

# Gundersen Palliative and Hospice Care Overview

## **Purpose of Palliative and Hospice Care programs:**

- Promote enhanced quality of life for patients with chronic disease and/or at end of life
- Provide patient/family-centered care focused on physical, emotional, spiritual and social needs of the patient and their family

## **Interdisciplinary Palliative and Hospice teams:**

- Specially trained professionals including: the patient's primary care provider, palliative provider or hospice medical director, palliative and hospice nurses, medical assistants or home health aides, social workers, chaplains, registered dietitians and physical, occupational and speech therapist, as needed.

## **Palliative and Hospice similarities:**

- Promote enhanced quality of life
- Provide ongoing pain and symptom management
- Help understand and cope with illness
- Assist coordination of community resources
- Facilitate goal setting and advance care planning
- Transition from active treatment to more comfort focus
- Available 24/7

## **Nationally, Palliative and Hospice have been shown to:**

- Shorten hospital stays
- Decrease unnecessary emergency visits, hospital admissions and readmissions
- Lessen financial burdens
- Decrease test and procedures
- May extend life expectancies

## **Palliative and Hospice indications include the following increased or uncontrolled symptoms:**

- Pain
- Changes in ability to think
- Anxiety, depression, desire for improved quality of life
- Trouble sleeping
- Decrease appetite or weight loss
- Decrease in ADLs, (bathing, dressing, feeding, transfers, continence and ambulation), with reoccurring falls
- Expressed social or spiritual concerns
- Frequent visits to urgent care or emergency services or multiple hospitalizations
- Concerns with numerous medications and their management
- Expressed difficulty getting to appointments, cancelled or missed appointments

## **Program differences**

	<b>Palliative Care</b>	<b>Hospice</b>
<b>Patient eligibility</b>	Any age or stage of chronic progressive disease	Terminally ill patients
<b>Life expectancy</b>	Limited	Estimated 6 months or less
<b>Type of treatment</b>	Symptom management (may be pursuing life-prolonging treatment)	Symptomatic treatment only, comfort focused
<b>Location of treatment</b>	Primarily clinic or hospital	Home, nursing home, assisted living and hospital

# Palliative Program Specifics

## Patients that are eligible for Palliative Care include:

- Those that have symptom management needs
- Have a diagnosis of advanced cancer, dementia, heart, kidney, pulmonary or other chronic progressive disease
- Provider would not be surprised if patient died in 2 years or less (however, this is not a criteria).
  - Benefits not limited to two years

## Diagnoses/treatments outside Palliative scope of practice include:

- Chronic non-malignant pain
- Substance abuse
- Psychiatric disorders
- Generalized primary care

## Palliative services are paid for by:

- Most private insurers, Medicare, Medical Assistance and private-pay options

# Hospice Program Specifics

## Patients eligible for Hospice include:

- Have a life limiting condition
- Seeking symptomatic treatment only, comfort focused
- Provider would not be surprised if patient died in six months or less
  - Benefits not limited to 6 months
- Have a decline in functional status
- Have other disease specific indications

## Hospice care provides:

- Durable medical equipment
- Help with coping with illness
- Coordination of resources
- Goal setting
- Personal cares
- Medical supplies
- Nutrition consultation
- Care giver training and support
- Respite care
- Medication management/ education

## Diagnoses/treatments typically outside of Gundersen Hospice scope of practice include:

- Chemotherapy
- Radiation
- Ventilator assistance
- Skilled nursing in nursing home
- Dialysis (associated with hospice diagnosis)
- Certain meds not considered for comfort care (other options offered)

## Providers should never assume eligibility/ineligibility on guidelines alone.

## For assistance in determining eligibility, call Gundersen Hospice:

- In Wisconsin and Minnesota  
(608) 775-8435 or (800) 848-5443
- In Iowa, Gundersen Palmer Lutheran  
(563) 422-6267 or (800) 335-0711

## Hospice services are paid for by:

- Most private insurers, Medicare, Medicaid (WI and MN), Managed Care (HMOs) and private pay options