IMPROVING CARE FOR VETERANS

HOSPICE CARE, PALLIATIVE MEDICINE & ADVANCE CARE DIRECTIVES

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OBJECTIVES

• REVIEW BASICS OF HOSPICE CARE WITHIN THE DURHAM VA MEDICAL CENTER AND COMMUNITY SETTINGS
• DIFFERENTIATE BETWEEN HOSPICE CARE AND PALLIATIVE MEDICINE
• REVIEW COMMON ADVANCE CARE PLANNING DOCUMENTS
BRIEF VA CHRONOLOGY

• DEPARTMENT OF VETERANS AFFAIRS (VA) COMPREHENSIVE END OF LIFE CARE (CELC) IMPLEMENTATION CENTER LAUNCHES THE EFFORT IN 2003.

• 2003 MANDATED ALL VA FACILITIES TO HAVE PALLIATIVE CARE CONSULT TEAM.
BRIEF VA CHRONOLOGY

• PROGRESSED OVER NEXT DECADE TO SUPPORT TEAMS, ADDED MH PROFESSIONAL TO CORE TEAM, ADDED INPATIENT HOSPICE UNITS, AND ENCOURAGED OUTPATIENT PALLIATIVE MEDICINE CLINICS.

• 2013 THE AMERICAN HOSPITAL ASSOCIATION AWARDED CITATION OF HONOR TO THE VETERANS HEALTH ADMINISTRATION FOR “BUILDING AND EXPANDING THE INFRASTRUCTURE TO PROVIDE PALLIATIVE AND END-OF-LIFE CARE SERVICES TO VETERANS THROUGHOUT THE COUNTRY AND WORKING WITH COMMUNITY-BASED PROVIDERS TO COMPLEMENT ITS SERVICES.”
IN ADDITION...

• PALLIATIVE MEDICINE TEAMS CHARGED WITH FACILITY WIDE EDUCATION
  • AND “GRADED” BY
• BEREAVED FAMILY SURVEY
• CENTER FOR HEALTH EQUITY RESEARCH AND PROMOTION
WHAT IS HOSPICE?

• TREATING PATIENTS AND FAMILIES WITH DIGNITY AND RESPECT

• PROVIDING COMFORT AND RELIEVING PAIN AND SYMPTOMS

• PATIENT AND FAMILY DRIVEN PLAN OF CARE TO ENSURE THE BEST QUALITY OF LIFE POSSIBLE

• INTERDISCIPLINARY APPROACH, USING THE EXPERTISE OF MANY TRAINED PROFESSIONALS AND VOLUNTEERS

• HOSPICE IS ABOUT LIVING!
HOSPICE CARE

- HOSPICE CARE IS A BENEFIT AFFORDED TO ALL ENROLLED VETERANS
  - NO SERVICE CONNECTION REQUIREMENT!
  - ANYONE CAN REQUEST A HOSPICE REFERRAL!
- NOW STANDARD PRACTICE FOR VA TO PURCHASE COMMUNITY HOSPICE SERVICES WHEN NEEDED
- HOSPICE VETERAN PARTNERSHIPS IN COLLABORATION WITH NHPCO
  [WWW.WEHONORVETERANS.ORG](http://www.wehonorveterans.org)
  - BUILD RELATIONSHIPS
  - STRENGTHEN PARTNERSHIPS AND ORGANIZATIONAL CAPACITY
  - ULTIMATELY, INCREASE ACCESS TO SERVICES FOR VETERANS AND THEIR FAMILIES!
DURHAM VA MEDICAL CENTER

- OUR TEAM: 2.5 FTE MDS, 1 NP, 1 SW/CLINICAL COORDINATOR, PSYCHOLOGIST, CHAPLAIN, DIETICIAN, PHARMD
- CORE TEAM COVERS INPATIENT CONSULTS, OUTPATIENT CLINICS AND HOSPICE UNIT COVERAGE
- PROVIDE ~430 INPATIENT CONSULTS PER YR (120 ACUTE BEDS, 4ICUS)
- 10 BED INPATIENT HOSPICE UNIT
- 3 HALF DAYS/WK OF OUTPATIENT PALLIATIVE MEDICINE CLINICS
- 400+ VISITS LAST YEAR; ON TRACK FOR ~ 700 THIS YEAR
- PROVIDE FACILITY WIDE EDUCATION
- PRESENT NATIONALLY AAHPM; PARTICIPATE IN BEACON II TRIAL
- PALLIATIVE MEDICINE TEAM MEMBERS CAN BE A RESOURCE TO OUR COMMUNITY HOSPICE PARTNERS
How Can A Community Hospice Agency Help?

