

LESSON 5-3

HOSPICE

Lesson: Hospice

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Intended Audience of Learners

A broad range of health professionals who may work with the older adult population.

Competencies

This lesson supports learning related to the following competencies, with regard to special considerations for the geriatric population in *hospice settings in disasters*:

Core Competencies and Subcompetencies from Walsh L, Subbarao I, Gebbie K, et al. Core competencies for disaster medicine and public health. *Disaster Med Public Health Prep.* 2012;6(1):44-52. doi: 10.1001/dmp.2012.4

Core Competency 7.0 "Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice."

Subcompetency 7.1 "Discuss common physical and mental health consequences for all ages and populations affected by a disaster or public health emergency."

Subcompetency 7.2 "Explain the role of triage as a basis for prioritizing or rationing health care services for all ages and populations affected by a disaster or public health emergency."

Subcompetency 7.3 "Discuss basic lifesaving and support principles and procedures that can be utilized at a disaster scene."

Core Competency 8.0 "Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies."

Subcompetency 8.1 "Discuss public health consequences frequently seen in disasters and public health emergencies."

Subcompetency 8.2 "Identify all ages and populations with functional and access needs who may be more vulnerable to adverse health effects in a disaster or public health emergency."

Subcompetency 8.3 "Identify strategies to address functional and access needs

to mitigate adverse health effects of disasters and public health emergencies.”
Subcompetency 8.4 “Describe common public health interventions to protect the health of all ages and populations affected by a disaster or public health emergency.”

Core Competency 9.0 “Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency.”

Subcompetency 9.1 “Discuss ethical issues likely to be encountered in disasters and public health emergencies.”

Subcompetency 9.2 “Describe ethical issues and challenges associated with crisis standards of care in a disaster or public health emergency.”

Subcompetency 9.3 “Describe ethical issues and challenges associated with allocation of scarce resources implemented in a disaster or public health emergency.”

Learning Objectives

At the end of this lesson, the learner will be able to:

- 5-3.1 List common clinical challenges encountered by providers who care for hospice patients during and after a disaster
- 5-3.2 Evaluate and prioritize management strategies before, during, and after a disaster for hospice patients
- 5-3.3 Construct a framework for damage control and prevention in disaster mode for hospice patients

Estimated Time to Complete This Lesson

120 minutes

Content Outline

Module 5: Setting: Special considerations for older adults

Lesson 5-3: Hospice

- I. First topic: Characterization of geriatric hospice populations
 - a. For more information about what hospice is please visit the following website: <http://www.hospice.org/hospice-care/what-is-hospice/>.
 - b. As populations age, the pattern of disease that people suffer and die from also changes. Increasingly, more people die as a result of serious chronic illnesses such as heart disease, cerebrovascular disease (including stroke), respiratory disease, and cancer.^{1,2}

- c. Although hospice and palliative care are now well established as appropriate and the use of hospice services in the United States has increased for over 30 years since the Medicare hospice benefit was established by Congress in 1982, hospice remains underutilized. Approximately 83% of the people cared for by the hospices in the United States are over the age of 65 years, and almost 40% of these are diagnosed with some form of cancer that is considered to be a disease of aging.³
 - d. The focus of hospice care is improving the quality of life (QOL) of patients and families. Older patients differ from younger adults in several important respects. First, many older people live with chronic disease. The average person over the age of 75 lives with 3 chronic conditions and takes prescription medications. Second, patients living with chronic disease benefit from a focus on maintaining function, because their condition cannot be cured. Third, the elderly respond to pharmaceuticals differently than younger adults. They have atypical clinical responses and metabolize medications more slowly. The older adult is much more prone to polypharmacy, putting them at risk for interactions between multiple drugs prescribed for a variety of conditions. In addition, prior studies have shown that older adults with advanced cancer report less symptom intensity than do younger patients.⁴
 - e. Hospice settings are dealing with geriatric patients on a more frequent basis. Therefore, a profound knowledge of the unique aspects of geriatric care is needed to deal with this population.
 - f. A potential outcome during a disaster is the possibility of patient death. This event has to be acknowledged by staff working during a disaster and by everyone involved in the care of these patients.
- II. Second topic: Clinical challenges faced by providers who care for geriatric hospice patients
- a. Clinical management of geriatric hospice patients: The elderly population is physiologically heterogeneous—healthy, older adults generally do well under ordinary circumstances, but in a disaster, the loss of physiological reserves associated with aging and other physical limitations, such as sensory deficits, cognitive disorders, and chronic illnesses, can put them at risk.
 - b. Older adults have other risk factors; they tend to have the lowest average income of all age groups, and elderly immigrants may have language barriers that hinder their ability to communicate and advocate for themselves.^{5,6}
 - c. During a disaster, existing health care shortages will have the greatest impact on the elderly, who currently (1) comprise the highest number of patients

