



# sentara nurse

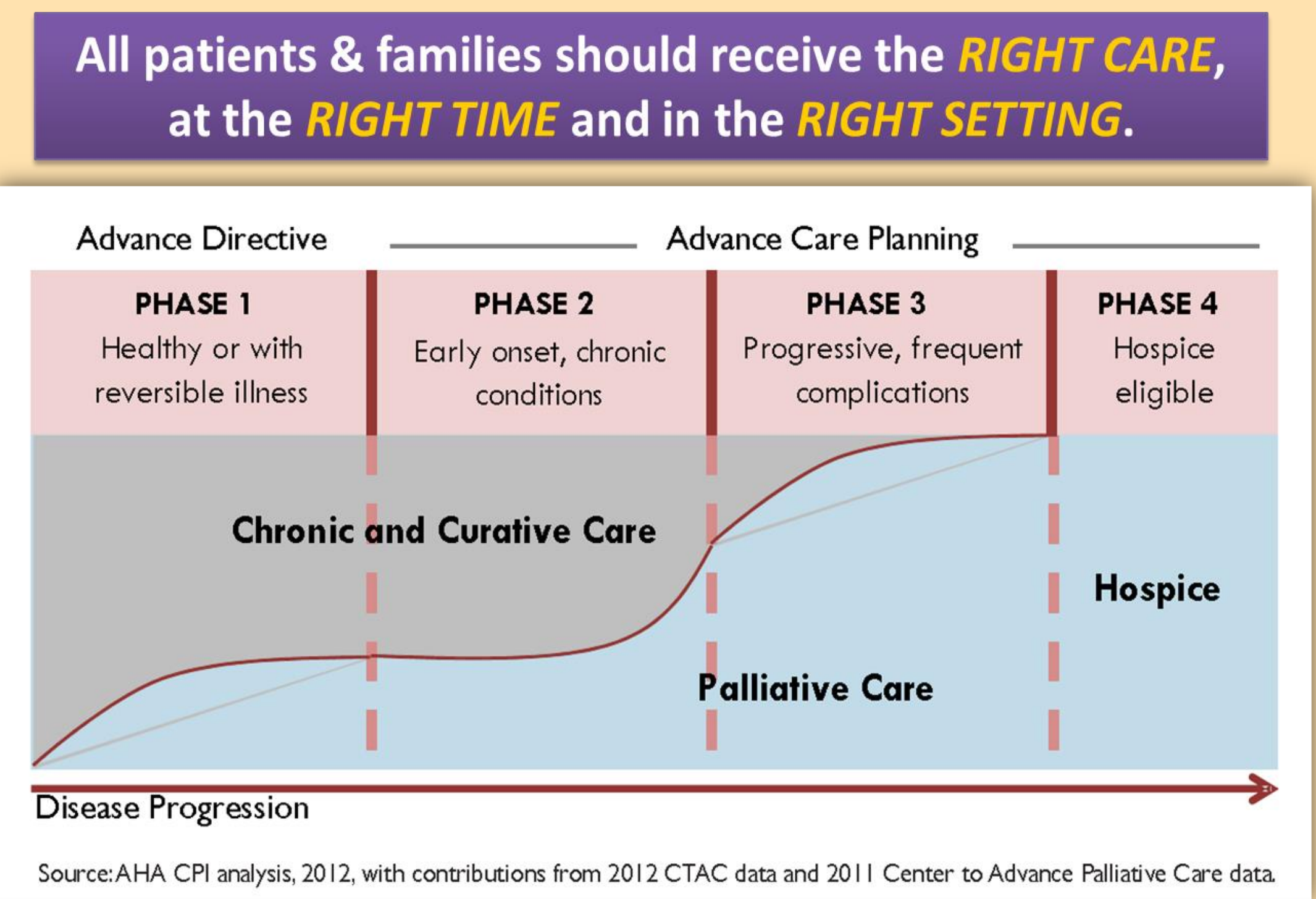
## HOSPITAL AND HOSPICE COLLABORATION

### Providing the Right Care at the Right Time in the Right Setting

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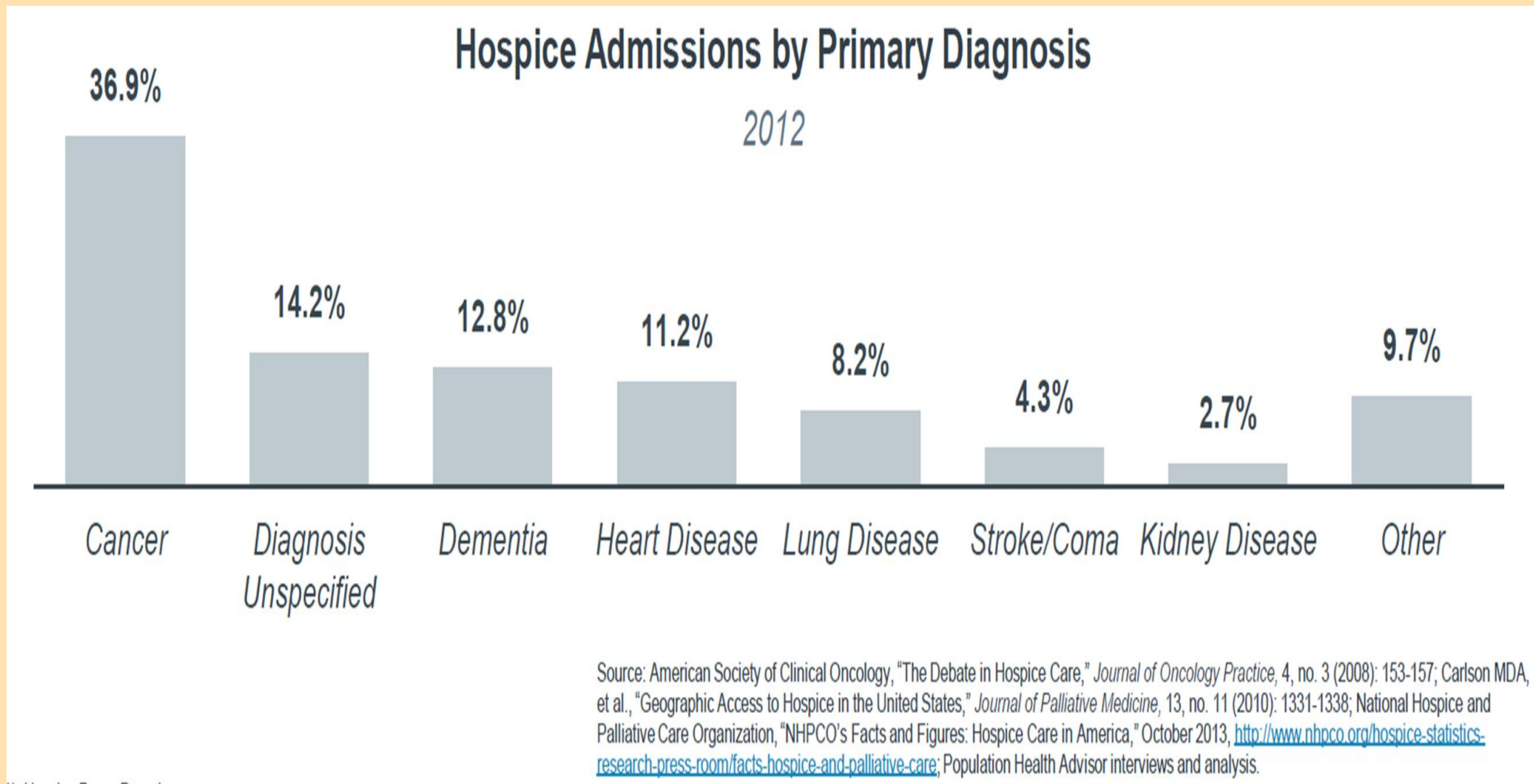
### BACKGROUND



Hospice care is a specialized approach specifically targeting the physical, psychological, emotional, social, practical and spiritual needs of patients with life threatening illnesses and their families, provided by an interdisciplinary team on which the represented disciplines contribute to planning, problem-solving and compassionate patient care. Hospice care emphasizes quality of life and life-closure issues, empowerment of the patient and family and their essential role in decision-making, and it allows their needs and goals to determine the plan of care.

