

True Grit: Hospice & Nursing Delegation

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First, a bit about the “MHB” (Medicare Hospice Benefit)

- This is a separate benefit under Medicare; began in 1983;
- Covered under “Part A” (hospital insurance);
- Eligibility:
 - Patients must have a six-month prognosis and
 - Patients must agree to seek “palliative” care and not “curative” care (unless under the age of 21) and
 - A physician must refer the patient to qualify for hospice.
 - No “homebound” requirement (as Home Health has);
 - No “skilled need” requirement (as Home Health has);

Details about Coverage under the MHB:

- Provides 100% of coverage (rarely any copays are charged)
- 4 levels of care: RHC, GIP, CHC and Respite (90% is RHC)
- Benefit periods: 90 days, 90 days, then unlimited 60 day periods
- Must “recertify” patient every new benefit period
 - After 6 months, this means a “Face-to-Face” visit must be made

Some utilization statistics for Washington:

In 2014 there were:

- 55 million Medicare Beneficiaries in the U.S.;
- 1.2 million were on Medicare in Washington;
- 42,224 Medicare Beneficiary deaths in WA state;
- 24,235 admitted to Medicare Hospice in WA state;
- 18,322 Medicare Hospice deaths in WA state;
- The utilization rate was 43% (ranked 32nd in the U.S. that year)

2014 Demographics & Hospice Utilization

	Oregon	Washington	National
Population	3,970,239	7,061,530	318,750,821
Total Deaths	33,295	52,257	2,593,535
Medicare Beneficiaries	762,349	1,201,611	55,371,221
Medicare Beneficiary Deaths	27,757	42,224	2,104,171
Medicare Hospice Beneficiary Admissions	19,187 72% of Medicare deaths	24,235 57% of Medicare deaths	1,320,405 63% of Medicare deaths
Medicare Hospice Beneficiary Deaths	14,656 52.8% of Medicare deaths	18,322 43.4% of Medicare deaths	965,882 45.9% of Medicare deaths
Medicare Hospice Total Days of Care	1,109,883 Days	1,378,125 Days	90,781,803 Days
Medicare Hospice Mean Days / Beneficiary	58 Days	57 Days	69 Days
Medicare Hospice Median Days / Beneficiary	23 Days	22 Days	23 Days
Medicare Hospice Total Payments	\$188,558,194	\$243,224,404	\$14,922,383,020
Medicare Hospice Mean Payment / Beneficiary	\$9,828	\$10,037	\$11,313

More Hospice utilization information for WA:

- The “Mean” Hospice LOS was 57 days
- The “Median” Hospice LOS was 22 days
- The top diagnoses: Alzheimer's, CHF, Lung Cancer, COPD
- 10% of hospice patients are discharged alive each year (“graduate”)

Other details

- Hospices must be licensed by the State & renew it each year.
- A CON (Cert. of Need) is required for new programs to begin services.
- There are currently 34 Hospices licensed in the state.
- There are 10 “Hospice Care Centers” (“Hospice Houses”) around the state;
- There are both not-for-profit and for-profit hospices in Washington.
- In order to bill Medicare for services must be certified by Medicare.
- All must be surveyed (i.e. “inspected”) every three years.

Medicare Hospice “Election” details:

- Patients must “elect” the MHB and “waive” their right to seek other care for their terminal hospice diagnosis.
- They must sign a “Notice of Election” form, which must be sent to the “MAC” within 5 days of being signed.
- Once on the MHB, no other health care entity will be paid for any services/care related to the hospice terminal diagnosis.
- If they want to go off hospice to seek curative treatment, they must “Revoke” their hospice benefit by signing a form.
- Patients may also “transfer” from one hospice to another once a benefit period.

“Relatedness”: Why is it such a big deal?

- Hospices must cover ALL care related to the terminal diagnosis and the terminal prognosis...
 - Even if the Hospice doesn't know about it!
- Hospices must pre-authorize the coverage of any care or treatment the patient seeks (& must have contracts in place.)

Examples:

- Seeing a specialist (anyone besides their attending physician)
- Ambulance transport, ED or Urgent Care visits, hospital stays, etc.

Patient Rights in the COPs

- Survey citations for violation of patients' rights are often in the annual "top ten".
- Hospices are allowed to discharge a patient "for cause" when:
 - the patient's (or other persons in the patient's home) **behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the hospice to operate effectively is seriously impaired...**
- Does a patient have the right to "make bad decisions"?
- Patients do not HAVE to have a "caregiver".
 - Is this safe? Do you feel comfortable delegating to part-time caregivers?

Safety Issues: too many to name?!

- Let's hear examples from your experiences!
- Examples:
 - Cleanliness/hygiene issues?
 - Bedbound patients being left alone?
 - Fire safety?
 - Trip/fall hazards?
 - Unruly/unsafe pets in the home?
 - Firearms in the home?
 - Questionable caregivers/visitors?
 - Other issues?

The key issues for your consideration in deciding whether to delegate in Hospice:

- Is the patient's condition stable and predictable?
- Is the patient's home environment safe?
- Is the skill which needs to be delegated one which can be delegated?
- Are the persons available to be delegated "suitable" for the delegation?
- Is there lots of "turnover" in staff or caregivers?
- **Do you feel comfortable delegating?**

Is the patient's condition "stable and predictable"?

- ~30% of Hospice patients are on service for less than 7 days.
 - "Hospice SWAT Team" referrals = reason for hospice referral is a symptom that is "out of control".
- If the Hospice RN visit frequency is needing to be adjusted weekly, chances are the patient's condition is not stable and predictable.
- Hospice staff are encouraged to document WHY the patient still needs hospice--this is not conducive to showing "stability".

Medication administration

- Are PRN medications being given?
- Are there clear indications for when the medications should be given?
- Are new medications being ordered and trialed?
- Are there many changes in medication dosages? (I.e. is medication “titration” going on?)
- Is it clear in the patient’s home situation what medications *should* be given when—and what is being given and when?

Wound Care Procedures

- “Clean” versus “Sterile” (No sterile procedures may be delegated.)
- How much assessment of the wound is required?
 - How often is the RN able to assess the wound?
- How much discomfort does the wound care protocol cause?
- How often is the wound care protocol needing to be adjusted?

What challenging “true grit” situations have you encountered?

- When have you felt it was appropriate to delegate?
- When have you not felt comfortable doing so?
- What was the difference?

The bottom line:

- Nursing delegation allows hospice patients to be in their “homes” ...
- Isn't that where everyone wants to be at the end of life?
- So **thank you** for all you do!

In closing...

- Are there any questions?
- Please feel free to email or call me anytime!
- hansen@wshpco.org
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- Thank you for your time!