*Can co-exist with Non-Medical Sitter Service Agencies

**Hospice**
- Limited life expectancy – 6 months or less
- Patient wants comfort care, NOT aggressive treatment measures
- Interdisciplinary Team Approach: Nurse, SW, Chaplain, Volunteer, Aide
- Occurs wherever a person calls home.
- Physician must sign CTI: Community provider can request our MD to serve as attending.
- Covered by Medicare, Medicaid and most private insurances.

**Palliative Medicine Consultations**
- Can occur at:
  - Any stage of an illness
  - Any age
- Can exist along with all other aggressive treatment measures
- Patient’s provider must write order
- Consultative usually (MD, NP, SW) for goals of care and symptom management
- Visits may vary in frequency and duration
- Palliative can exist in a variety of settings
- Billed as a medical specialty co-pay.
ADVANCE CARE DIRECTIVES

• Do you think it is important to put things in writing?
  • Road Map

• Communication:
  • Essential
  • Ongoing
W-I-S-H

• W - WITHIN
• I - IMPLEMENT
• S – SHARE AND STORE
• H - HONOR
HEALTH CARE POWER OF ATTORNEY

• NAMES A PERSON AS YOUR “HEALTH CARE AGENT”
  • SPEAKS FOR YOUR MEDICAL OR MENTAL HEALTH DECISIONS IF YOU ARE UNABLE TO DO SO.
• CHOOSE WISELY
• SHARE BEFORE DESIGNATING
LIVING WILL

• ONLY BECOMES EFFECTIVE IF YOU:

  • HAVE AN INCURABLE OR IRREVERSIBLE CONDITION THAT WILL RESULT IN YOUR DEATH WITHIN A RELATIVELY SHORT PERIOD OF TIME.

  • BECOME UNCONSCIOUS AND YOUR HEALTH CARE PROVIDERS DETERMINE THAT, TO A HIGH DEGREE OF MEDICAL CERTAINTY, YOU WILL NEVER REGAIN CONSCIOUSNESS.

  • SUFFER FROM ADVANCED DEMENTIA OR OTHER CONDITION WHICH RESULTS IN THE SUBSTANTIAL LOSS OF YOUR COGNITIVE ABILITY AND YOUR HEALTH CARE PROVIDERS DETERMINE THAT, TO A HIGH DEGREE OF MEDICAL CERTAINTY, THIS LOSS IS NOT REVERSIBLE.
MULTIPLE TYPES

• STATUTORY FORMS
• COMBINED SIMPLIFIED FORMS
• FIVE WISHES
• VA SPECIFIC ADVANCE DIRECTIVE FORM
OUT OF FACILITY MEDICAL ORDERS: DNR/MOST

• NORTH CAROLINA DIVISION OF HEALTH SERVICE REGULATION, OFFICE OF EMERGENCY MEDICAL SERVICES (2016). DO NOT RESUSCITATE (DNR) & MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST) FORMS. RETRIEVED FROM HTTP://WWW.NCDHHS.GOV/DHSR/EMS/DNRMOST.HTML
IF YOU ONLY DO ONE THING........

HAVE THE

CONVERSATION!
RESOURCES

CONTACT INFORMATION FOR THE OFFICE OF SURVIVORS ASSISTANCE:

• MAIL: DEPARTMENT OF VETERANS AFFAIRS; OFFICE OF SURVIVORS ASSISTANCE; 1717 H STREET NW; WASHINGTON, DC 20006
• PHONE: 202-461-1077
• FAX: 202-495-5985
• WEBSITE: WWW.VA.GOV/SURVIVORS/
• EMAIL: OFFICEOFSURVIVORS@VA.GOV
• WWW.NHPCO.ORG
• WWW.WEHONORVETERANS.ORG
• AGING WITH DIGNITY. (2017). FIVE WISHES. RETRIEVED FROM: HTTP://WWW.AGINGWITHDIGNITY.ORG/FIVE-WISHES.PHP
• NORTH CAROLINA DIVISION OF HEALTH SERVICE REGULATION, OFFICE OF EMERGENCY MEDICAL SERVICES. (2016). DO NOT RESUSCITATE (DNR) & MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST) FORMS. RETRIEVED FROM HTTP://WWW.NCDHHS.GOV/DHSR/EMS/DNRMOST.HTML
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