

# Maximizing Ancillary Services to Enhance the Resident and Staff Experience

Jessica Wright, RN  
Director of Clinical Education  
Hospice of Central PA

Mike Ligo  
Regional Director of PC Services  
Quality Life Services

Diane Wolfgang  
Account Executive  
Hospice of Central PA

Michele Shrecengost, RN  
Director of Clinical Services  
Quality Life Services

Jaime Benedict  
Senior Living Program Manager  
Bayada Home Health Care

## Build a team or network around your staff and residents.

- **Benefits to the resident**
  - Ability to age in place
  - Comprehensive approach to care
  - Decreased hospital readmissions
  - Efficient use of resident resources
  - Resident appointed care

## Build a team or network around your staff and residents.

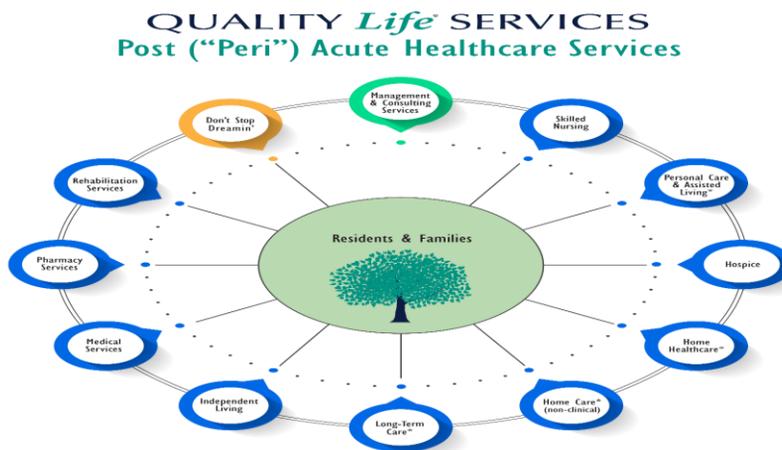
- Advantages to staff
  - Decreased physical stress
  - Decreased emotional stress
  - Increased job satisfaction
  - Improved staff to resident relationships
  - Clinical resources and collaboration

## Build a team or network around your staff and residents.

- Advantages to the PC/AL Provider
  - increased Census
  - Decreased hospital readmissions
  - New referral sources
  - Ability to provide and market more services
  - Staff relief retention
  - Increase in resident satisfaction

## Ancillary Services

- Home Health
- Hospice
- Skilled Nursing
- PCP
- Physician extenders



\*Provider Partners Health Plan - PA

©2021 Quality Life Services

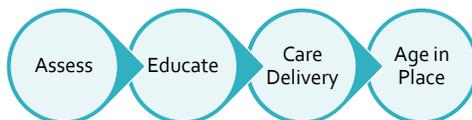


## Skilled Home Health Care

Short-term, intermittent home health care services which are prescribed by a physician to help with recovery after an illness, injury, hospital stay, surgery, or

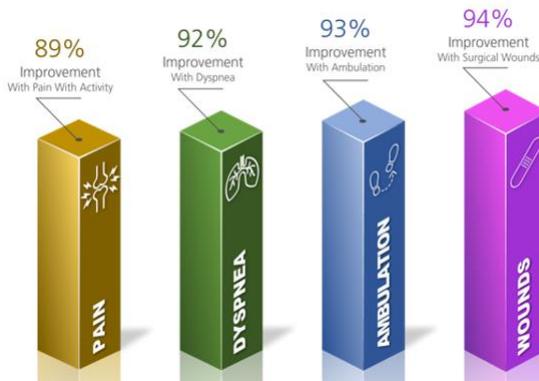
**To help manage a chronic medical condition with the goal of preventing an unnecessary hospitalization.**

**Address medical conditions so residents can *AGE IN PLACE***



## Home Health Skilled Services

1. Post Acute **Care** & Disease Exacerbation *reactive intervention*
2. Sudden Onset of New Conditions *prompting intervention*
3. Chronic Disease Management *proactive intervention*



Hospice of Central PA  
care | comfort | remembrance

# Utilizing Hospice Providers to Improve Patient Outcomes and Staff Well Being

Jessica Wright, RN Clinical Educator

Diane Wolfgang, Account Executive

- Nearly 1 in 5 older adults die in nursing facilities.

An expert panel opinion for the of the Agency for Health Care Policy and Research revealed that “frail, elderly persons, especially those in care facilities need special attention regarding their pain management” <sup>1</sup>

- Hospice is a consult

Just as you might utilize a neurology consult for neurological conditions, or a nephrologist for kidney disease; hospice is consulted for the symptom and emotional burden as it relates to end of life.



## Knowing When to Consult Hospice

- Eligibility poster references common hospice diagnoses, and what signs/symptoms to look for as it relates to that particular diagnosis
- Can be utilized by all staff, not just clinical
- Frame of references, but for any questions/concerns a consult can be placed for an official evaluation for hospice eligibility



## Resident Outcomes and Family's Perception

- “Recent research suggests that hospice enrollment is associated with higher quality symptom assessment and management and with lower rates of hospitalizations”<sup>1</sup>

***Death is a process, not an event.*** Utilizing the hospice benefit for your residents is an extra layer of support for the staff and the resident. Our nurse is completing a full assessment weekly and making medication recommendations based on their findings. Our CNA's have the experience and time to provide high quality personal care. Our social workers are investigating emotional/financial/caregiving burdens, and our chaplains are providing spiritual care throughout their journey. When a person is able to be cared for so holistically, their outcomes improve exponentially.



