



Working Together to Provide Hospice for AL Residents

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Why should assisted living (AL) communities be concerned about hospice? AL is not skilled nursing where we expect to find the frailest and most seriously ill older Americans.

But of the 1 million people living in AL communities, 50,000 will die this year. That's why hospice should be an integral part of the service offerings of any progressive AL community.

Hospice can provide vital resources and expertise—without additional burden on AL staff—to help AL communities establish the standard of “aging in place.”

Choosing the right hospice partner can affirm an AL community's commitment to quality care in a home-like environment. Choosing the right hospice partner can satisfy the desire of AL residents to die in the comfort of their own home. Choosing the right hospice partner can also help AL communities avoid the emotional and financial disruption that frequent hospitalizations of seriously ill residents can mean for residents, their families, and your community.

Is Hospice Appropriate in AL?

The many general myths and misperceptions about hospice are often magnified when considering introduction of hospice care in the AL environment. Here's a look at some of the most common questions AL professionals ask about hospice care.

How can a hospice provide the resources necessary for a terminally ill resident to continue to live in the community without increasing the burden on the community's employees?

Hospice care is an all-inclusive benefit that provides an interdisciplinary team to address the medical, psychosocial, and spiritual care needed—with little or no financial burden to the resident and the resident's family. The Medicare Hospice Benefit enables the hospice to provide eligible beneficiaries a full array of healthcare services—as well as appropriate drugs, supplies, and equipment related to the beneficiary's terminal illness. Medicare supports different degrees of care, called “levels of care” within the Medicare Hospice Benefit, to be sure that, when symptoms dictate, beneficiaries receive the intensity of service that they need from the hospice provider.

AL communities are not healthcare facilities; we are residential communities for seniors. Is it right or ethical for AL settings to have dying people living within the community? Can AL residents who are dying really receive appropriate care in our community?

Most hospice patients die in their own homes. (Medicare defines a hospice patient's home as a private residence, a room in a skilled nursing facility, or a unit in an AL community.) AL communities already provide significantly more support for a terminally ill resident than she or he would have in a typical private residence. For example, AL provides meal service, housekeeping, and laundry. These activities of daily living and other routine tasks can be difficult issues to manage for people who wish to be at home when they die.

A hospice provider, by managing the medical and psychosocial aspects of terminal illness, takes care of the rest. One important tool a full-service hospice can provide is what Medicare calls “continuous care.” Continuous care provides up to 24 hours per day of acute symptom management in the hospice patient's home. This level of care can reduce or eliminate the need for transfer of the hospice patient to a hospice inpatient setting.

What about the very end? Shouldn't a healthcare professional be with a resident when she or he is near death? That's not something an AL community can offer. What happens when a resident receiving hospice care dies?

AL communities should look for a hospice partner that is committed to attending resident deaths when notified. To do that, a hospice provider needs to have staff available 24 hours a day, 7 days a week, 365 days a year. Hospice staff attend deaths in AL communities to provide support and comfort for the resident, the resident's family, and the AL staff. At the time of a resident's admission to hospice care, the hospice provider should work with the resident's family to determine plans for burial, memorial service, or tribute, and other end-of-life concerns. This can avoid additional stress at or near the time of death. The hospice provider also should arrange to have the resident “pronounced” at

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the time of death and can work with the AL community in notifying family and friends.

How will we know when a member of our community might be appropriate for hospice care?

Some of the usual circumstances and signals you might observe in a resident that would indicate a hospice referral is appropriate include the following:

- Frequent emergency room visits
- Frequent hospitalizations
- Decreased ability to get around and perform other activities of daily living, such as eating, dressing, bathing, or toileting independently
- Difficulty operating a wheelchair
- Need for an electric bed
- Increasing reluctance to venture outside her or his room
- Increased requests to see a physician
- Expressing her or his desire to avoid another hospitalization

AL staff may be surprised to learn that most AL residents who use hospice services do not have a cancer diagnosis. Most hospices provide care to residents with a wide range of life-limiting illnesses, including heart disease, stroke, lung disease, liver disease, kidney disease, multiple sclerosis, amyotrophic lateral sclerosis (ALS), Alzheimer's disease, Parkinson's disease, and AIDS.

How does a hospice work with AL communities regarding their individual preference to either allow a resident to age in place or transfer the resident to an alternate facility?

A hospice partner should be able to assist with either of these philosophies. Hospice can provide additional support for terminally ill residents who wish to remain in their homes. Hospice also can work with the AL community to find a setting that best meets a resident's worsening condition.

We're concerned about the effect that having dying people in our community will have on other residents and our staff. How can a hospice provider help with the grief and sorrow that accompany death?

Your hospice partner should be accustomed to help-

ing the residents and staff of AL communities become more comfortable with dying as a natural part of life. Most hospices offer ongoing support services to help residents and staff deal with grief and loss in a positive manner. Hospice bereavement specialists should be available to AL staff, residents, and residents' families before and after the time of death.

Other Services

Other valuable services that hospice can offer include:

- A consistent, structured, and documented communications plan to update the AL community about a resident's condition and changes in the plan of care, regular case conferences, and weekly notification of the hospice interdisciplinary team's visit schedule
- A visit or call to a resident's family to ensure they are actively involved in the care planning process
- Provision of all medications, medical supplies, and home medical equipment related to a resident's terminal diagnosis
- Pain assessment
- Extensive educational materials to help residents and their families understand end-of-life issues, such as symptom management, specific medical conditions, advance directives, DNR orders, and the grief process
- A range of bereavement services, including support groups and memorial events for AL residents, their families, and AL staff and management

America's seniors want to "age in place." That means that most who call an AL community home do not plan to move as their need for additional care grows. Their AL community is where they find their friends and neighbors, where they have built meaningful relationships with other residents and the community's employees. As with any other demographic group, their community is a vital part of residents' social, intellectual, and emotional well-being. They may grow ill or frail, but they want to do so "in place."

As a result, hospice has become part of the fabric of life in many of America's AL communities. ALC

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