

Objectives

- Define what some of barriers to hospice are in Franklin county
- Identify key partners in community who we partnered with
- Define what activities and strategies we used to improve
- Discuss challenges, successes, outcomes, and next steps

Our Challenge

- Vermont ranked 49 in country for hospice utilization
- Franklin County among lowest in state for hospice utilization and length of stay based on Medicare claims data
- Low patient census
- Short lengths of stay
- Late referrals to hospice

Length of Stay

- 71% of patients had length of stay less than 30 days
- 40% of patients had length of stay less than 1 week
- Average length of stay = 30.6 days
- Range of stay 0 537

Our early partners

- NMC administration
- NMC Hospitalist
- NMC Primary Care
- Franklin County Home Health Agency

...and then we added

- NMC Care coordination
- Northwest Counseling and Support
- Northern Tier Center for Health (FQHC)
- Saint Albans Health and Rehab
- Franklin County Rehab Center

Where did we begin

- Caring for our community members who could benefit from Hospice Services
 - How to identify people who could benefit from the services
 - How to have the conversation
 - How to make the plan
 - What are our community's resources and gaps
 - How do we know we are making a difference

Identified Barriers

- Lack of education on hospice programcommunity and providers
- Time constraints for providers
- Uncertainty in predicting prognosis
- Discomfort having the conversation
- Discomfort with making decisions
- Limited resources when 24 hour care is needed

Strategies for Success Leadership

- Demonstrating Leadership: Do as I do!
- Challenge 5 partner organizations to promote completion of Advance Directives
- "Winner" = organization with the highest percentage of staff who completed Advanced Directives

Strategies for success... Education and confidence

- Engagement of St. Albans Messenger
- "Home is Where the Heart Is" TV show
- Start the Conversation facilitator training
 - 15 community members
 - 2 day training
 - Train the trainer model
 - Agreements to conduct other group sessions
 - Goal: Increase community knowledge and confidence

Strategies for success...

Hospice Practice changes

- Say yes and we can see them today
- Think outside the box
- Consultations at home
- Physician office education

Strategies for success... Education and confidence

- Grand Rounds
 - Prognostication
 - Wellness visit opportunities
 - "The Surprise Question"
 - Community Resources

Handouts Brought to Community Education Session

- Article on when to refer patients for hospice care
- Up to date Guide to discussing hospice care with patients
- Medical guidelines for determining appropriateness of hospice referral: Documenting decline, non-disease specific baseline guidelines plus comorbidities, disease specific guidelines, dignity conserving care in ICU

Brought copies of these www.uptodate.com

Community Presentation

How did we get good turn out?

- Choose right speaker-state voice
- Email reminders, paper fliers in mail boxes
- Personal invites via fax and calls to community partners.
- CEUs
- Great food
- Who came- MD offices, Hospitalists, Area Skilled facilities, nurses from many different areas of practices, social workers, community members.

Successes!

- Increased Hospice enrollment
- Increased end stage heart disease
- Zero hospitalizations
- Zero Emergency Department visits
- Death at Home 69.6% (National 38.1%)
- Increase in access to Hospice in Assisted Living Facilities
- Increase in length of stay by 5 days

What have we learned

- Education, Education, Education
 Continued need for providers, professionals and consumers
- Consumers want to have End of Life conversations-Start early, be open and honest
- Providers welcome the help having difficult conversations
- Project offered great opportunities to collaborate across our provider community

Questions?

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