Disclosures

Carma Erickson-Hurt has no real or perceived conflicts of interest that relate to this presentation.

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Objectives

1. Identify the origins and definition of hospice and palliative care
2. Review the roles of the interdisciplinary team
3. Discuss hospice and palliative care collaborative practice issues
Origins of Hospice

- Hospes is Latin word which meant to be both host and guest
- Middle ages terms hospice, hospital and hostel were used interchangeably
- 1800’s hospice evolved to care for sick/incurables
- Dame Cicely Saunders refined modern hospice movement in the 1950’s and 1960’s
- 1974 Florence Wald founded Connecticut hospice

Definitions of Hospice

- Centers for Medicare and Medicaid (CMS)
- The National Hospice and Palliative Care Organization (NHPCO)
- The Hospice and Palliative Nurses Association (HPNA)

Key Concepts in Hospice Philosophy

- Patient and family as the unit of care
- Utilization of a core interdisciplinary team
- Medical treatment of pain and symptoms
- The interdisciplinary team develops plan of care in accordance with patient/family wishes
- Actively engages community through volunteers
- Care in the patients home or residence
- Philosophy of care
- Bereavement services
## Standards and Guidelines

- **Medicare Hospice Benefit**
- **Eligibility**
  - Medicare Part A, certified with terminal illness
- **Certification/recertification Face-to-Face (F2F)**

## Medicare Hospice Benefit

<table>
<thead>
<tr>
<th>Covered services</th>
<th>Levels of care</th>
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<tbody>
<tr>
<td>Services of the interdisciplinary team</td>
<td>Routine home care</td>
</tr>
<tr>
<td>Medical supplies/durable medical equipment (DME)</td>
<td>Continuous care</td>
</tr>
<tr>
<td>Medications related to hospice diagnosis/related conditions</td>
<td>General inpatient care</td>
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<tr>
<td></td>
<td>Respite care</td>
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</tbody>
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## Medicare Conditions of Participation (CoPs)

- Uniform regulations all Medicare-certified providers must adhere to in order to receive federal funding
- CoPs for short term inpatient care
- CoPs for hospice care in skilled nursing facility (SNF)/nursing facility (NF)
- Why this is important
- Important provisions – professional management
Palliative Care

- Origins of palliative care
- Development of the palliative care movement
- Acknowledgement by health care community

Philosophy of Palliative Care

- Definitions of Palliative Care
- The National Consensus Project (NCP)
- The National Hospice and Palliative Care Organization (NHPCO)
- The World Health Organization (WHO)

Interdisciplinary Team
Collaborative Practice Issues

- Hospice interdisciplinary group (IDG) must review, revise and document the plan of care no less than every 15 days
- No regulations for palliative care plan of care updates
- Patient and family attendance at team meetings
- Who is family?
- Encourage to attend

Facilitating Group Process

- Palliative care teams differ from the traditional medical model
- Behaviors of effective teams (follow ground rules, continuous improvement, meetings are structured, held regularly and with minimal interruptions)
- Possible causes of conflict between team members
- Potential resolutions for team conflict

Potential Clinician-Patient/Family Issues

- Paternalism
- Deception
- Confidentiality
- Balancing obligations to the patient and family
- Conflict between team members and patient and/or family
- Possible reasons for conflict
- Potential methods of solving conflict