

Eli's Hospice Insider

EDUCATION & OUTREACH: Required Assessment Instruments Hold Key Clues to Who May Be Ready for Palliative Approach

Help nursing home and home health providers use these tools in a new way.

Home health and nursing home providers often say they have a sense about which patients seem to be nearing end of life but they can't really define why. That's where your hospice can help by providing general education on how to use a more scientific approach: the MDS in the nursing home, and OASIS in home health.

Of course, patients with a terminal diagnosis or a condition that carries a standard life expectancy of six months or less raise a red flag that the patient should be considered for hospice. But in doing the OASIS assessment, home health staff can also home in on a couple of areas that could signal the need for a more in-depth hospice analysis, say experts. These include poor responses on the activities of daily living (M0640-M0700) and dyspnea(M0490) items. And, more generally, the life expectancy (M0280) and high risk behaviors (M0290) items could lead you in the hospice direction, notes **Diane Taylor, BSN, RN COSC**, a consultant with Selman-Holman & Associates LLC in Denton, Texas.

Key point: "A hospice-appropriate patient will rarely show stabilized or improved outcomes," observes **Judy Adams** of LarsonAllen in Charlotte, N.C.

Look for These MDS-Driven Measures

Ongoing decline is also a red flag in the nursing home resident, of course. "Many of the MDS-driven quality indicators/measure will start triggering when someone is in the dying process," says **Cherry Meier, RN, MSN**, with VITAS Innovative Hospice Care in Flat Rock, N.C.

To more specifically identify potential hospice candidates, Meier tells nursing facilities to look at the three chronic care quality indicators/measures that exclude residents on hospice: weight loss, ADL decline, and worsening ability to move in and about the room.

The weight loss QI flags residents who have lost 5 percent or more of their weight over 30 days -- or 10 percent or more over 180 days. ADL decline encompasses the four late-loss ADLs (eating, toileting, transfer, and bed mobility).

Getting personal: Nursing home staff can also use the MDS-based Personal Severity Index to identify decline that may herald the need for a shift to palliative care.

The PSI includes numerous MDS items tied to the resident's risk of dying within six months. Researchers who developed the PSI found that residents with nine or more of 25 problems on the full MDS are at high risk of death or have a 35.7 percent death rate within six months.

Nursing home staff should also look for residents with a growing number of the items on the scale from one assessment to the next (see the tool on the right).