



NHHPCO

New Hampshire Hospice and Palliative Care Organization
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NHHPCO Golf Tournament a Huge Success

The New Hampshire Hospice and Palliative Care Organization's (NHHPCO) First Annual Golf Tournament, held on September 13, at the beautiful Canterbury Woods Country Club in Canterbury, New Hampshire, was a huge success. The event raised over \$16,000 and brought many promises of higher levels of participation and enthusiastic support for next year. The Second Annual NHHPCO Golf Tournament event will be held on August 26, 2005. The NHHPCO Golf tournament fundraiser was begun to help support the organization in carrying out its mission. John Clayton, New Hampshire author, newspaper columnist, and radio and television personality, was the Master of Ceremonies for the luncheon and silent auction. For further information regarding the second annual event and NHHPCO, contact DeeMarie Pinfield at (603) 669-8107 or Mary Kazanowski at (603) 472-2550.



NHHPCO Fall Conference October 7, 2004

NHHPCO and the NH Cancer Pain Initiative are excited to present this year's Fall conference, "Pain and Beyond: 2004" on Thursday, October 7. Registration begins at 7:30 a.m. at Lake Morey Resort, Lake Morey - Fairlee, Vermont. Featured speakers include J. Donald Schumacher, NHHPCO; Ira Byock, Dartmouth Hitchcock Medical Center; and Myra Glajchen, Beth Israel Medical Center. To register, call 1-877-646-7742 (toll-free). Cost is \$95 for members; \$110 for non-members; and \$45 for volunteers and students.

Hospice in the Nursing Home

Have you ever heard the following? *Why would one need Hospice in the nursing home? Isn't that "double dipping"? Don't you need to be a Medicare certified skilled nursing facility? Isn't the nursing home already providing this care?*

These are just a few of the questions that are asked when the subject of Hospice in the nursing home is discussed. This article is being written to not necessarily convince people that Hospice providers are the only ones who can provide end of life care, but to help correct some of the misinformation that has circulated which might prevent access to Hospice for those who want it. With any potential Hospice patient and family, our job is about giving

them the best information so that they can make an informed decision.

Most Hospice personnel are well versed in the four levels of care under the Medicare Hospice benefit. They are routine home care, general inpatient level of care, respite and continuous care. All four levels are available to people residing in nursing facilities. However, having said that, this is where the regulations can get a little complicated. Let's talk about **routine home care** first.

This most frequently accessed level of care can be provided for anyone who qualifies for his or her Medicare Hospice benefit in any non-acute facility, regardless of the facility's licensure. For instance, assisted

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NHHPCO Hires Corbeil as Executive Director

The New Hampshire Hospice and Palliative Care Organization has hired Yvonne Corbeil as executive director. Corbeil has been involved in Hospice and palliative care since 1983, where she was the assistant director for program development in the Division of Palliative Medicine at McGill University. She has served as a consultant to palliative care and Hospice programs throughout the country. Yvonne has an uncompromising commitment to quality and attention to detail and she will be a wonderful asset to the organization. She will begin with NHHPCO on October 1.

New Hampshire Hospice and Palliative Care Organization

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From the President...

I have exciting news about your New Hampshire Hospice and Palliative Care Organization. As the only state-wide entity committed to promoting excellence in hospice and palliative care, we have established the planned partnership with the National Hospice and Palliative Care Organization that we have long spoken of and worked toward. This partnership agreement assures a phone presence during business hours offering membership services, educational program management, fundraising and technical support. Publications, internet and other communications outreach measures will also be benefiting from this relationship.

For the first time since NHHPCO was founded, you can reach us via our toll free or in-state numbers 40 hours a week. Please call us at 1-877-646-7742 or (603) 953-0071. Dedicated professionals at the other end of the phone will be able to answer questions and register your staff for conferences, accepting credit-card payment for conference fees, membership dues, and fundraising. Questions from members regarding conditions of participation and other technical matters will either be answered immediately or referred to the appropriate expert at the state or national levels.

NHHPCO will continue to participate on the Region I Hospice Advisory Panel. This is a critical activity giving us a voice in the setting of fiscal intermediary policies. It is one reason why Region I has historically had the most reasonable Local Medical Review Policies in the U.S. We will also continue to collaborate with the state Partnership for End of Life Care, the Home Care Association, and with the Health Decisions Coalition – all working in the area of advocacy for those in New Hampshire with advanced illnesses. We will also continue to produce a bi-monthly newsletter which we prefer to distribute via email for timeliness. We will rely on you to inform us as your email address changes.

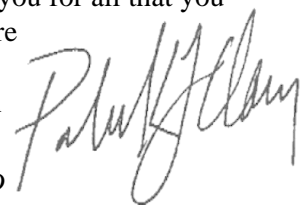
It is clear that Hospice and palliative care in New Hampshire stands where roads diverge. Ira Byock has assumed a highly visible leadership position at Dartmouth's Palliative Care Service. Hospices responding to this new leadership and to community needs by offering open access to patients while striving to increase staff support have seen substantial and consistent agency growth. More conservative agencies in the state have cut back Hospice staffing, benefits, and funding and are seeing a consequent drop in patient census.