## Resident Outcomes and Family's Perception Cont.

A survey performed by W M Baer of 292 families after the death of a loved one in a nursing facility found that,

- “The average age of the nursing home residents who had received hospice was 79.5 years; 50% had cancer and 76% were dependent for self-care.
- In their last 3 months, 70% of decedents had severe or moderate pain, 56% had severe or moderate dyspnea, and 61% had other symptoms.”<sup>2</sup>



## Quality of Care for Physical Symptoms (P<.001)

Rated as good or excellent by

**64%**

of families **before hospice**

Rated as good or excellent by

**93%**

of families **after hospice** <sup>2</sup>



## Resident Outcomes and Family's Perception <sup>Cont.</sup>

Dying residents' emotional needs included care for moderate or severe depression (47%), anxiety (50%), and loneliness (35%). <sup>2</sup>



## Quality of Care for Emotional Needs (P<.001)

Rated as good or excellent by

Rated as good or excellent by

**64%**

**90%**

of families **before hospice**

of families **after hospice** <sup>2</sup>



## Resident Outcomes and Family's Perception Cont.

Fifty-three percent of respondents **believed hospice prevented hospitalizations**. Family estimated the median added value of hospice to be \$75 per day and described distinct special services provided by hospice and by nursing home staff." <sup>2</sup>

In the home-like setting of a personal care/assisted living facility, hospice provides medical equipment, disease related medications, and personal care/hygiene products; ultimately decreasing expenses for facilities and families



## Resident Outcomes and Family's Perception Cont.

- The conclusion of that survey was that family members believe that “hospice improves quality of care for symptoms, reduces hospitalizations, and adds value and services for dying nursing home residents”.<sup>2</sup>

*We're Better Together*



## Another Added Benefit..

To improve your resident's quality of life there is a regulation that allows residents with decreased functional ability on hospice services to be excused for fire drill participation

Residents who are not under the care of hospice are required to participate in fire drills, regardless of how sick or incapacitated they may be



## Allowing Residents to Age in Place

- Weekly assessments from a registered nurse who is collaborating with a physician to make recommendations related to initiating medications, medication reconciliation, and care techniques
- DME
- Nursing aide service to provide high quality personal care up to 5 days a week
- Social workers to assess and anticipate psycho-social, financial, caregiving concerns



## Improving Staff Well Being

- A published article by Kathrin Boerner, PHD revealed that, “Grief reactions of staff reflected many of the core grief symptoms reported by bereaved family caregivers in a large-scale caregiving study. Feelings of being “not at all prepared” for the death and struggling with “acceptance of death” were prevalent among staff. Grief was more intense when staff-patient relationships were closer, care was provided for longer, and staff felt emotionally unprepared for the death.”<sup>3</sup>
- That same study concluded that, “Grief symptoms like those experienced by family caregivers are common among direct care workers following patient death. Increasing preparedness for this experience via better training and support is likely to improve the occupational experience of direct care workers, and ultimately allow them to provide better palliative care in nursing homes and homecare”<sup>3</sup>



## Improving Staff Well Being

- As part of the healthcare system, the previous slides information is probably not surprising to you. You have likely experienced the death of a resident with whom you have created a bond. Another benefit of utilizing hospice, is the bereavement support offered. This is available for up to 13 months after a resident's passing, and is available not only to their families, but the staff that cared for them.
- HCP's Journey Program offers grief support to anyone in the community who has lost a loved one, free of charge, regardless of whether they were cared for by HCP's Hospice Program.
- HCP's Journey Program offers staff education on grief-related topics, as well as one-time staff support sessions to address significant facility losses and how to manage grief as a professional in the workplace.



## *Our Team is Here to Help Yours*

It is no secret that our healthcare system is facing serious shortages in nurses and caregiving staff. The Covid-19 pandemic has exposed many of these cracks. Caregiving fatigue and "burnout" seem to be at all time highs.

Again, *hospice can help*

As we navigate high resident-staff ratios, higher acuity of our residents and decreased social interaction, utilizing hospice services for appropriate residents can lessen the burden on you, the facility staff.



1. Miller, S. C., & Mor, V. N. (2002). The role of hospice care in the nursing home setting. *Journal of palliative medicine*, 5(2), 271–277. <https://doi.org/10.1089/109662102753641269>
2. Baer WM, Hanson LC. Families' perception of the added value of hospice in the nursing home. *J Am Geriatr Soc*. 2000 Aug;48(8):879-82. doi: 10.1111/j.1532-5415.2000.tb06883.x. PMID: 10968290.
3. Boerner K, Burack OR, Jopp DS, Mock SE. Grief after patient death: direct care staff in nursing homes and homecare. *J Pain Symptom Manage*. 2015;49(2):214-222. doi:10.1016/j.jpainsymman.2014.05.023