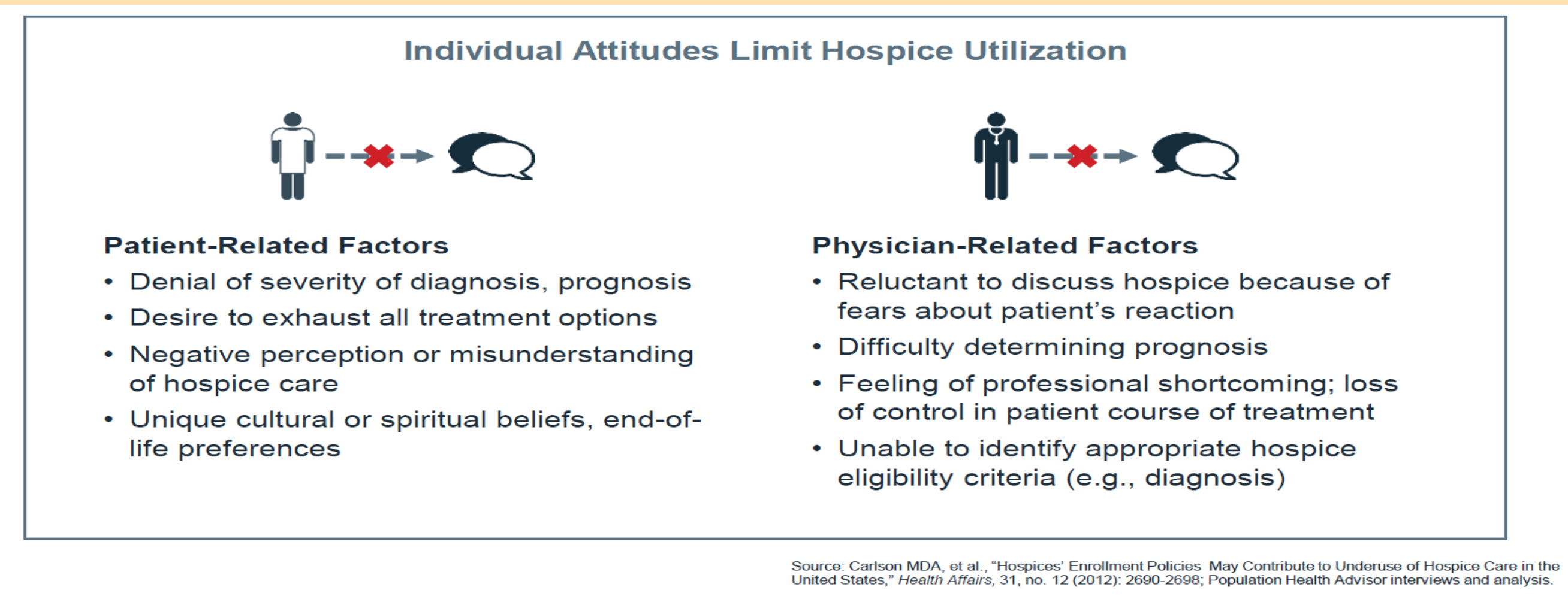
When hospice care in the United States was established in the 1970s, cancer patients made up the largest percentage of hospice admissions. Today, cancer diagnoses account for less than half of all hospice admissions (36.6%1) Currently, less than 25% of all U.S. deaths are now caused by cancer, with the majority of deaths due to other terminal diseases.

The top four non-cancer primary diagnoses for patients admitted to hospice in 2014 were dementia (14.8%1), heart disease (14.7%1), lung disease (9.3%1), and stroke or coma (6.4%1).



