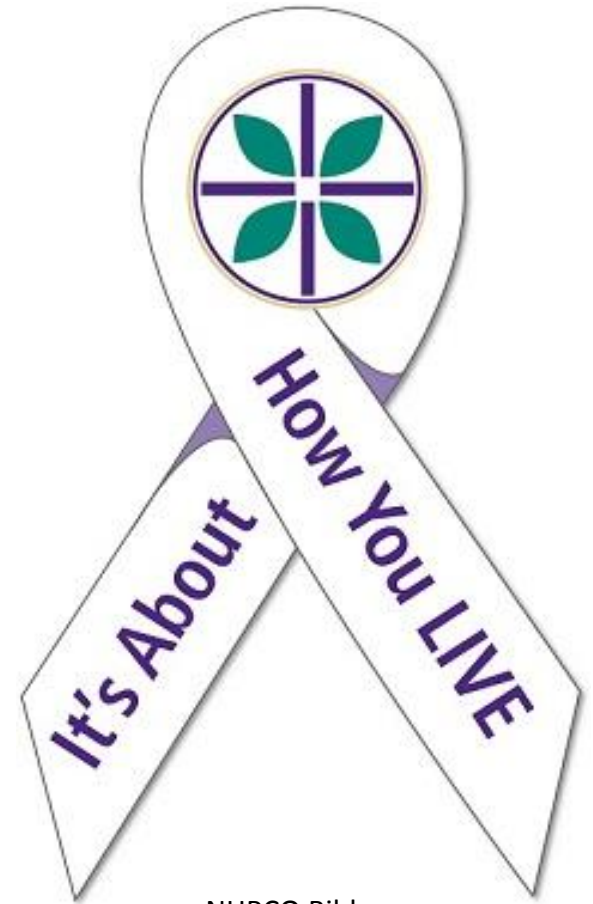


Hospice Care - It's About How You LIVE!