- coming to hospitals and emergency rooms by ambulance; (2) have the highest hospitalization rate, highest mortality, and greatest length of stay for influenza-related hospitalizations; and (3) use a disproportionate share of hospital resources for virtually all medical illnesses.^{7,8}
- d. Emergency rooms are often used as safe havens when patients' regular caregivers are unavailable during a disaster. This trend is bound to be magnified as elderly individuals lose access to services and caretakers.⁷
 - e. In the United States, there is a shortage of geriatricians. Many nongeriatricians care for elderly patients but often are not trained to care for those who are truly frail, leading to age biases, lessened expectations, inadequate assessment, and preventable medical errors.^{7,8}
 - f. Most common clinical challenges during a disaster. Accurate and timely diagnosis of patients of all ages is critical for prioritization during triage. Unfortunately, many factors hinder accurately diagnosing acutely ill, elderly patients, resulting in delayed diagnoses, under- and over-treatment, and poor outcomes. Basic precepts to consider when assessing elderly individuals include the following^{9,10}:
 - i. Physiologic heterogeneity. When evaluating acutely ill, older adults, triage personnel must take into account that these individuals have a variable range of physical and cognitive function.
 - ii. Unknown baseline functional status. Many older adults coming to emergency departments have delirium or dementia, making it difficult to obtain an accurate medical history. In addition, while many have dementia or physical impairments, others have normal baseline function, which may be difficult to discern in acute illness. Whenever possible, care providers should try to ascertain baseline functional status from reliable sources, including family members, home attendants, or nursing home staff. This is an important step to determine functional variations in patients during a disaster.
 - iii. Chronic disease and comorbidity. Multisystem disease creates symptomatic noise in patients and is common in geriatric presentations. Multiple diagnoses may be possible; therefore, physicians should not unify the diagnosis (combine symptoms into a single diagnosis).
 - iv. Atypical presentations. Many acute illnesses present atypically in the elderly. Commonly, diseases present with altered mental status instead of or in addition to presenting with classic signs or symptoms that would direct the clinician to the affected organ system. There also may be a paucity of symptoms, or signs may be subtle or absent. These

presentations are classic for geriatric patients and are the source of multiple misdiagnoses and unfocused initial treatment strategies.

- v. A lack of trained geriatricians. Geriatric medicine training develops skills in functional assessment, cross-specialty geriatric prescribing, and management of multi-system disease and chronic illness. The field also prepares clinicians to manage medical and behavioral problems in patients with dementia and a range of other syndromes that affect both frail and relatively healthy elderly patients.
 - vi. Death of geriatric hospice patients. This happens not infrequently during a disaster. It has been well documented in many studies that senior patients and vulnerable patients are at very high risk of losing their lives during a disaster. This is a huge challenge for personnel working in this setting. First, personnel have to acknowledge the fact that death is a potential outcome during a disaster. Second, the logistics related to a death have to be reviewed. Making sure that body bags are part of the tools before an emergency is very helpful. Ensuring rapid communication with family members about the outcome of loved ones is another way to rapidly deal with this situation. A debriefing exercise may also be beneficial.
- III. Third topic: Management strategies before, during, and after a disaster¹¹
- a. The following are potential items to be considered in the setting of a disaster:
 - i. Development of a handbook of specific guidelines for geriatric hospice patients.
 - ii. Expertise in geriatric medicine, hospice, and related disciplines. Ensure that all disciplines are represented on the emergency preparedness committee, including *geriatric specialists* to serve as planners, staff leaders, educators, and direct care providers or consultants and *hospice and palliative medicine specialists* to serve as consultants and sometimes primary physicians.
 - iii. Plan to implement guidelines and policies. These plans should address key issues in managing the frail elderly and other vulnerable adults.
 - iv. Update or adopt new policies addressing key issues that develop after pilot testing of policies. These policies may include the use of nonclinical volunteers from hospital staff and prescreened volunteers from the community to assist in patient care, including feeding, toileting, and other basic tasks; in clinical decision-making for patients who are unable to do so and have not executed a formal advance