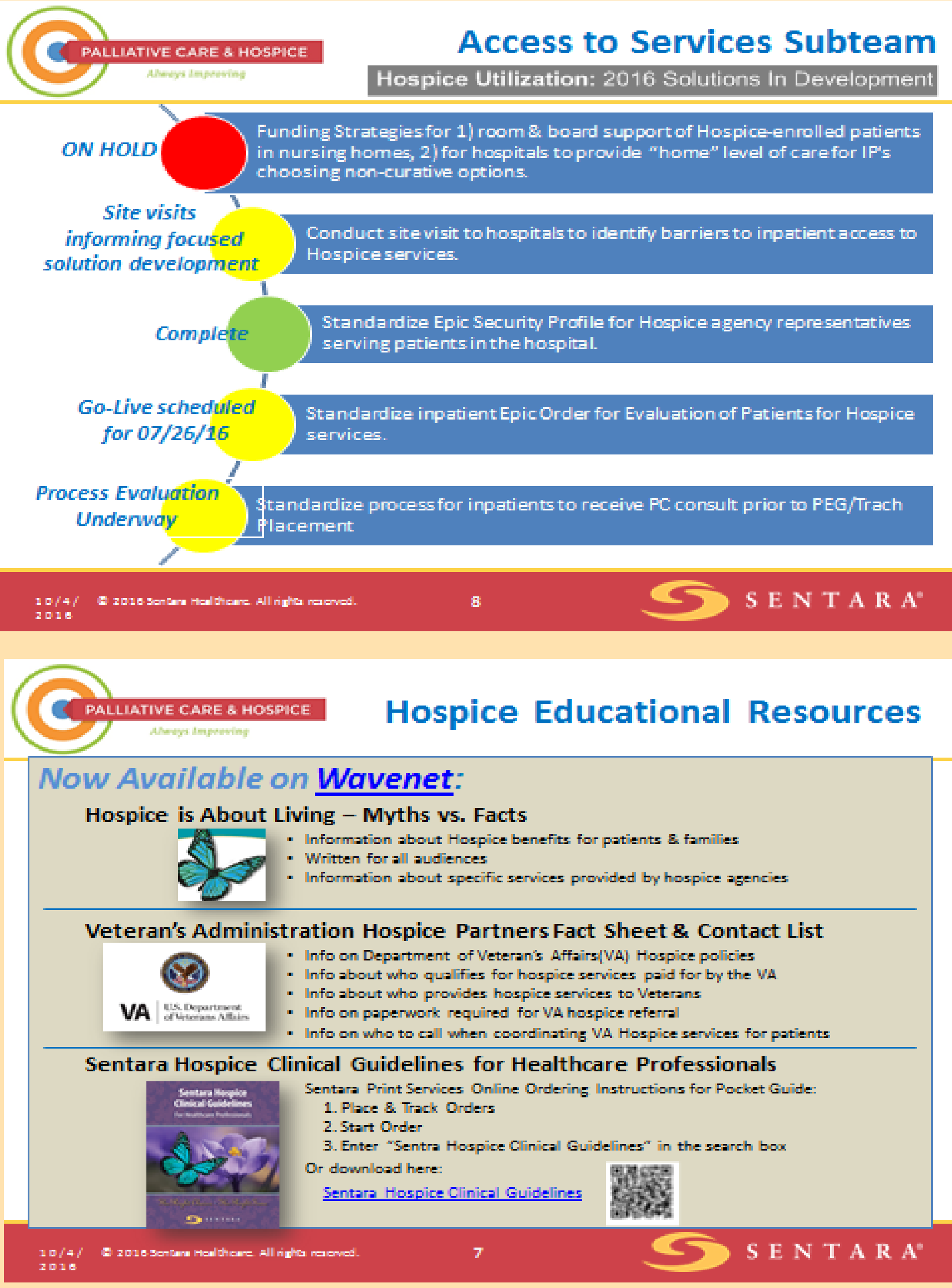