Tina Ketchie Stearns

www.itsabouthowyoulive.com



NHPCO Ribbon

Telesummit September 2017

21 Experts

Registrants from 25 Countries



 It's About How You **LIVE!**

FREE Telesummit



Hosted by Tina Ketchie Stearns


Paul Denniston


Paul Malley


Nathan A. Kottkamp


Mia Saenz


Mary Garvey Horst


Lori Pederson


Kerry Geocaris


Kitty Edwards


Katherine Arnup


Dr. Anthony N. Galanos, MD


Jon Braddock


Edward G. Shaw, MD, MA


Denise Brown


Deborah Grassman


D.S. Moss


Courtenay O'Donoghue


Catherine Sevier


Barbara Sedoric


Robert Fleming

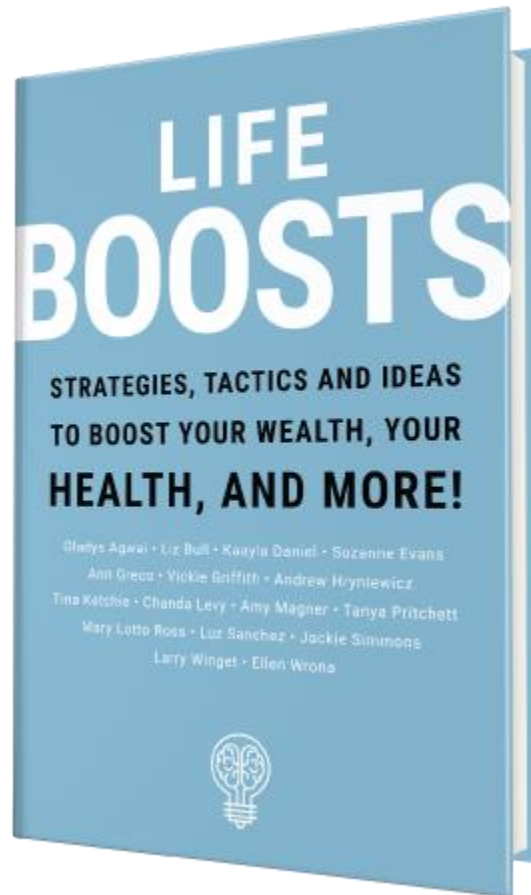

Judi Lund Person, MPH, CHC


Katherine L. Lambert

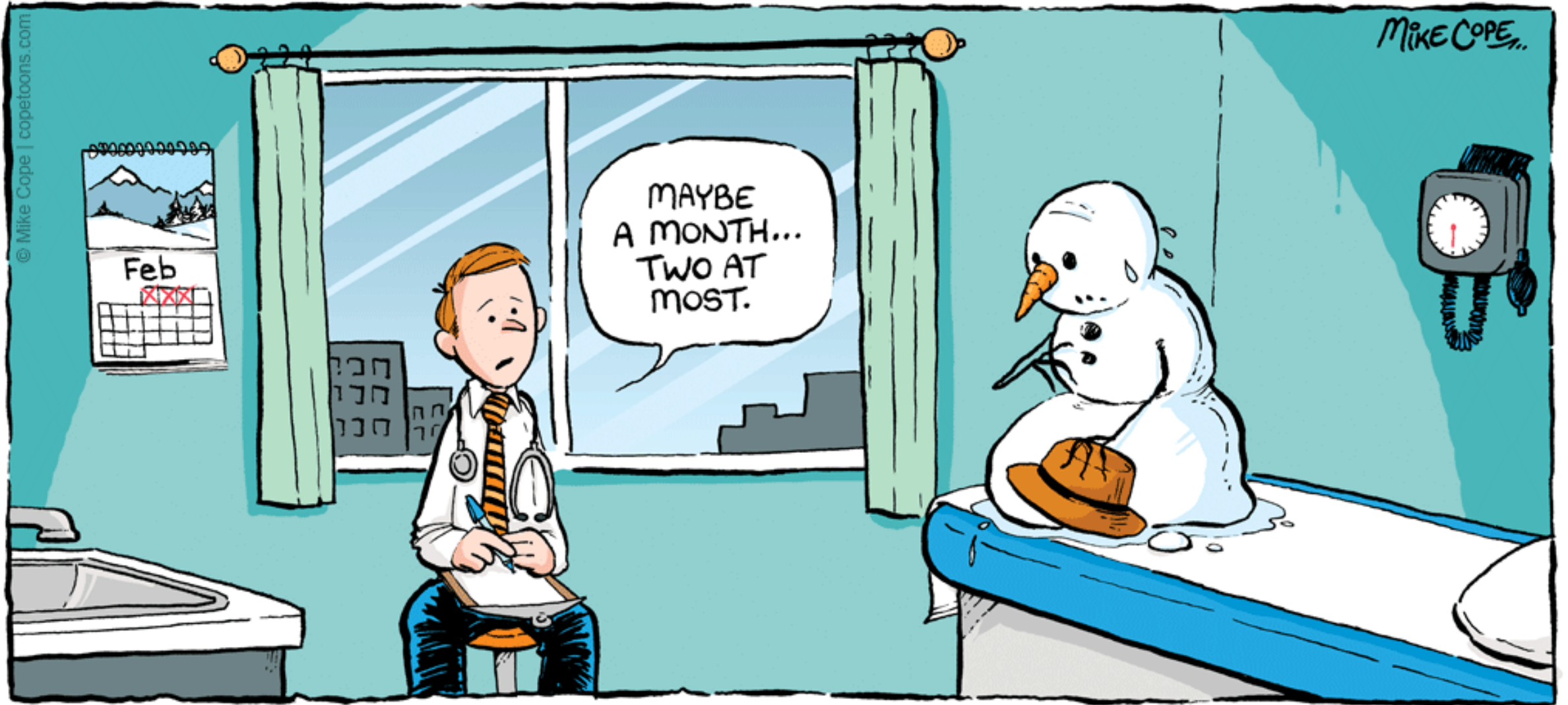
Life Boosts

Co-authors Larry Winget and Suzanne Evans

Both New York Times Best Selling Authors



Doctors Hate Talking About Dying





Problem – Boomers Are Aging

- Baby Boomers – Born early 1940's to 1964 - 10,000 turn 65 years old every single day
New name- “The Silver Tsunami”
- Doctors will be having lots of these conversations in the coming years.
- Most doctors hate talking about dying due to lack of training. People avoid doing things they are not good at.

