When to refer patients for hospice care

By Elizabeth Puffenbarger, MSN, RN

WHAT HAPPENS to patients once they reach the maximum benefit of traditional curative treatment? For many, hospice should be considered. A point on the healthcare continuum, hospice offers a comfort-focused approach to care when aggressive treatment would create more burden than benefit for the patient. The National Hospice and Palliative Care Organization (NHPCO) estimates that in 2013, more than 1.1 million patients died in hospice programs in the United States.

Many people link hospice with a cancer diagnosis—yet cancer diagnoses accounts for only about one-third of hospice admissions. Hospice may be appropriate not just for cancer patients but for others at the end stage of a chronic debilitating disease. Statistics show a growth in hospice referrals; most referrals are initiated less than 3 weeks before the patient's death.

Hospice care specializes in managing symptoms and providing psychosocial, spiritual, and emotional support while preparing the patient and family for the final days. Initiating a hospice referral early gives the hospice team time to:

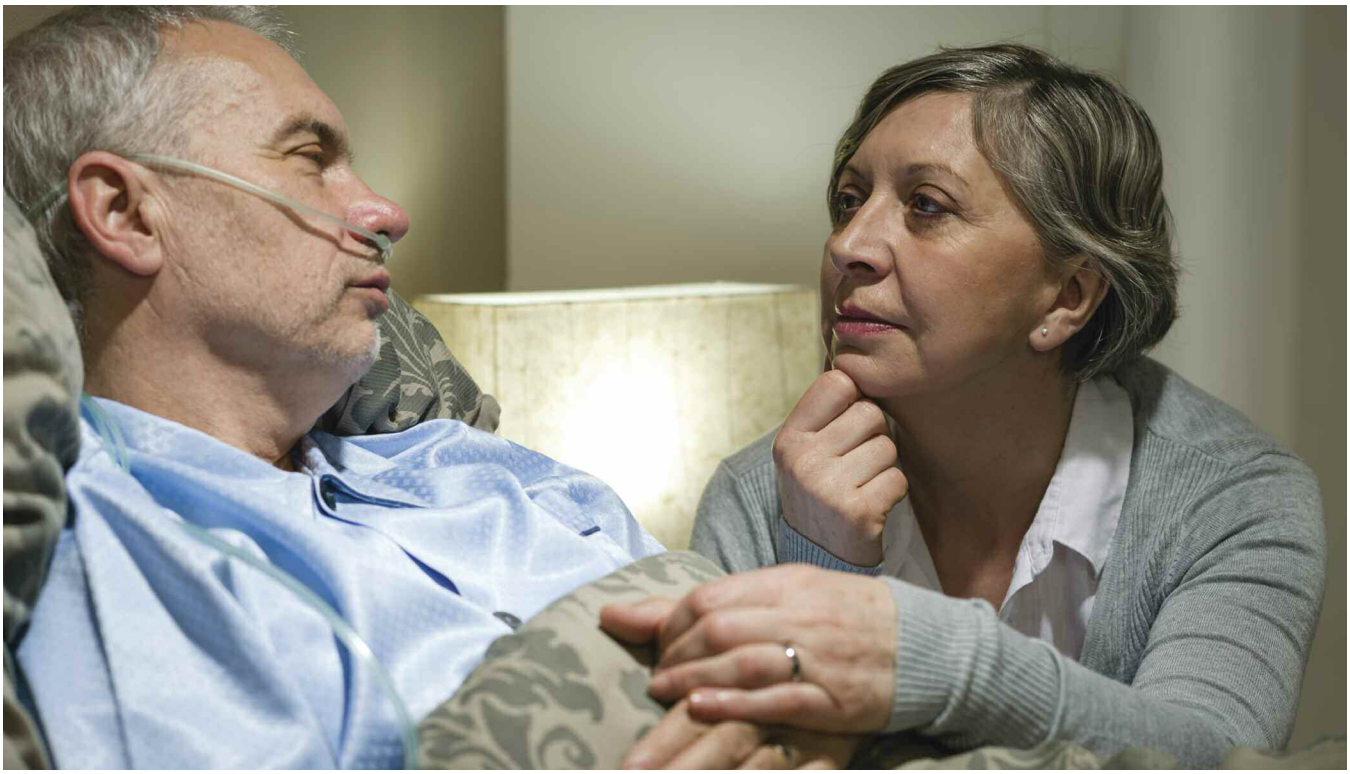
Is it time? Learn how to evaluate patients for possible hospice referral.