- directive, such as a health care proxy; and in providing grief counseling and emotional support for patients and caregivers.
- v. Maintain an inventory of essential inpatient and outpatient medications to serve the special needs of the elderly in hospice settings. Be sure to include special formulations, such as liquid, crushable, and low-dose medication; a minimum 4-day supply of common outpatient medications for elderly patients who may not be able to return home; and an adequate supply of injectable morphine and other medications and equipment needed for palliative care. Equally important is the provision of medications for common symptoms including, nausea, vomiting, constipation, anxiety, skin breakdowns, and others.
 - vi. Establish relationships with community-based senior service agencies and create coordinated disaster plans for all vulnerable adults. It is important to network with community-based senior and hospice organizations (volunteer organization) that could provide guidance, leadership, and organization in an emergency setting.
 - vii. Plan for a family information and support center in conjunction with local authorities. This center should be designed to serve adults seeking missing adults during disasters and should include special areas and services for families and other concerned parties connected to frail elderly or vulnerable adults.
 - viii. On an ongoing basis, identify and credential unaffiliated professionals who are willing to serve as volunteers in emergency settings. Recruit individuals from the fields of geriatric medicine, nursing, and related fields (especially residents in the local community). Establish in advance mandates on credentialing unaffiliated, professional volunteers during a disaster. It is very important to also train these professionals in the setting in which they will be practicing.
 - ix. Consider using nonclinical volunteers to help staff. Health care institutions should, on an ongoing basis, identify, credential, and train volunteers, especially those who live nearby, and enable nonclinical volunteers (as well as nonprofessional hospital staff and family members) to provide direct patient services, such as feeding, toileting, and other basic tasks.
 - x. Pilot test action plan in a simulated controlled environment. This will allow gaps in the organization to be recognized and will allow opportunity for improvement.

Suggested Learner Activities for Use in and Beyond the Classroom

1. Lead a class discussion about the health and systems impacts of triage by residence of geriatric hospice patients. Possible discussion questions are as follows:
 - a. Describe the risk stratification of types of illness and injury associated with a disaster in geriatric hospice patients.
 - b. What are the public health implications of triaging geriatric hospice patients?
 - c. What information should health professionals provide for safe management of geriatric hospice patients?
2. Ask learners to respond to the following question, either verbally or in writing: How can you as a health professional, within your scope of practice, contribute to the preparedness for, response to, and recovery from disaster regarding geriatric hospice patients?
3. Invite learners to work in small groups to draft a public service announcement for your county on actions citizens should take to the reduce health impact of emergencies on geriatric hospice patients.
4. Invite a member of another response professional group to discuss interprofessional coordination and collaboration necessary in response to an emergency. Discuss barriers to such interprofessional coordination and collaboration. These barriers should be evaluated in the context of geriatric hospice patients.
5. As a group, develop strategies that could be implemented to protect the well-being of geriatric hospice patients during a disaster. What professions or organizations in your local community could participate in this effort?
6. Invite students to work in groups of 4. Ask them to discuss the following scenario. There are 10 hospice patients stranded in a local facility after a disaster. The medical director on call is not available. There is one nurse, one physician, and one nurse assistant with these patients. There are not enough pain medication supplies. Patients are in severe pain. Some of them request IV medications to die. What would you do? How would you respond to the patient's request? How would you allocate resources?

Readings and Resources for the Learner

- Required Resources
 - Saito AM, Landrum MB, Neville BA, Ayanian JZ, Weeks JC, Earle CC. Hospice care and survival among elderly patients with lung cancer. *J Palliat Med.* 2011;14(8):929-939.