Here's the Data



- Patients/Families bring up psychosocial aspects of the illness 60% more often than the doctor does.
- 80% say they want to die at home, but only 34% died at home (2009).
- During last days of life –
 - Transitions from one care setting to another in the last 90 days of life increased by 50%, from an average of two moves in 2000 to three in 2009
 - 10% faced a care transition in their last three days in 2000 - 14% were moved in 2009.
 - 24% of those who died used the ICU in 2000 - 29% used ICU in 2009
 - 11% had three or more hospitalizations in the last 90 days of their life.

Hot Topics for The Silver Tsunami



- Advance Care Planning
- Long Term Care Facilities
- Hospice and Palliative Care
- Care Giving
- Grief

Do You Know How To Talk About The “H” word



- What is Hospice Care?
- Who is eligible for Hospice Care?
- What does it cost?
- Hospice Care and Palliative Care
 - How are they similar?
 - How do they differ?

Solution - Three Key Steps



1. Change the way you think.
2. Understand what hospice is.
3. Practice having difficult conversations.

3-Hour VIP Training Available

Benefits of Talking About It



- No more family arguments about what to do with “Mama”.
- You don’t feel like a failure when you cannot cure the illness.
- Patient/Family do not feel like you gave up on them.
- They feel supported when they need it the most.
- It stops being your most dreaded conversation and becomes your most rewarding conversation of the day.

When Is Hospice Appropriate?

