

OASIS Alert

Assessment: Watch Out For These Potential Hospice Warning Signs

Good news: You don't have to give up on hospice patients.

If you've wondered whether your patient qualifies for the hospice benefit, you aren't alone.

Luckily, your assessment can be a great tool to determine which patients are improving -- and which might be better served by palliative care, says **Judy Adams** of **LarsonAllen** in Charlotte, N.C.

Clinicians must "evaluate the patient's entire situation, including diagnoses, medications, and responses to current treatments and past treatments" to determine whether hospice is appropriate, suggests **Diane Taylor, BSN, RN COS-C**, a consultant with **Selman-Holman & Associates, LLC** in Denton, Texas. For instance, patients with a terminal diagnosis or a condition that carries a standard life expectancy of six months or less should raise a red flag that the patient should be considered for hospice.

Common red flags: Poor responses on the activities of daily living (M0640-M0700) and dyspnea (M0490) items could signal a more in-depth hospice analysis. And, more generally, the life expectancy (M0280) and high risk behaviors (M0290) items could lead you in the hospice direction, Taylor notes.

Keep An Eye On Outcomes

While general health and functioning are possible signs of patients' hospice needs, deteriorating outcomes are more definite indicators. "A hospice-appropriate patient will rarely show stabilized or improved outcomes," Adams notes.

When case managers perform recertifications or follow-up assessments, they must evaluate how the patient has improved since the previous assessment. Patients' declining health should alert clinicians that palliative care may eventually be on the table.

Communicate With Patients & Physicians

Clinicians shouldn't hesitate to either voice their concerns about a patient's progress or discuss hospice options with patients and their physicians, Taylor advises. This way, everyone operates under the same set of expectations and patients can get the most appropriate care for their needs.

Good idea: Because many clinicians are uncomfortable discussing hospice services, you might designate one or two key people who can discuss the differences and advantages of both hospice and home health, Taylor suggests. By helping the patient understand their choices, they can make a more informed decision about their care.

Important: However, just because a patient qualifies for hospice doesn't mean that's what he wants. "Home health can be a very appropriate setting for serving terminally ill patients who aren't interested in pursuing only palliative care," Adams stresses.

If your patient meets the criteria for hospice, you should encourage him to discuss his prognosis with his physician and decide on a plan of care that fits his needs and desires.