- Garrison CM, Overcash J, McMillan SC. Predictors of quality of life in elderly hospice patients with cancer. *J Hosp Palliat Nurs*. 2011;13(5):288-297.
- Ahronheim JC, Arquilla B, Greene RG. *Elderly Populations in Disasters: Hospital Guidelines for Geriatric Preparedness*. NYC Department of Health and Mental Hygiene. <http://www.nyc.gov/html/doh/downloads/pdf/bhpp/hepp-geriatrictoolkit-nov2009.pdf>. Published November 2009. Accessed August 3, 2015.
- Sienkiewicz J, Johnston D. Emergency preparedness: the continuing role of home care and hospice in New Jersey. *Caring*. 2008;27(6):20-5.
- Bishop MF, Stephens L, Goodrich M, Byock I. Medication kits for managing symptomatic emergencies in the home: a survey of common hospice practice. *J Palliat Med*. 2009;12(1):37-44. doi: 10.1089/jpm.2008.0193
- Waters B. Disaster preparedness--get an A+ on your plan B. *Caring*. 2007;26(5):46-7.
- Trueman CA. Emergency preparedness for home care and hospice: the New Jersey experience. *Caring*. 2007;26(5):40-3.
- Ross KL, Bing CM. Emergency management: expanding the disaster plan. *Home Healthc Nurse*. 2007;25(6):370-7; quiz 386-7.
- *The Association for Home and Hospice Care of North Carolina Emergency Preparedness Handbook*. Association for Home and Hospice Care of North Carolina. <http://www.homeandhospicecare.org/disaster/handbook.pdf>. Published 2007. Accessed January 16, 2015.
- Emergency preparedness. Houston Hospice website. http://www.houstonhospice.org/site/c.kIYlhNZJyE/b.5292033/k.5FD7/Emergency_Preparedness.htm. Accessed January 16, 2015.
- Home health & hospice emergency preparedness manual & webinar. Home Care Association of Florida website. http://www.homecarefla.org/events/event_details.asp?id=502161. Published October 15, 2014. Accessed January 16, 2015.
- Home health & hospice emergency preparedness manual & webinar. Midwest Care Alliance website. http://www.midwestcarealliance.org/aws/MCA/pt/sd/calendar/34885/_PARENT/layout_details/false. Published October 15, 2014. Accessed January, 2015.
- Cagle JG, Kovacs PJ. Informal caregivers of cancer patients: perceptions about preparedness and support during hospice care. *J Gerontol Soc Work*. 2011;54(1):92-115. doi: 10.1080/01634372.2010.534547

- Citarella BB. Recognition for home care's role in disaster preparedness: our time has come...but are we ready for it? *Caring*.2008;27(6):16-9.
- Supplemental Resources
The following resources will be useful for geriatrics and palliative care and hospice providers.
 - McGrady E, Blanke SJ, Swanson C. Hospice patient evacuation: a case for using a checklist for safe disaster response. *Am J HospPalliatCare*. 2014;31(3):260-8. doi: 10.1177/1049909113481401. Epub 2013 Mar 26. Brown L. Hurricane-no power-no water-a tree on the roof! A day in the life of one creative hospice aide. *Home Healthc Nurse*. 2012;30(7):E1-2. doi: 10.1097/NHH.0b013e31825b11d5
 - Maathuis MH, Dijkstra DD. Disaster after the plaster. Fentanyl withdrawal symptoms in a curable hospice patient. *Eur J Gen Pract*. 2011;17(4):229-32. doi: 10.3109/13814788.2011.602966. Epub 2011 Aug 30
 - Civa SM. Disasters happen: ten tips to tackle technology troubles. *Caring*. 2010;29(5):20-2.
 - Stys JC. Improving home-based hospice understanding and use of the National Incident Management System for emergency and disaster preparation and response. *Home Healthc Nurse*. 2010;28(6):375-81. doi: 10.1097/NHH.0b013e3181df5ea8
 - Walker KA, McPherson ML. Perceived value and cost of providing emergency medication kits to home hospice patients in Maryland. *Am J HospPalliatCare*. 2010;27(4):254-60. doi: 10.1177/1049909109350178. Epub 2009 Dec 3

Learner Assessment Strategies

1. Group discussion of common geriatric hospice problems faced in a disaster. Student presentation of management and strategies of case-based scenarios.
2. Demonstration of skills in developing a framework to avoid disaster: a workshop for prevention. For this activity, learners should think about a disaster in the setting of geriatric hospice patients.