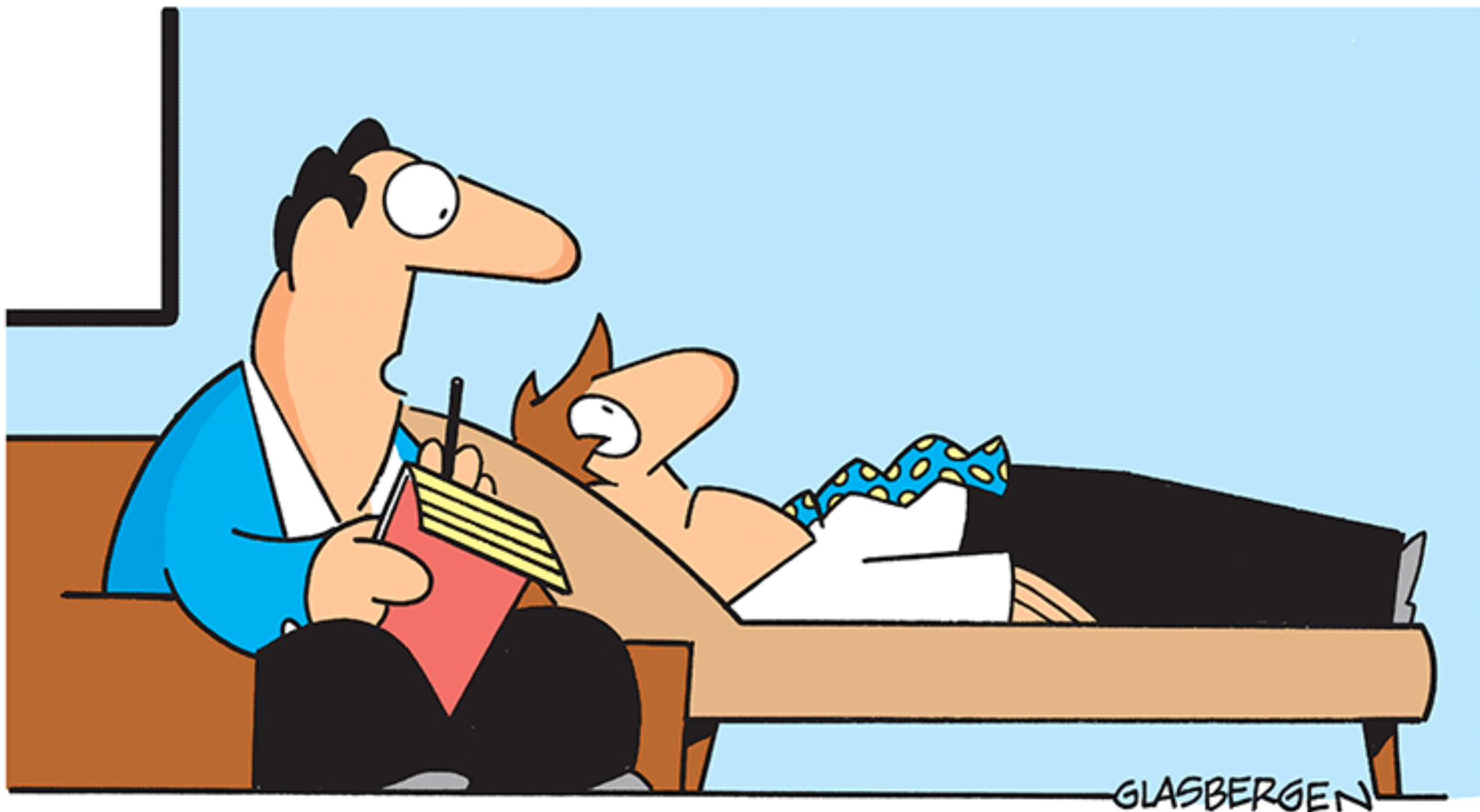


- Estimated End of Life 6 months or less
- No Longer Seeking Curative Treatment
- Palliative Care - Pain and Symptom Management

What is Palliative Care?



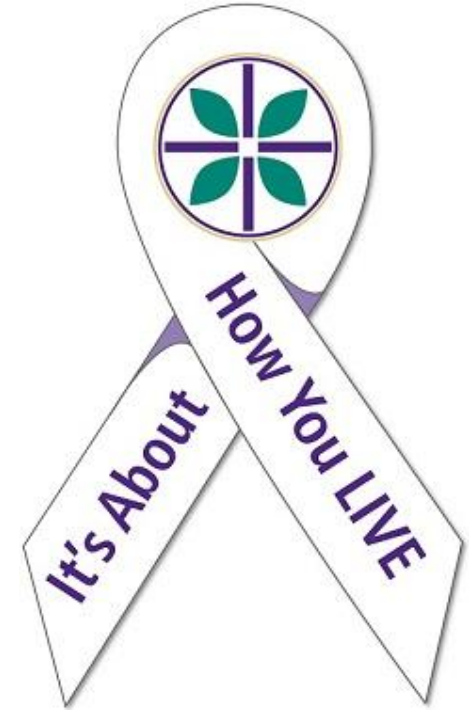
