

5 Minute Consult: Hospice

Daniel Markwalter, MD



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Why does hospice matter?

- Many patients wish to die somewhere other than a hospital¹
- Opportunity to avoid unwanted hospitalization and all that follows
- Patients at end of life can receive specialized care

Which patients are appropriate for hospice?

- 1) I expect the patient will die within six months if the disease process runs its natural course. And...
- 2) Patient/family are willing to discontinue cure-directed therapies in favor of intensive focus on comfort.

If a patient wants to prioritize comfort and avoid hospitalization, they may be able to transfer directly to hospice care from the ED.

What exactly is hospice?

- It is a team (physicians, APPs, RNs, NAs, social workers, chaplains, and volunteers) who become a patient's primary care/support team
 - o DME and comfort-focused medications provided by hospice agency
- Can be provided at "home" (house, ALF, SNF) or an inpatient unit ("hospice home")
 - o **Home hospice:** Requires caregivers (family, facility, private-pay); hospice team on call 24/7 and visits several times per week (5-7 hr/wk)
 - If discharging to home hospice, consider short supply of comfort medications to bridge patient to hospice team care
 - o **Inpatient hospice:** The "intensive care" of hospice; 24-hour nursing + close physician supervision; for symptoms unable to be controlled at home (typically requiring IV medications)
 - Intractable nausea/vomiting
 - Refractory pain, dyspnea, or agitation
 - Complex wound or other nursing needs
 - Imminently dying is not an indication for inpatient hospice
- Generally, forego further hospitalizations, surgery, IV antibiotics, TPN, etc.

Indicators patient may benefit from a palliative or hospice approach while in the ED:

Pre-Hospital Status	Comorbidities	ED Presentation	Other
Limited self-care Confined to bed or chair ≥50% of waking hours	End-stage liver disease Dialysis in patient with VAD COPD on home O2 Severe HF Metastatic cancer Multi-system organ failure Acute stroke Advanced dementia	Consider home hospice: Limited symptoms; further caregiver support needed Consider inpatient hospice: Acute clinical change or escalating symptoms	>2 ED visits/admits in same month Code status other than full Requiring PEG or trach "Would you be surprised if this patient died?" → "No."

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How do I even begin to talk about hospice with patients/families?

Get Ready	<ul style="list-style-type: none"> • Arrange for quiet place to talk + Arrange to have family available in-person or virtually
Understand what the patient knows	<ul style="list-style-type: none"> • <i>What information have you received so far?</i>
Invitation to share information and Inform , starting with a headline	<ul style="list-style-type: none"> • <i>Do you mind if I share with you what I know about your current condition?</i> • <i>Right now, I am worried about [your breathing, BP, etc.].</i> Listen for response.
Demonstrate empathy: I hope...and I worry	<ul style="list-style-type: none"> • <i>I always hope to improve peoples' health, but I worry this illness could lead to your death.</i> • Respond to emotion, such as: <i>I wish you were not ill in this way.</i>
Equip the patient/family for the next step	<ul style="list-style-type: none"> • <i>I want you to be prepared for the next steps. Can I explain what's going to happen next?</i>
Motivate – Ask-Tell-Ask. Assess goals, values, and preferences	<ul style="list-style-type: none"> • <i>What have you heard about how [name of patient's illness] makes you sick?</i> • <i>Can I tell you what I know?</i> • <i>Have you ever talked about the type of care you would want in a situation like this one, where doctors are concerned the illness could lead to death? Do you have preferences about receiving intensive medical treatments?</i>
Recommend	<ul style="list-style-type: none"> • Discuss treatment options, including: <i>At this time, we need to decide between several options. Some people place a focus more on comfort and dignity. They want a more natural life and a natural death. We would continue to provide oxygen and medications for comfort.</i> • Offer to make a recommendation: <i>Would you like to hear my recommendation?</i> • If prioritizing comfort: <i>Based on what I've learned about you, I think we could focus on your comfort now, providing you medicines and treatments to give you the best quality of life at this time.</i> Assess response. <i>One option for doing this is called hospice. What do you know about this?</i> • Educate about hospice: <i>Hospice care focuses on quality of life with a team of specialized doctors, nurses, and counselors. They can help you stay comfortable through this time.</i> Discuss home vs. inpatient hospice, depending on clinical needs.

How do I transition a patient to hospice?

- Varies by institution, but typically coordinated from the ED by a social worker or case manager

What if a patient arrives in my ED who is already enrolled in hospice?

- Immediately contact patient's hospice agency, which will provide guidance and support
- Clarify the concerns that prompted the ED visit and assess goals for future care

1. Kaiser Family Foundation/The Economist Four-Country Survey of Aging and End-of-Life Medical Care (conducted March 30-May 29, 2016)