Hospice Levels of Care and Non-Pharmacological Approaches to Symptom Management

Objectives
- Participants will identify appropriate use of the four hospice levels of care
- Participants will describe patient and family needs at end of life
- Participants will learn non-pharmacological approaches to symptom management

Hospice Levels of Care
- Unique to Hospice.
- Hospice patients may require differing intensities of care during the course of their disease.
- The provision of hospice care across multiple settings and with varying levels of care distinguish hospice providers from other types of healthcare providers.

Four Distinct Levels of Care
- Routine
- Respite
- Continuous Care
- General Inpatient (GIP)

Each level of care is determined and ordered by the MD with input from the hospice IDT.

Routine
1. Most common—97% of hospice care is provided at the routine level.
2. Care is provided wherever the patient calls home, private residence, Assisted Living, Skilled Nursing Facility, Group Home.
3. Provides for staff visits, medications, DME, related therapies, treatments and supplies that are reasonable and necessary related to the plan of care.

Respite
- Short term to relieve the caregiver with the intent to resume providing care at the home.
- Used for up to 5 days in a contracted Medicare/Medicaid licensed facility.
- Not appropriate if there is no identified caregiver or if the known plan is to stay in the SNF permanently.
How Often Can I Use Respite?

- More than one respite period is allowable in a single billing period.
- Documentation must justify the reason for the respite.
- Respite level is <1% of all hospice days for all Medicare patients.
- Regulations do not state how often the family can use respite but unusual patterns of use, without explanation, could trigger an audit.

Continuous Care / Crisis Management

- Provided wherever the patient lives for up to 8 to 24 hrs. a day, midnight to midnight, to manage the patient's pain or other uncontrolled symptom crisis.
- Care is predominately nursing care and can be supplemented with hospice aide services.
- Provided for as long as the crisis symptom is not controlled.
- Goal is to keep the patient in the most comfortable environment possible, which is often their home.

Continuous Care

- MD order and documentation must support the crisis symptom requiring this level of care:
  - unrelieved pain, severe nausea and vomiting, severe shortness of breathe, severe anxiety.

  Continuous care is considered short term and is re-evaluated by an RN every 24 hrs.

General Inpatient Care (GIP)

- Provided for patients pain or other symptom management crisis that cannot be controlled in any other setting.
- Provided in a contracted Medicare certified hospital, hospice inpatient facility, or nursing facility that has an RN on site 24 hrs. a day.
- Available as long as the symptom remains uncontrolled. Re-evaluated daily by hospice.

418.108 Short term Inpatient Care Limitations

- Respite and GIP
- CMS states that Inpatient care must be available for pain control, symptom management and respite purposes in a Medicare or Medicaid facility.
- The total number of inpatient days, including GIP and Respite for Medicare beneficiaries, in a 12 month period for that hospice, may not exceed 20% of the total number of hospice days consumed in a 12 month period.


Medicare Expectations

- Medicare expects that the hospice will provide the level of care that the patient requires to meet their changing needs.
  - Its not an option, its a requirement!
Goals

- Appropriate use of the level of care the patient/families requires can help meet their end of life goals.
- Level of care is assessed and re-assessed at every visit.

Questions?

Non-Pharmacological Symptom Management

- Complementary Therapies
- Pain
- Dyspnea
- Nausea and vomiting
- Delirium/Agitation

Complementary Therapies

- Therapeutic touch
- Massage Therapy
- Music therapy
- Aromatherapy
- Pet Therapy
- Others

Non-Pharmacological Pain Management

- Use concurrently with medications
  - Methods
    - Cognitive–behavioral
    - Relaxation
    - Guided imagery
  - Distraction Methods

Non-Pharmacological Pain Management

- Methods
  - Physical interventions
    - Hot and cold
    - Massage
    - Positioning
    - Exercise
Shortness of Breath/Dyspnea
- Antibiotics
- Oxygen
- Fans
- Positioning
- Conserve Energy
- Pursed lip breathing
- Relaxation
- Complementary therapies

Nausea and Vomiting
- Oral care
- Cool damp cloth
- Decrease noxious stimuli
- Loose-fitting clothes
- Fresh air or fan
- Behavioral complementary therapies

Delirium/Agitation
- Encourage presence of family
- Avoid excessive stimulation
- Reorient if indicated
- Familiar people and items
- Acknowledge visions
- Complementary therapies

Presence
“Presence may in fact be your greatest gift.”
(Borneman & Brown-Saltzman 2010)

Questions?

References
- HPNA, 2013 Symptom Management, Clinical Review for the Hospice and Palliative Nurse