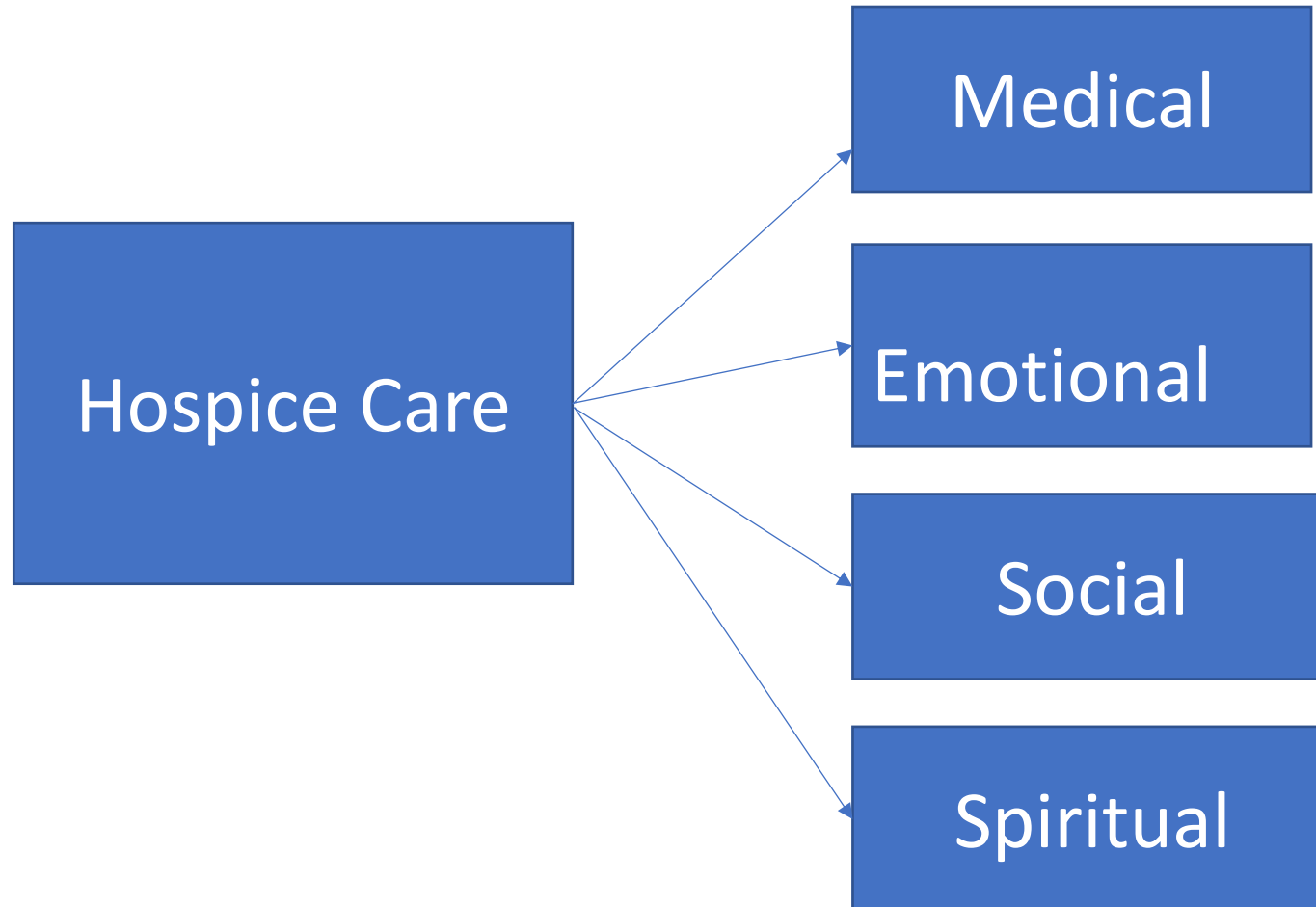
- Hospice & Palliative Care Is a Specialty
- Palliate = “To Ease”
- Pain and Symptom Management
Appropriate when seeking curative treatment
- Introduce Palliative Care At Time of Diagnosis



