

Madigan Army Medical Center Referral Guidelines

Hospice Care

Diagnosis/Definition

- Hospice is a special way of caring for people who are terminally ill and for their families.
- The goal of hospice is to care for terminally ill patients and their families, not to cure them. It is most often provided in the comfort of the patient's home or that of a responsible family member, (but can also be provided in other settings including a skilled nursing facility, assisted living facility or adult family home). A hospice facility is also an option.
- Medicare (Part A), Tricare, Medicaid and other insurance, including the VA, covers hospice care. It is provided by agencies that specialize in hospice services.

Initial Diagnosis and Management

- Physician certification of terminal illness and probability of less than six months to live. Attending physician must sign initial orders and be available to sign subsequent orders. (Attending is not necessarily the Physician to sign original order. Palliative Care Physician often signs), and pt's PCM is typically the physician who follows for orders)
- Patient and family must be aware of prognosis and choose hospice care. Some hospice agencies require the patient to be DNR/DNI (DNR/DNI is required for Hospice House admission but typically not for home hospice.)
- Patient provides an in-home caregiver, normally a family member or friend. Sometimes a person who lives alone can be on hospice, as long as there is a potential back up caregiver identified. Hospice agencies do not provide full-time care giving. "Patients do not need to be "home bound" to be on home hospice care"

Ongoing Management and Objectives

- Focus is comfort and relief from pain, not cure. Hospice care is focused on the quality of remaining life rather than only on extending life; therefore, hospice works to provide effective pain management and symptom control.
- In-home hospice providers make regular visits and is (A nurse, not the pt's nurse) on-call 24/7.
- Hospice services include the following supportive services: nursing, home health aide, physical therapy, occupational therapy, speech pathology, social work, nutrition, chaplain, homemaker, massage, music therapy, art, relaxation, aromatherapies, respite care and bereavement support.
- The referring provider may continue to work with the hospice staff and patient throughout the course of hospice care unless the hospice medical director agrees to assume this responsibility. If there is NO physician identified at beginning, hospice physician may elect to follow.

- Patients may receive specialty care that is palliative in nature, i.e., designed to provide symptom and pain relief.

Indications for Specialty Care Referral

- Patients who meet the criteria for Hospice may be referred through Medical Social Work Service, Department of Behavioral Health and/or by outpatient oncology physician, by PCM, etc.
- Any patient may elect to stop hospice care at any time and resume treatment for their terminal illness. Hospice services may be resumed at any time after they have been stopped, with a new physician referral.

Criteria for Return to Primary Care

Primary Care should continue to work with the patient and personnel from the hospice agency following a hospice referral.

Last Review for this Guideline: **September 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator