

Changing the Goals of Care: EMS and Hospice

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Case 1

- 84-year-old woman with end-stage Alzheimer's disease
- Declining rapidly over last week
- No oral intake for 5 days
- Family wants IV fluids, gets upset when hospice will not provide them
- Calls 911



Case 2

- 74-year-old man with end-stage COPD
- Trips over his oxygen tubing
- Falls, can't get up
- Leg looks like this →
- Calls hospice, RN advises that she is 30 minutes away
- She calls ambulance for transport to ED



Introduction

- Hospice 101
- Transporting a hospice patient
- Treating a hospice patient
- DNR

Objectives

- Describe the central principle of the hospice philosophy
- State the potential consequence of a hospice patient's seeking treatment without hospice's knowledge
- List one medication to avoid when possible in hospice patients
- Recall that the majority of hospice patients will have DNR orders

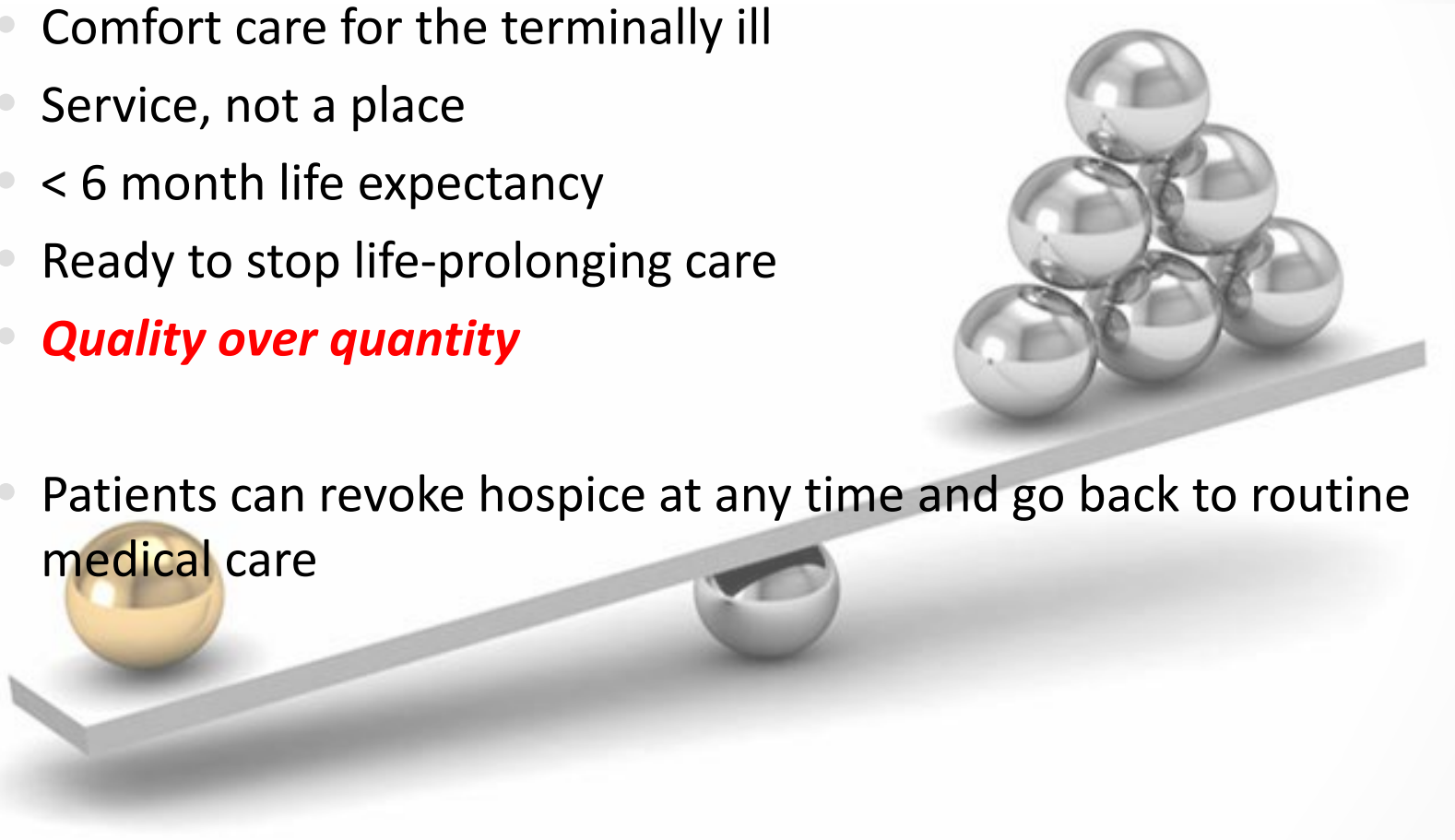
Disclosures

- None!



Hospice 101

- Comfort care for the terminally ill
- Service, not a place
- < 6 month life expectancy
- Ready to stop life-prolonging care
- ***Quality over quantity***
- Patients can revoke hospice at any time and go back to routine medical care



Payment for Hospice

- Hospice gets a per-diem rate from insurance
- All costs ***for the terminal condition*** are covered by hospice, including
 - Medications
 - Equipment
 - Treatments
 - ***Transportation***



So...

- If a hospice approves a transportation and ED visit then hospice or their insurance pays
- If a patient calls 911 and goes to the ED without notifying hospice then they may be liable for the bills



Case 1

- Alzheimer's patient
- Family wants fluids
- They get transported to the ED, hospice is notified
- RN comes to the ED with revocation paperwork
- Patient signs off hospice
- Insurance pays for the transport and ED visit
- If hospice had not been notified until the next day, patient would have gotten the bill

Case 2

- COPD patient with likely hip fracture
- Gets transported to the ED
- Because it is unrelated to his terminal disease his insurance pays



EMS Providers

- Please ask if hospice knows you're there
- Encourage family to call if not



Case 3

- 72-year-old man with lung cancer
- Having worsening chest pain over last week
- Hospice nurse finds him unresponsive
- Five of his long-acting morphine tablets are missing
- Unable to get timely transport to inpatient hospice
- Calls 911, local ambulance service responds



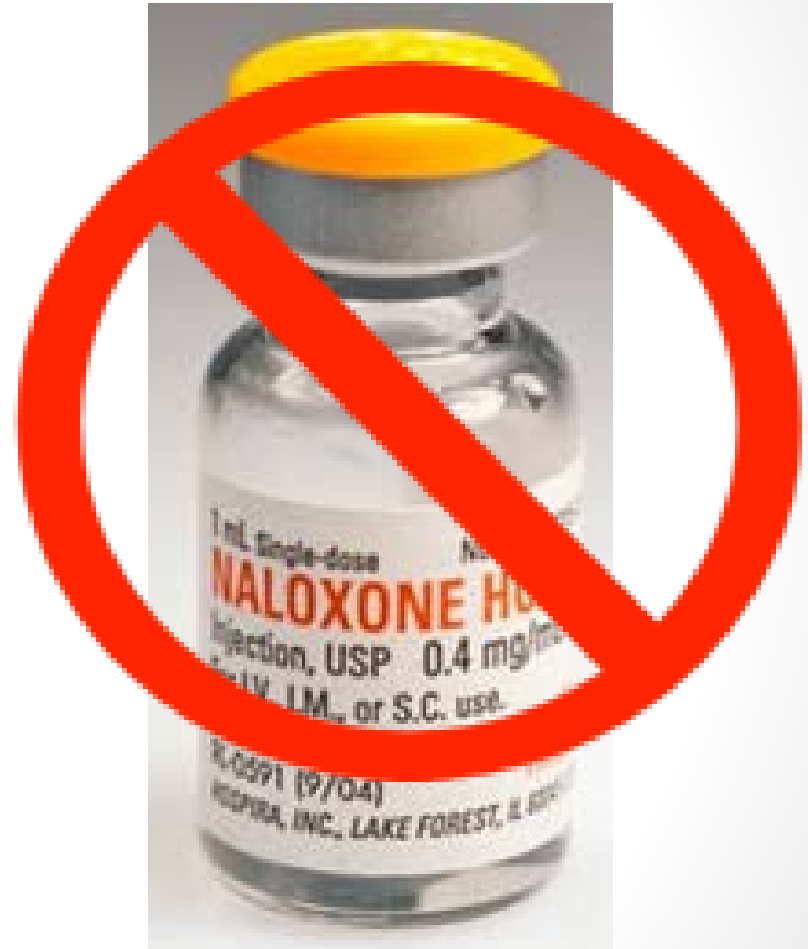
Treating a Hospice Patient

- Comfort meds
 - Opioids
 - Benzos
 - Antiemetics
 - Steroids
 - Antipsychotics
 - Breathing treatments
- Others
 - Antihypertensives
 - Antiepileptics
 - Aspirin



Treating a Hospice Patient

- When possible, please don't use



Naloxone

- Most hospice patients will be on an opioid
- If necessary, use as little as possible



Case 3

- Local volunteer ambulance responds
- Transports to our inpatient hospice unit
- En route administers naloxone per protocol
- Wakes up in severe pain
- Opioids restarted on arrival to inpatient unit
- Dies two days later

Finally

- DNR



Wrap-Up

- Hospice is about quality over quantity of life
- Encourage patient or family to notify hospice
- Just about any pre-hospital treatment is ok
- Avoid naloxone or use smallest dose you can
- Vast majority will have a DNR

Questions, Thoughts,
Comments?