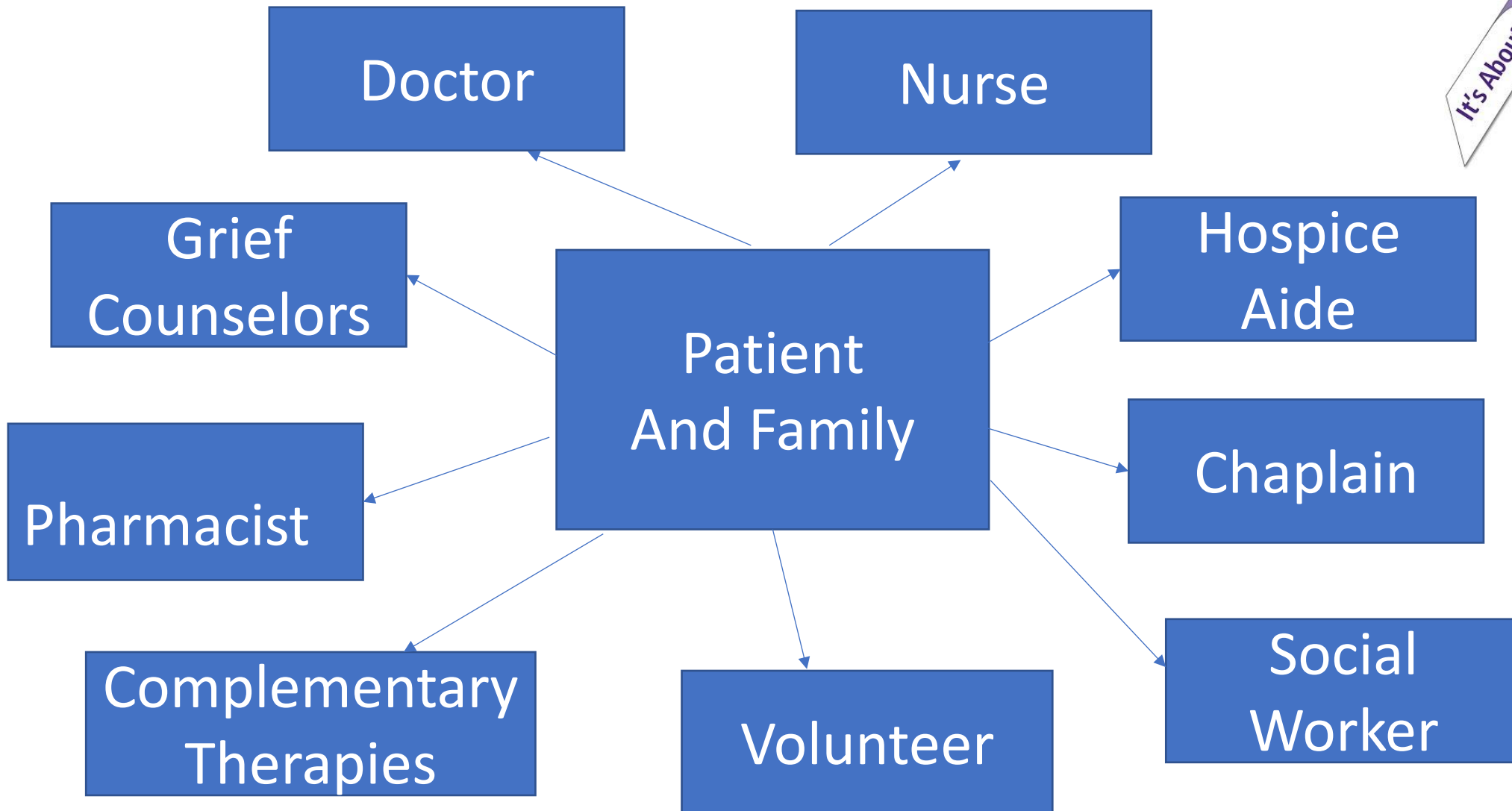
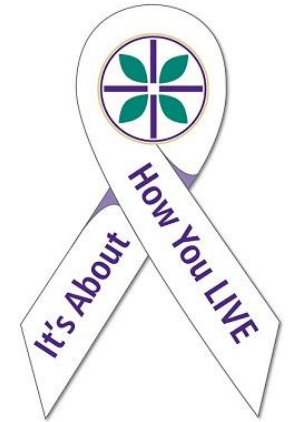
“I’m ordering a transfusion. We’ll replace your B-negative blood with B-positive and see if that improves your mood.”