Readings and Resources for the Educator

- Required Resources
 - Ahronheim JC, Arquilla B, Greene RG. *Elderly Populations in Disasters: Hospital Guidelines for Geriatric Preparedness*. NYC Department of Health and Mental

Hygiene. <http://www.nyc.gov/html/doh/downloads/pdf/bhpp/hepp-geriatrictoolkit-nov2009.pdf>. Published November 2009. Accessed August 3, 2015

- Sienkiewicz J, Johnston D. Emergency preparedness: the continuing role of home care and hospice in New Jersey. *Caring*. Jun;27(6):20-5.
 - Bishop MF, Stephens L, Goodrich M, Byock I. Medication kits for managing symptomatic emergencies in the home: a survey of common hospice practice. *J Palliat Med*. 2009;12(1):37-44. doi: 10.1089/jpm.2008.0193
 - Waters B. Disaster preparedness--get an A+ on your plan B. *Caring*. 2007;26(5):46-7.
 - *Emergency Preparedness Packet for Home Health Agencies*. Kansas Department of Health and Environment. http://www.kdheks.gov/cphp/download/Emergency_Preparedness_Packet_for_Home_Health_Agencies_NAHC.pdf. Published 2008. Accessed January 16, 2015.
 - Medicare and Medicaid programs: emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers. Federal Register website. <https://www.federalregister.gov/articles/2013/12/27/2013-30724/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>. December 27, 2013. Accessed January 16, 2015.
- Supplemental Resources
 - Home health & hospice emergency preparedness manual & webinar. Home Care Association of Florida website. http://www.homecarefla.org/events/event_details.asp?id=502161. Published October 15, 2014. Accessed January 16, 2015.

Sources Cited in Preparing Outline and Activities Above

1. Saito AM, Landrum MB, Neville BA, Ayanian JZ, Weeks JC, Earle CC. Hospice care and survival among elderly patients with lung cancer. *J Palliat Med*. 2011;14(8):929-939.
2. Garrison CM, Overcash J, McMillan SC. Predictors of quality of life in elderly hospice patients with cancer. *J Hosp Palliat Nurs*. 2011;13(5):288-297.
3. Sienkiewicz J, Johnston D. Emergency preparedness: the continuing role of home care and hospice in New Jersey. *Caring*. 2008;27(6):20-5.
4. Ahronheim JC, Arquilla B, Greene RG. *Elderly Populations in Disasters: Hospital Guidelines for Geriatric Preparedness*. NYC Department of Health and Mental

Hygiene. <http://www.nyc.gov/html/doh/downloads/pdf/bhpp/hepp-geriatrictoolkit-nov2009.pdf>. Published November 2009. Accessed August 3, 2015.

5. Bishop MF, Stephens L, Goodrich M, Byock I. Medication kits for managing symptomatic emergencies in the home: a survey of common hospice practice. *J Palliat Med*. 2009;12(1):37-44. doi: 10.1089/jpm.2008.0193.
6. Waters B. Disaster preparedness--get an A+ on your plan B. *Caring*. 2007;26(5):46-7.
7. Trueman CA. Emergency preparedness for home care and hospice: the New Jersey experience. *Caring*. 2007;26(5):40-3.
8. Ross KL, Bing CM. Emergency management: expanding the disaster plan. *Home Healthc Nurse*. 2007;25(6):370-7; quiz 386-7.
9. *The Association for Home and Hospice Care of North Carolina Emergency Preparedness Handbook*. Association for Home and Hospice Care of North Carolina. <http://www.homeandhospicecare.org/disaster/handbook.pdf>. Published 2007. Accessed January 16, 2015
10. Home health & hospice emergency preparedness manual & webinar. Home Care Association of Florida website. http://www.homecarefla.org/events/event_details.asp?id=502161. Published October 15, 2014. Accessed January 16, 2015.