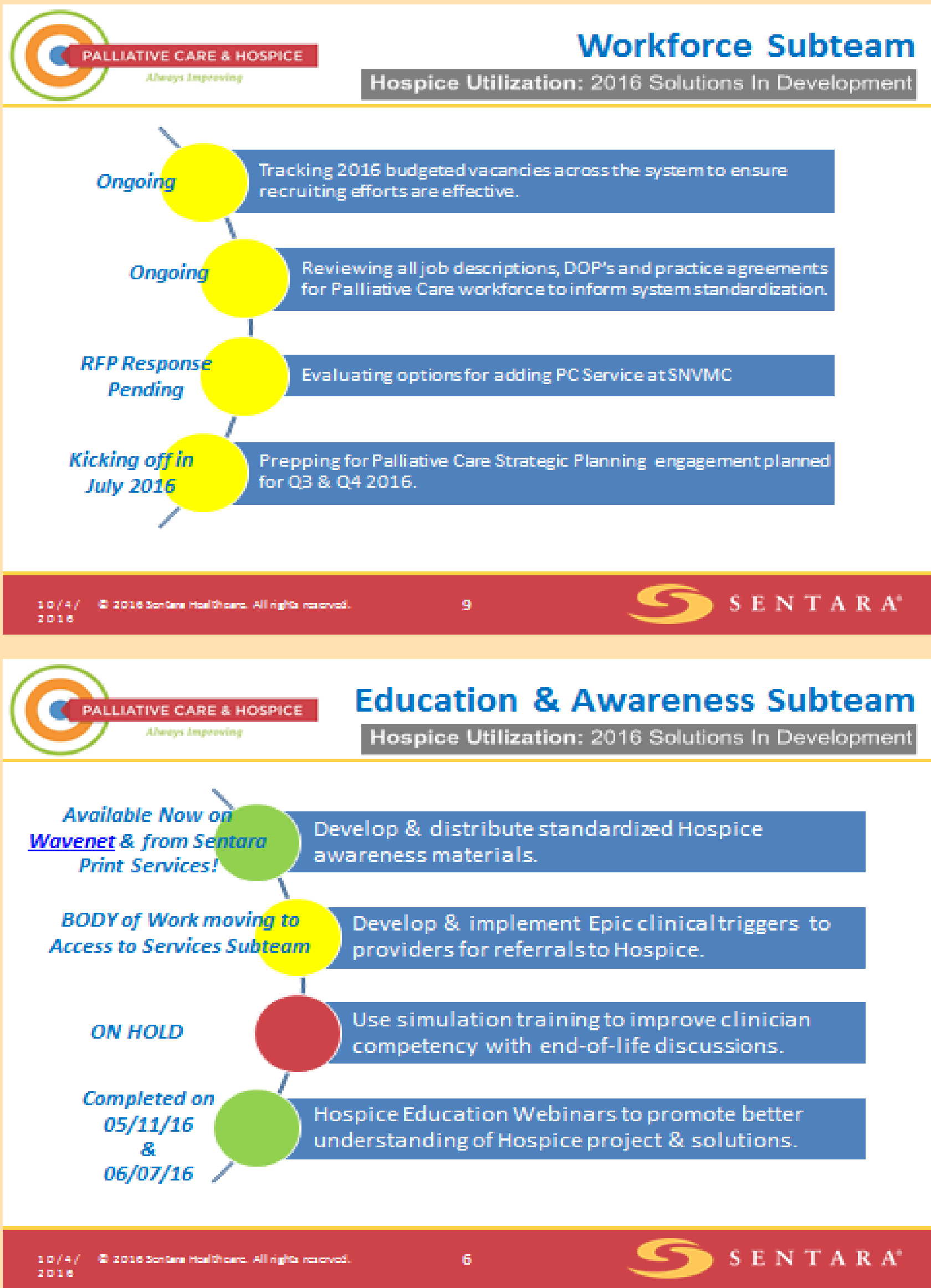
### GOAL