Hospice Care

Holistic Approach to Care



Team Approach to Care



4 Levels of Hospice Care



1. Routine Home Care
2. General Inpatient Care
3. Continuous Care
4. Respite Care

Patient Rooms in A Hospice Home in NC



Common Areas In A Hospice Home in NC

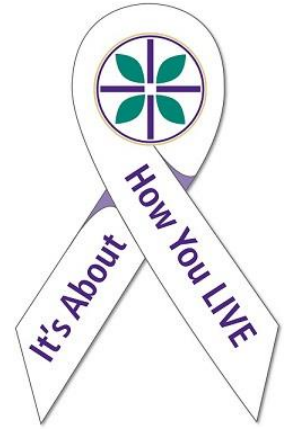


Common Areas In A Hospice Home



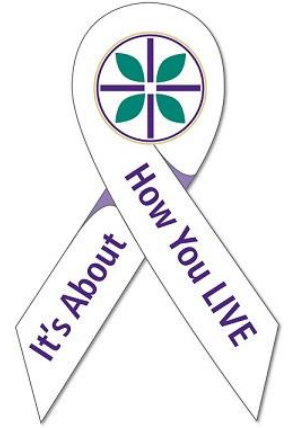
Advance Care Planning

The 3 D's – Decide – Discuss – Document



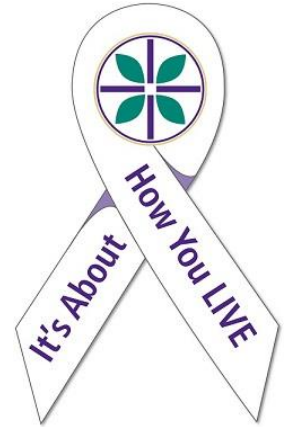
- Decide – Decide what you want under different scenarios
- Discuss – **Have the Conversation!!!** Discuss your wishes with your loved ones, physician, chaplain. Start with “perfect last day”
- Document – Put your wishes in writing

Advance Care Planning Documents



- Living Will – ONLY covers life sustaining measures:
 - Ventilation
 - Artificial Nutrition
 - Artificial Hydration
- Healthcare Power of Attorney - Select someone to speak for you if you cannot speak for yourself
 - Healthcare Agent

Advance Care Planning



MOST form – A Doctor's Order

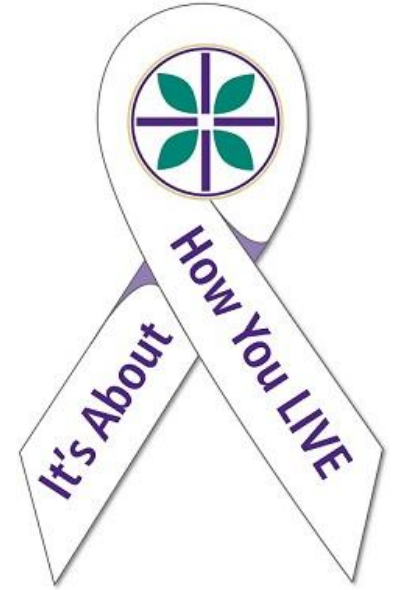
MOST = Medical Orders For Scope of Treatment

- Serious, potentially life-limiting diagnosis
- This is not scenario planning - specific illness

The Pink Form!

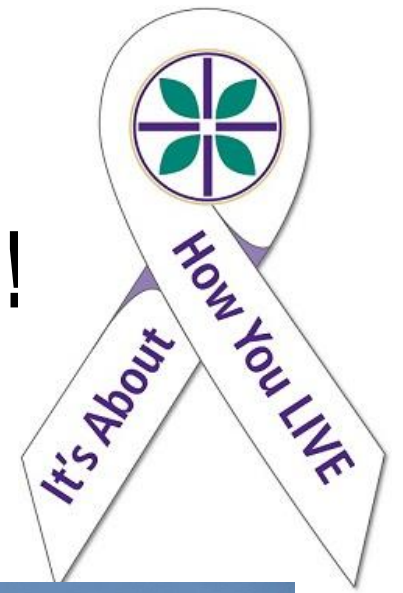
HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY			
Medical Orders for Scope of Treatment (MOST)		Patient's Last Name:	Effective Date of Form:
This is a Physician Order Sheet based on the patient's medical condition and wishes. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.		Patient's First Name, Middle Initial:	Patient's Date of Birth:
Section A Check One Box Only	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing. <input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/no CPR) When not in cardiopulmonary arrest, follow orders in B, C, and D.		
Section B Check One Box Only	MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing. <input type="checkbox"/> Full Scope of Treatment: Use intubation, advanced airway interventions, mechanical ventilation, cardiovascular as indicated, medical treatment, IV fluids, etc.; also provide comfort measures. Transfer to hospital if indicated. <input type="checkbox"/> Limited Additional Interventions: Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. May consider use of less invasive airway support such as BiPAP or CPAP. Also provide comfort measures. Transfer to hospital if indicated. Avoid intensive care. <input type="checkbox"/> Comfort Measures: Keep clean, warm and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital unless comfort needs cannot be met in current location. Other Instructions:		
Section C Check One Box Only	ANTIBIOTICS <input type="checkbox"/> Antibiotics if indicated <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs <input type="checkbox"/> No Antibiotics (use other measures to relieve symptoms) Other Instructions:		
Section D Check One Box Only in Each Column	MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically feasible. <input type="checkbox"/> IV fluids if indicated <input type="checkbox"/> Feeding tube long-term if indicated <input type="checkbox"/> IV fluids for a defined trial period <input type="checkbox"/> Feeding tube for a defined trial period <input type="checkbox"/> No IV fluids (provide other measures to ensure comfort) <input type="checkbox"/> No feeding tube Other Instructions:		
Section E Check The Appropriate Box	DISCUSSED WITH AND AGREED TO BY: <input type="checkbox"/> Patient <input type="checkbox"/> Majority of patient's reasonably available parents and adult children <input type="checkbox"/> Patient or guardian if patient is a minor <input type="checkbox"/> Majority of patient's reasonably available adult siblings <input type="checkbox"/> Health care agent <input type="checkbox"/> An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient <input type="checkbox"/> Legal guardian of the patient <input type="checkbox"/> Attorney-in-fact with power to make health care decisions <input type="checkbox"/> Spouse Basis for order must be documented in medical record.		
MD/DO, PA, or NP Name (Print):		MD/DO, PA, or NP Signature and Date (Required): Phone #:	
Signature of Patient, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative (Signature is required and must either be on this form or an file) I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent. If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form. You are not required to sign this form to receive treatment.			
Patient or Representative Name (print)		Patient or Representative Signature Relationship (write "self" if patient)	
SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED			