We are seeing leaders like Ira change public expectations for end of life care. The demographic tsunami of the boomers' aging is visible on the horizon. The public will demand rising expectations for their loved ones and for themselves and the increased need will be felt in all of our communities. As an organization, we want to work with all member agencies to increase utilization, improve quality and decrease costs while preserving that special New Hampshire flavor.

In order to do so our next initiative is the hiring of an executive director supported logistically by our management contract with the national organization. We have had such a position in the past but it has been inadequately funded and supported. Funding this initiative will require hard work – but it is already under way, with an annual golf tournament, auctions, and direct mail supplemented by personal contact.

Thanks to all of you for all that you have done and are doing to make this organization live!

Patrick Clary, MD



Health Care Decisions Week Coming in October

National Health Care Decisions Week 2004, sponsored by the Health Care Decisions Committee of the American Bar Association, will be observed October 17-23. It is billed as "the largest campaign ever launched to educate the public about planning for end-of-life health care decisions." Since its inception in 2000, more than 80 bar associations and local medical organizations have formed alliances to provide community education.

An article in *Eli's Home Care Week* says hospices should split their Medicare claims before and after October 1 in order to receive the scheduled 2005 increase. Claims that span the October 1 date will be paid at the lower 2004 rate. According to the article, "Hospices may not see a repeat of the full market basket inflation update next year. The industry is under close scrutiny since hospice utilization has increased significantly in recent years. And the swift growth of for-profit hospices over other types is causing the government, including the Medicare Payment Advisory Commission, to cast a wary eye on the sector."

(*Eli's Home Care Week*, 8/9)

living and nursing homes are able to work in collaboration with a Medicare certified Hospice as long as they have a signed agreement that establishes each provider's responsibilities and necessary qualifications. Even though New Hampshire is one of a handful of states that does not have a Medicaid Hospice benefit, the room and board component of the Hospice program still applies. Currently in the Granite state a person receiving Hospice care would be expected to pay the standard rate, set by the individual nursing home, as they would if they weren't on the Hospice benefit. NHPCO will work with state Medicaid officials to interpret these regulations so that they are correctly followed. (Medicare Online Manual 204.2) The reality is that people are entitled to receive the best of both worlds. They are not only able to receive all that they are entitled to by the nursing home, but they then also qualify for coverage for medication relative to the terminal process, the entire hospice team, equipment that the nursing home may not have or would have to pay extra for, bereavement services, and what we believe to be one of the most valuable services, the ability to spend time with the families outside the nursing home to address their multitude of emotional, social and spiritual needs.

How many of you have witnessed a situation where a family member has not been able to visit their loved one for an extended period of time, or when confronted with the reality of dying, they want every heroic measure done. Having a contracted Hospice provider who is very practiced and comfortable with addressing difficult end of life topics is invaluable. They have the resources and time to assist the facility in averting what could be the initiation of an unnecessary chain of

"We were very comfortable having hospice involved, their support helped us to understand the process of dying so that we wouldn't be frightened. The staff at Riverside Rest Home in conjunction with hospice had her overall care synchronized to meet her needs."

Pahm A., niece of Evelyn J.

events that leads to a less than optimal death and the possibility of complicated family grieving.

Continuous care, perhaps the most difficult level to provide, is also available for Hospice patients in a non-medicare certified nursing facility. The Hospice Medicare Benefit requires that an LPN or RN provide at least 50 percent of the total time spent with the patient in a 24-hour period, a minimum of eight hours, dictated by their specific needs. It is not always a possibility for Hospice agencies to find staff that is qualified and/or able to give this level of care. People who qualify for continuous care basically have the same needs as those who may qualify for a general inpatient level of care.

The general inpatient level of care is the level that requires that a facility is either an acute care hospital or a Medicare certified skilled nursing facility. To further complicate matters, in order to provide general inpatient care, there must be a registered nurse providing direct care around the clock. This is never an issue in a hospital, but it can be in a skilled facility as their regulations state that a registered nurse has to be available and not all the facilities are able to have a direct care RN in house on each shift. The powers that be in Washington recognize that this is a rule that does not necessarily make a lot of sense and they are reviewing it, but for now we are bound by it. Where one chooses to admit someone for

general inpatient care will be determined by the needs that qualify a patient for this level. For example, if a patient is having an acute pain crisis that can't be addressed at home, a hospital is probably going to be the correct choice. If you have, on the other hand, caregiver breakdown and there are not as many acute needs other than a registered nurse's assessment skills and medication administration ability, a skilled facility may be a better choice.