To Meet or exceed the target of 3.88% for patient discharged to hospice Including AMI (non-Interventional), CHF, COPD, PN, and Sepsis.



### METHODS

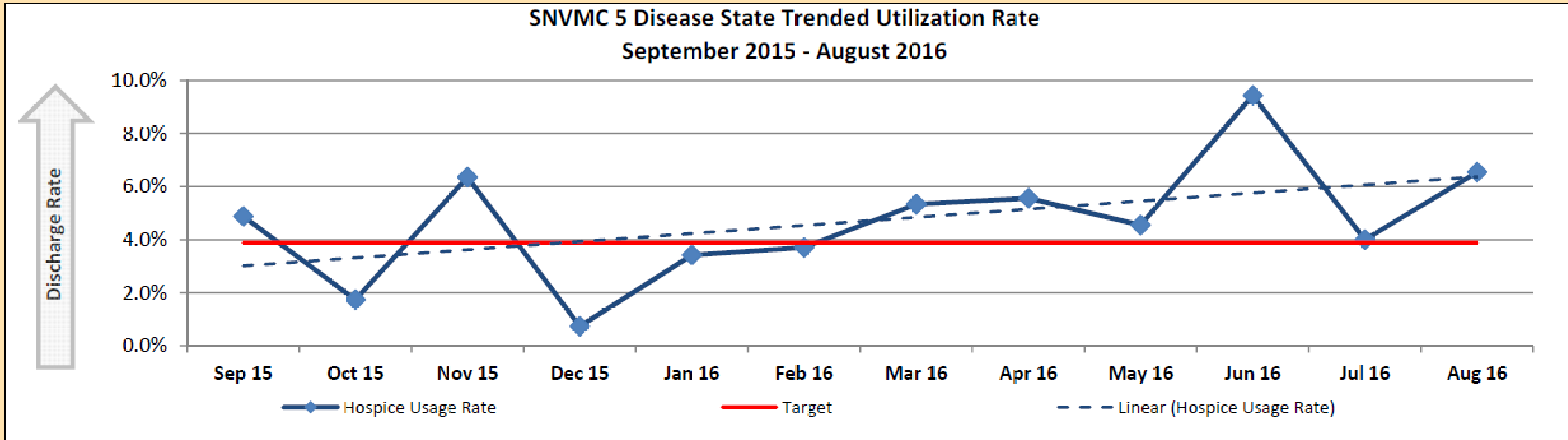
- Establish a Core Planning team that will Include the following:
  - Medical staff leader
  - Nursing leader
  - Hospice representative / liaison partnership
  - Administrative champion
- Hospice Contract/ Hospice Liaison
- Hospice liaison presence at MDR and Complex Care Rounds



### RESULTS

Disease State	Qual Vol	Hospice Discharge	Hospice Usage Rate	2016 Target	Required Hospice Disch	Req'd Increase Total	Req'd Increase per Mnth	Absolute Change from Last
AMI	21	0	0.00%	2.88%	0.6	0.6	0.3	0.0%
CHF	93	5	5.38%	3.35%	3.1	-1.9	0.0	1.3%
COPD	43	0	0.00%	1.30%	0.6	0.6	0.2	0.0%
PN	42	3	7.14%	3.93%	1.7	-1.3	0.0	2.0%
Sepsis	114	13	11.40%	5.40%	6.2	-6.8	0.0	0.8%
SNVMC 5 Dx	313	21	6.71%	3.88%	12	-8.9	0.0	0.95%

XX - exceeds target    XX - within 10% of target    XX - more than 10% away from target



### CONCLUSION

- Benefits of hospital and hospice collaboration:
- Improved quality of care for hospitalized seriously and terminally ill patients and their families.
  - Earlier referrals, earlier access to hospice, and fewer disparities in hospice utilization as evidenced by clinically meaningful improvements in reported quality of life and patient mood.
  - Fewer days in the intensive care unit
  - Increased patient and family engagement in discussing palliative options during advanced care planning
  - Increased access to palliative care and end-of-life services in collaboration with an experienced partner.
  - Improve continuity of care with post-hospital settings.
  - Improved collaborative relationships between hospice providers and referring physicians.
  - Utilize training opportunities for staff. Learn more about the nature and value of hospice services, including psychosocial, spiritual and bereavement components and the functioning of the hospice interdisciplinary team.

A number of sites demonstrated an expanding presence for a hospice liaison nurse based in the hospital and filling a pivotal role as facilitator of assessments, admissions, discharges, transfers and communication. The liaison nurse provides accurate and detailed information on hospice care and eligibility, as well as about constraints on eligibility. This individual can plan for delivery of hospital beds and other equipment, supplies and pharmaceuticals to the home from hospice-approved vendors; can teach caregiving techniques to family members; and can assist physicians with the difficult "conversation," in which the patient and family are informed that curative treatments are not achieving the desired outcome.

### CONTACTS

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### REFERENCES

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