Special Moments – It's About How You LIVE!



- Bride got married after dating her beau for 20 years
- Young Patient in Her 40's visited with her horse
- Mother was able to get in a portable swimming pool with her family
- Husband and Wife Died within hours of each other – “I can’t live without her.”
- Farmer was able to see his tractors lined up outside of his bedroom
- Husband was able to take his wife on some trips to see cities she had not seen before
- Woman with COPD wanted to go to the beach to drink Tequila Sunrise on the beach at sunset.

Hospice Care— It's About How You LIVE!



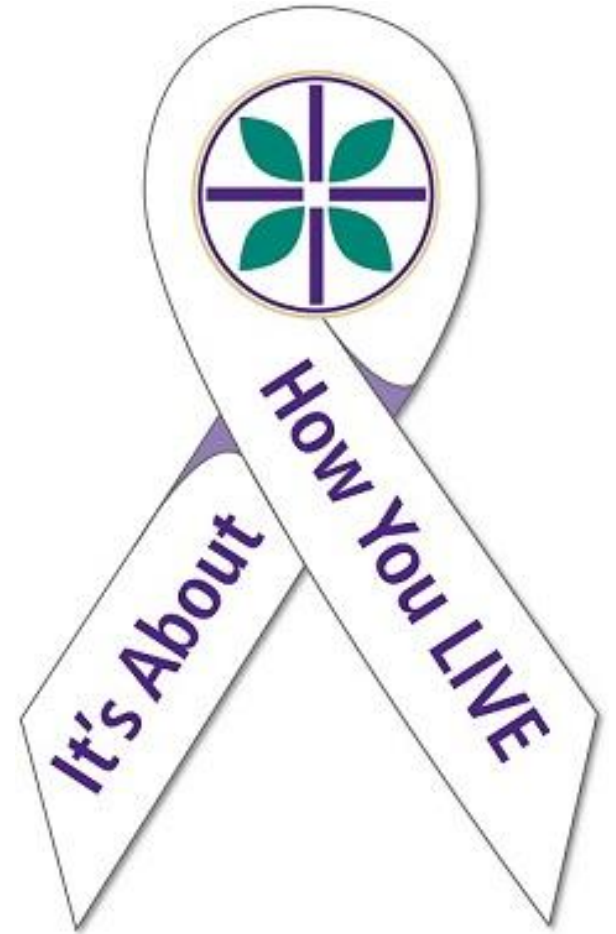
Thank You!

Tina Ketchie Stearns

www.itsabouthowyoulive.com

tina@itsabouthowyoulive.com

336-655-0200



NHPCO Ribbon