- develop an end-of-life plan of care with the patient and family
- discuss advanced directives, if these aren't already in place
- review the goals of care.

As a nurse, you're ethically obligated to ensure patients' and families' right to self-determination in making healthcare choices, especially when it comes to end-of-life care. Early hospice referral can increase family functioning and caregiver satisfaction, reduce hospitalizations, and promote bereavement adjustment. This article examines a scenario similar to those encountered by nurses in many healthcare settings.

Identifying a high-risk patient

Marvin Grant, age 85, is admitted to the hospital for



treatment for a urinary tract infection and dehydration. He has a history of dementia (diagnosed 10 years ago) and heart failure (HF). Three months ago, he was treated for aspiration pneumonia, which necessitated placement of a percutaneous endoscopic gastrostomy (PEG) tube. His body mass index (BMI) is 18, indicating he's slightly underweight, and he has a stage 2 pressure ulcer on his coccyx. He's becoming more dependent for care and is unable to ambulate. Although oriented to self, he verbalizes only two or three words. This is his third hospitalization this year, and he remains a full code.

Mr. Grant doesn't have a living will. His son, who has power of attorney, hopes tube feedings will help his father regain strength and return to his baseline status.

SPIKES: A framework for difficult discussions

Discussing a terminal patient's future care is likely to become emotional and distressing for the patient and family. To structure the discussion, you can use SPIKES as the framework. SPIKES stands for Setting, Perception, Invitation or information, Knowledge, Empathy, and Summarize. Let's apply SPIKES to Mr. Grant's case.

Setting: Provide a quiet setting to speak with Mr. Grant's son. Turn off your pager and phone.

Perception: Assess the son's perception of his father's situation using open-ended questions, such as "What have you been told so far?" or "What do you understand about your father's condition?" This establishes the son's baseline knowledge level. You also could ask, "What would your father want?" to gain insight into his wishes.

Invitation or information: Ask Mr. Grant's son what information will be most helpful in guiding his decision making. He shares with you his concern that his father isn't getting stronger despite his medical care and states his opinion that hospice means everyone's "giving up" on his dad.

Knowledge: In nonmedical terms, provide information about the progression of his father's chronic diseases and the available options, including hospice care. Reassure him that hospice is a change in the focus of care to comfort, not withdrawal of care.

Empathy: Convey empathy and acknowledge this is a difficult topic to discuss.

Summarize: At the end of the discussion, summarize the information and allow time to answer questions.

You might encounter patients like Mr. Grant in virtually any healthcare setting, including a nursing home, home care, or acute care. In each setting, care providers have the opportunity to assess such patients for hospice referral and initiate a discussion with the interdisciplinary healthcare team. When a hospice consult is ordered, the provider making the referral order must agree that the patient's prognosis is less than 6 months and aggressive therapy is no longer beneficial. For hospice admission, Medicare requires that the attending physician and hospice medical director certify the patient is terminally ill with a life expectancy of 6 months or less.

Indicators for hospice referral

When faced with a patient like Mr. Grant, ask yourself, "Would I be surprised if this person died within the next 6 months?" Although chronic illnesses can take a relatively unpredictable progression, the following factors indicate a poorer prognosis:

- poor performance status
- declining cognitive status
- advanced age
- poor nutritional status
- pressure ulcers
- comorbidities
- previous hospital admissions for acute decompensation.

Poor performance and cognitive status

Declining performance and cognitive status predict a poor prognosis. Ask yourself, "Can the patient perform activities of daily living (ADL) or carry on a meaningful conversation?"

