



End of Life Care

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What is Hospice?

End-of-life care provided by health professionals and volunteers including:

- medical
- psychological
- spiritual support

Goal: Help people who are dying have peace, comfort and dignity. The caregivers try to control pain and other symptoms so a person can remain as alert and comfortable as possible. Hospice programs also provide services to support a patient's family.

Who qualifies? Usually, a hospice patient is expected to live 6 months or less.

Where is it provided? Hospice care can take place at home, at a hospice center, in a hospital, or in a skilled nursing facility.

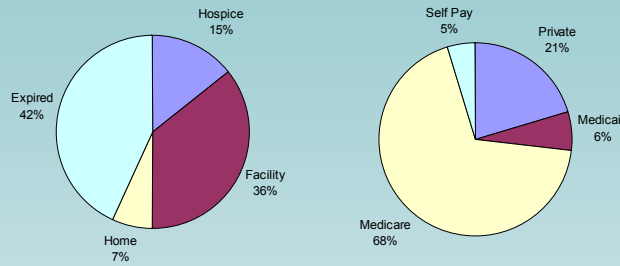
How has hospice evolved? Hospice is a newcomer to the health care industry. The hospice movement in the United States has its roots in the work of British physician Dame Cicely Saunders and Dr. Elisabeth Kubler-Ross, who brought the subject of dying into the open. They explored ways to improve the process of dying and shed light on the needs of patients during this important passage. Most importantly they brought awareness to the importance of patients as individual, unique human beings with individual needs and rights deserving of respect. The first hospice in America opened in 1974.

How is it paid for? Most care, supplies, durable medical equipment such as hospital beds, oxygen, and medications related to the terminal diagnosis are covered by Medicare, Medicaid, and most insurance providers.

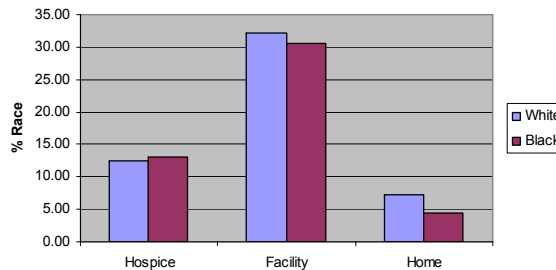
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<http://www.cdc.gov/>

Barriers for MUSC Patients



Race Group by Study Cohort



MUSC Aging Cohort					
MUSC In-patient Population Age > 45 year					
Cohort N = 881					
Barriers	Hospice 25.65 %	Facility 62.66 %	Home 11.69 %	Total	p-value
Age	69.9±12.3	71.8±11.9	61.8±1.0	70.1±12.2	
Gender					
Male	12.15	29.85	4.31	46.31	0.13
Female	13.51	32.80	7.38	53.69	
Race					
White	12.53	32.25	7.19	51.97	0.11
Black	12.99	30.51	4.52	48.03	
Palliative Consult					
Yes	14.30	8.40	11.69	34.39	<0.0001*
No	11.35	54.26	0.00	65.61	
Primary Payor					
Private	5.56	7.49	3.63	16.69	<0.0001*
Medicaid	2.61	1.70	1.93	6.24	
Medicare	16.12	53.12	5.68	74.91	
Self Pay	1.36	0.34	0.45	2.16	

Interprofessional Recommendations

- ❖ Recognize disparities in hospice care and approach patients in a consistent and culturally sensitive manner.
- ❖ Interprofessional training is important for future healthcare providers to prepare them for roles on these teams.
- ❖ Hospice training should be incorporated into curricula and continuing education.
- ❖ Funding state Medicare and Medicaid hospice programs is imperative to ensure that under and non-insured SC citizens have access to hospice benefits.

Community Outreach

We designed a brochure to be distributed to senior centers in the greater Charleston area to inform local seniors and their families about local hospice resources and entrance into the hospice system. The brochure entitled: "Everything you wanted to know about hospice... but were afraid to ask" will be distributed:

- Lowcountry Senior Center – James Island
- Charleston Are Senior Citizens Center – Downtown
- Charleston Active Day Center – West Ashley
- MUSC Center on Aging - Downtown
- Mount Pleasant Senior Services Center – Mt. Pleasant

Conclusions

- ❖ Hospice is an excellent example of interprofessional collaboration because it relies on a team consisting of physicians, nurses, social workers, physical therapists, chaplains, caregivers, and volunteers working to ensure the best quality of the patient.
- ❖ Hospice is a cost effective solution to needless emergency care, lengthy hospital stays, and expensive ICU care for terminally ill patients with less than 6 months to live.
- ❖ The difficult nature of the subject creates a barrier to discussion among families and healthcare providers which must be overcome through education.