Respite is generally the least used level of care. This level was designed to provide a very short-term stay at a facility to provide a family some needed rest. There are no expectations that a person has any sort of qualifying medical or emotional needs to qualify them for this, but there is that necessity of having a registered nurse on duty in a facility 24 hours per day. If a non-medicare certified nursing facility could meet this requirement, they can provide respite care in conjunction with the Hospice.

Once a person is admitted to a facility and **chooses to have Hospice**, there are a few general rules that need strict adherence. The first, and perhaps the most important, is that the Hospice is responsible for the professional management of anything relating to the terminal process. Having said that, there are nursing home conditions of participation that have to be followed and cannot be ignored because a patient is on hospice. Secondly, the next important condition addresses the plan of care. The regulations say that the two organizations will agree upon one plan of care. The plan will reflect the goals defined to us by the patient and family. The pain management plan, who is paying for what and what drugs, what biologicals and equipment will be provided, and by whom, are all integral components of

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Meetings

Home Health and Hospice Social Work Committee Meeting of the NH-NASW

November 9, 2004
8:30 a.m. - 10:00 a.m.
NH-NASW office at 105 Loudon Road, Suite 4307
Concord, NH
Contact: Sue at the NH-NASW office, 603-226-7135 or Laurie Farmer, 603-224-4093

Volunteer and Bereavement Coordinators Meeting

Thursday, September 16, 2004
125 Airport Road
Concord, NH
12 noon - 3 p.m.
Guest speaker: Pat Rainboth, Director of Victims, Inc.
Contact: Lorraine Bishop, 603-532-8253

Seacoast Regional NHHPCO Meetings

Usually held the 1st Thursday of the month*
October 14, 2004*
November 4, 2004
December 2, 2004
Anyone interested in hospice work whether volunteer, student intern or hospice employee is welcome to attend.
Location: Seacoast Hospice
642 Central Avenue
Dover, NH 03820
Contact: Ginny Cole, 603-749-4300

For more information:

The National Hospice and Palliative Care Organization

www.nhpc.org

Medicare

www.ahsmedicare.com

www.cms.hhs.gov

New Hampshire

www.state.nh.us

The Hospice of the Florida Suncoast

www.thehospice.org

Seacoast Hospice

www.seacoasthospice.org

Riverside Rest Home

603-742-1348

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the joint plan of care. There was a state inspector at Riverside one day who attended the IDT meeting that Seacoast Hospice has in their facility. Her comments were very insightful in the fact that she noticed we were all on the same page as far as treatment options for pain and symptom management but our evaluation process needed to be refined. RRH has designed a documentation protocol that instructs a nurse to evaluate a resident's pain routinely and document it on the medication administration record. What was different was that we were using dissimilar scales. (This has since been resolved for any of you surveyors who may be reading this J)

This article provides a very basic list of the nuts and bolts of hospice care in a nursing facility. Does it always work as smoothly as one would hope? We would like to believe so but then reality kicks in. There are situations that arise which could be construed as the downside to Hospice care in a facility. These generally have to do with the different institutional cultures relative to individual providers. I'm sure there are more than what will be described here, but we should discuss a couple of problems that can surface.

Probably the most frequently heard concern is the one where the nursing home staff wonders why someone from the outside is coming in to "tell them what to do." This is a very valid concern and one that needs to be addressed at the very beginning of care. It is imperative that Hospices need to find a way to work in a collaborative fashion without making staff feel as though they are inadequate. This can be difficult at times. Also, there can be times when a patient is actively dying and a nursing home representative would really like to sit with and comfort this person, but they can't because they

*" Even though we only had Hospice for about a day, they enhanced my mom's comfort by providing a special bed."
...Donna W., daughter of Hazel K.*

are responsible for 30 other patients on the unit. But a Hospice representative can. Wouldn't it be nice to figure out a way to be able to relieve the staff so that they can attend the death? We would do it for a home patient's family and the nursing home staff is considered to be the family. Some day maybe!

Now the upside. There are national studies that demonstrate that a long-term care facility that contracts with a Hospice has better overall pain management for all of their patients. Hospice care can keep patients in the facilities that might otherwise ship a person to an emergency room for futile, expensive, uncomfortable and unwanted treatment. There is a medication and equipment cost shift away from the individual paying the bills (which could be the state of New Hampshire). Bereavement services are offered for a minimum of a year for all individuals who express a need. And finally, an individual is entitled to receive a benefit they have paid into for many years.

This article does not include all of the conditions of participation relative to Hospice in the nursing home. Rather, it is a compilation of a few by two who have worked together as a nursing home social worker and a Hospice nurse. We have learned quite a bit from each other and we have had a few good chuckles along the way. For more information, see the list of regulatory bodies and associations (at left) related to Hospice in the nursing home.

by Carol Tubman RN CHPN, Education and Regulatory Affairs, Seacoast Hospice and Debbie Mason, SW, Director of Social Services, Riverside Rest Home.