

Hospice Partnership

Program Goals:

- Help assure patient wishes are granted regarding their desire to complete hospice enrollment at home.
- Reduce incidence of Hospice Revocation by patient / family members for patients who are in a home hospice program.
- Reduce utilization of 9-1-1 responses and transports to acute care facilities, and decreased the burden on the patient/family.
- Provide early notification to the hospice agency, by the Communications Center, if a 9-1-1 call is placed for an enrolled patient.
- Continuing education for the MedStar system on hospice, end-of-life care, advances directives, etc.

Background:

[MedStar Mobile Healthcare](#) is the exclusive provider of emergency and non-emergency ambulance services for Fort Worth and 14 cities in north central Texas. We have dual accreditation from the Commission for the Accreditation of Ambulance Services and as an [Accredited Center of Excellence](#) by the [National Academies of Emergency Dispatch](#) for our 9-1-1 call center.

MedStar was approached by a large national hospice provider to help them try and reduce the incidence of hospice revocation for patients on home hospice. Working together with the hospice provider, we put together our “Hospice Revocation Avoidance Program”.

Enrollment and dis-enrollment in hospice is frequently an emotionally taxing process for all involved, including EMS and hospital personnel. Hospice providers are usually able to accurately predict patients / families at high risk of dis-enrolling in hospice services due to a perceived emergency, by calling 9-1-1 to summon emergency help. These events often occur during a moment of panic or uncertainty in the dying process, and may be precipitated by a family member who was not completely in agreement with, nor fully understand the hospice arrangements.

MedStar Mobile Healthcare partners with hospice providers to enroll patients and patient’s families who they perceive to be at-risk for hospice revocation into the MedStar Community Health Program, an award winning Mobile Healthcare program profiled by the Agency for Healthcare Research and Quality in their Innovation Exchange¹.

Demonstration Program Results:

In the first demonstration project for this program conducted from September 1, 2012 – February 28, 2013, 28 patients identified as at-risk for hospice revocation in the home setting were referred to the MedStar program. Of these, 15 patients successfully completed the hospice program at home. One patient / family did revoke hospice status; however, this family had three prior revocations. One patient’s condition improved and they were actually removed from palliative care due the improvement in their health status and one patient refused the program. 10 patients are still actively enrolled in the program.

During the same period, one patient / family contacted MedStar for consultation; one patient / family called 9-1-1 and three patients were transported to the hospital. Of the patients transported to the hospital:

- One was for a fall in which the patient was transported to the hospital for treatment of injuries sustained in the fall.
- One was for a hematuria in which the patient was transported to the hospital, but was transported directly to the in-patient hospice unit so no revocation occurred.
- One was for hematemesis and the patient was transported and the patient / family decided to revoke hospice status.



The hospice agency originally conducting this demonstration project indicates that compared with patients / families NOT enrolled in this program, this program is a huge success – taking their overall revocation rate from 17% to less than 9%

With the completion of the six month demonstration project, MedStar is now prepared to offer these services to other hospice agencies who would like to take advantage of this program.

Hospice Program Procedures:

- The hospice agency screens patient / families at greatest risk for hospice revocation using an already implemented risk assessment.
- Patients / families meeting criteria are introduced to the concept of MedStar enrollment by the hospice staff.
- If the Patient / family agree to be enrolled in the program, the hospice staff contacts the MedStar Clinical Program Manager for patient enrollment.
- Once the patient is at home, the patient’s hospice nurse schedules a joint in-home visit with the hospice nurse and a specially trained MedStar Mobile Healthcare Practitioner (MHP).
- During this joint visit, the patient / family are educated on MedStar’s role with the patient and family, and the contact number for a MedStar MHP visit if the hospice nurse is unavailable.
- The patient’s address is logged into MedStar’s 9-1-1 Computer Aided Dispatch (CAD) system for ready identification in the event the patient / family accesses 9-1-1.
 - Including information in the CAD system so that Communications personnel are aware of a hospice location at the caller’s address and who the hospice contact person is for the patient.
- In the event of a 9-1-1 call to the residence, a regular system response occurs, with the addition of an on-duty MHP.
 - The communications center will also contact the patient’s hospice nurse to advise of the 9-1-1 response
 - The MHP on-scene will work with the patient and family to assure patient / family wishes are carried out while awaiting arrival of the hospice representative.
 - Use of the patient’s comfort pack provided by the hospice agency is authorized in consultation with MedStar’s Medical Director or Associate Medical Director.
- During enrollment, if the family is unable to reach the hospice nurse, they may contact MedStar for an in-home visit by a MHP should the family become concerned about the patient’s status.
 - The MHP will assist the family with the transition of the patient and help assure the patient’s comfort using the hospice supplied in-home comfort-pack.

Economic Model Options:

- Outcome-based Fee
- Per Enrolled Patient/Per Month Fee

ⁱ <http://innovations.ahrq.gov/content.aspx?id=3343>

