieve the comfort focused goals they described. With permission from the patient, you can make a recommendation to begin hospice care or offer to put them in touch with a hospice agency if they have more specific questions. It may also be helpful to share that the decision is revocable and they can always elect to restart life prolonging interventions including returning to the hospital for care if they change their mind.

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Pre/Post Test

Questions

1. Should all critically ill patients be referred to hospice?
2. Where do patients on hospice live?
3. Does hospice provide total daily patient care?
4. Do you need to consult palliative care to get a patient on hospice?
5. Can patients on hospice still receive medical treatment?

Answers

1. No, a patient should meet criteria for hospice eligibility and their goals should be in line with comfort focused care to be appropriate for hospice referral.
2. Hospice is a service, not a place, so patients on hospice can live in a variety of settings including home, assisted living facilities, skilled nursing facilities, and in the hospital.
3. No, hospice provides support accessible 24:7 by phone and typically visits 1-2x a week. The hospice team does not routinely provide the hands on day to day cares such as med administration, bathing, turns, etc.
4. No, any physician can evaluate a patient for hospice eligibility and refer the patient to a hospice agency. In most systems, the service social worker can assist with contacting the hospice agencies which vary in availability by region.
5. Yes, patients can receive medical treatments that are aimed to relieve suffering and can continue to receive *some* life prolonging treatments for their other medical issues depending on the circumstances. Patients and families can also choose to revoke hospice if their goals change in the future.

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Hospice Learner Assessment Form

Content Checklist: Make an "X" if the resident did this without prompting, mark with "✓" if the resident did this only after prompting, and leave blank if this was not done.

_____ Greets the patient/family member and introduces self

_____ Explains the purpose of the meeting

_____ Asks the patient his or her understanding of the issue

_____ Gives advance warning of bad news

_____ Describes the bad news in plain language; no jargon

_____ Allows the patient to digest the information; uses silence

_____ Offers an opportunity for the family member to ask questions

_____ Responds to questions using plain language; no jargon

Offers a plan for next steps to follow meeting

Communication Skills—Please check one box per question using the following rankings:

3 = Excellent

2 = Good

1 = Marginally Satisfactory, and

0 = Unsatisfactory (poorly done or not done at all)

	3	2	1	0
Assures comfort and privacy				
Assumes a comfortable interpersonal communication distance				
Maintains an open posture				
Reflects patient's emotions				
Displays empathy through words, expression, or touch that is appropriate to situation				
Reflects patient's thoughts and concerns				

Please provide your overall assessment.

_____ Competent to perform independently

_____ Needs close supervision

Needs basic instruction

Do you believe the physician was able to present bad news with compassion in a manner as to do no harm? ☐ Yes or ☐ No

If you believe additional training is needed, please indicate what problems need to be addressed (check all that apply):

☐ Basic communication skills (eye contact, rate of speech, excessive use of jargon, personal space)

☐ Professional attitude (sullen; not empathetic; angry; giggles; or other, please describe in the space below)

_____

_____

☐ Other

_____

_____

NOTES

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