To assess performance and functional status, you can use several scales, such as the Palliative Performance Scale (PPS) or the Reisberg Functional Assessment Staging (FAST) Scale. PPS evaluates five areas—ambulation, activity and evidence of disease, self-care, intake, and level of consciousness. It grades each activity on a scale of 0% to 100%; the lower the score, the poorer the performance.

More specific for dementia patients, FAST is designed to evaluate cognitive and functional status. A score of 7C indicates loss of independent ambulation, loss of verbal capacity, and dependence on others for ADLs. The FAST score is one of Medicare's criteria for hospice appropriateness for dementia patients.

Both PPS and FAST are useful in documenting disease progression. Obtaining a PPS score on admission to an acute or long-term facility allows comparison with later scores to assess for a decline over time. In our example, Mr. Grant is becoming more dependent in his ADLs and therefore has a relatively low performance rating on both scales.

Advanced age

Mr. Grant's advanced age makes it less likely he will regain the ability to become independent.

Poor nutritional status

Assess the patient for malnutrition, use of artificial nutrition, BMI below 18.5, progressive loss of 10% of baseline weight, and serum albumin level below 3 g/dL. For patients with dementia, enteral feeding hasn't

been shown to improve survival significantly. Mr. Grant is receiving artificial nutrition and has a low BMI; caregivers should continue to evaluate him over time for progressive weight loss.

Pressure ulcers
Presence of at least one pressure ulcer suggests a poor prognosis. Mr. Grant has a stage 2 ulcer.

Comorbidities
Mr. Grant's medical history includes dementia and HF. A combination of chronic comorbid conditions increases symptom burden. A hospice nurse may conduct a formal evaluation to see if Mr. Grant meets hospice criteria for these chronic diseases based on Medicare guidelines. Given the combination of physical indicators, Mr. Grant most likely is appropriate for hospice care.

Previous hospital admissions for acute decompensation
This is Mr. Grant's third hospital admission in 6 months.

Framework for discussion

Because nurses spend more time with patients than other healthcare team members do, we may be more aware of the need to discuss advanced care planning and hospice. We're often present to answer questions and help the patient and family fully understand the information the physician has provided.

If the patient has an advanced directive, it should be part of the health record so all healthcare team members can review it. If the patient doesn't have one, ask about his or her wishes regarding health care. If the patient can't participate in this discussion, as with Mr. Grant, urge the family to focus on what their loved one would want—not what they want for their loved one. (See *SPIKES: A framework for difficult discussions.*)

Nurses have the opportunity to evaluate their patients and promote hospice referral through thoughtful, planned interdisciplinary collaboration and, most important, by communicating with the patient and family. Many clinical indicators can point to the need for a hospice referral. Using these indicators as triggers for a discussion about a hospice referral can help prevent aggressive treatments that won't improve survival. Using the information in this article, you can help answer the all-important question, "Is it time?" ✭

Visit www.AmericanNurseToday.com/Archives.aspx for a list of selected references.

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(continued from page 15)

Know when to hold—and fold—them

John Maxwell observed that "the wrong action at the wrong time can lead to disaster. The right action at the wrong time can bring resistance. The wrong action at the right time is a mistake. The right action at the right time leads to success." Putting an initiative on hold, as Karen was forced to do with the Beacon Award initiative in the opening scenario, doesn't mean it can't be reintroduced at a time that will better fit the organization's strategic plans. In "The Gambler," a hit song of the 1970s, Kenny Rogers sang, "You've got to know when to hold 'em, know when to fold 'em." This is good advice in both gambling and life. Timing matters in our leadership practice—and it's a fine art.

Putting an initiative on hold doesn't mean it can't be reintroduced at a time that will better fit the organization's strategic plans.

Two years later, the E-ICU initiative is completed. Karen now believes the time is ripe to return to the Beacon Award plan. She completes the formal application process and subsequently learns that her unit has received the Beacon Award. ✭

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