



National Hospice and Palliative Care
Organization

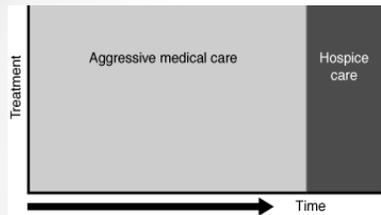
End of Life (EOL) Services: Hospice/Palliative Care

Michael T. Johnson, SPT

Overview

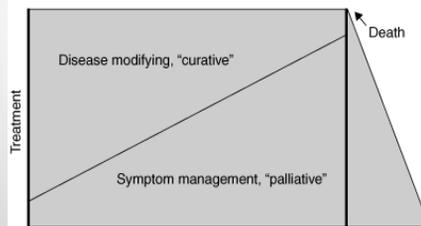
- Definition/clarification of end of life services
- Contribution to optimal aging
- How/when/why to advocate for EOL services
- Information about agencies to contact
- How to access patient/consumer education materials
- Any materials that could be provided to the agency?

Important Definitions^{1,2}



- Palliative care – helps a patient to be comfortable by addressing issues that cause physical or emotional pain, or suffering

- Hospice – a service that uses palliative care to focus on relieving symptoms and supporting patients and their families. These patients typically have a life expectancy from weeks to months.



What services does hospice provide?¹

- Management of the patient's pain and symptoms
- Assists the patient with emotional, psychological and spiritual aspects of dying
- Provides needed drugs, medical supplies, and equipment
- Coaches family on how to care for patient
- Delivers special services like speech and physical therapy when needed
- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver need respite time
- Provides bereavement care and counseling to surviving family and friends

EOL Care and Optimal Aging

- Optimal aging – the capacity to function across many domains (physical, functional, emotional, social, and spiritual) to one's satisfaction in spite of one's medical conditions.³
- The aging process will ultimately end in death
- Hospice and palliative care work to make that transition a much more comfortable situation
- In general, the goal of hospice is not to prolong life but raise the quality of life for that patient. The help the patient achieve a 'good death'

Why PT's Should be Used in Hospice?

- Within our medical system, illness often leads to a loss of responsibility and control for the patient. ⁴
- Physical therapy assists in the recovery of dignity, systematically giving the patient his or her sense of self back, as the patient is taught how to have control and be responsible within his or her physical limitations in the home, where the environment is not longer controlled⁴
- According to the Medicare Hospice Conditions of Participation, Hospice centers are required to provide PT, when necessary, for the palliation and management of terminal illness.⁵

What Can a PT address in Hospice?⁴

- Much the same as we do in other patient environments. We are trying to increase the patients quality of life! Working on any of these will help to address this:
 - Transfers – being able to get up and go to the bathroom independently
 - Gait/Ambulation – allows for the patient to be independently mobile
 - Bed Mobility – Prevention of pressure ulcers
 - Body Mechanics – reduce potential for physical strain due to improper body mechanics
 - Pain Management – reduce edema, tightness, positioning that cause pain
 - Weakness
 - ROM – prevention of contracture
 - Shortness of Breath – airway clearance, breathing strategies
 - Patient AND caregiver education

How to Obtain Information about Hospice (for the PT)

- Capital Caring
 - <http://www.capitalcaring.org/about-us>
- Visit the National Hospice and Palliative Care Organization (NHPCO) website
 - <http://www.nhpc.org/about/hospice-and-palliative-care>
- Become a member of Hospice and Palliative Care Special Interest Group through the APTA
 - <http://www.oncologypt.org/special-interest-groups/hospice-palliative-care-sig/index.cfm>

When Should a Patient be Referred?



- The referral is typically made by the patient's physician when he or she makes the clinical decision that the patient has less than 6 months to live.
- There are disease specific guidelines available.
 - <http://www.suttervnaandhospice.org/services/Hospice%20Referral%20Guidelines%20MDs.pdf>
- Patient Education materials
 - <http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3407>

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Information to Provide the Hospice Organization

- If it may seem that PT services are under utilized it may be useful to provide the specific hospice/organization with relevant research on the benefits of Physical Therapy.
 - Frost M. The role of physical, occupational, and speech therapy in hospice: Patient empowerment. *Am J Hosp Palliat Care*. 2001;18(6):397-402, 432, 1p.
 - Kumar SP, Jim A. Physical therapy in palliative care: From symptom control to quality of life: A critical review. *INDIAN J PALLIAT CARE*. 2010;16(3):138-146.
 - Jeyaraman S, Kathiresan G, Gopalsamy K. Hospice: Rehabilitation in reverse. *INDIAN J PALLIAT CARE*. 2010;16(3):111-116.

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References

1. National hospice and palliative care organization. <http://www.nhpco.org/about-nhpco>. Accessed April 18, 2012.
2. Lynn J, Adamson D. Living well at the end of life. *Center for Palliative Care Studies*. 2003.
3. Baltes PB, Baltes MM. Psychological perspectives on successful aging: The model of selective optimization with compensation. In: Baltes PB, Baltes MM, eds. *Successful Aging: Perspectives from the Behavioral Sciences*. Cambridge, UK: Press Syndicate of the University of Cambridge; 1990:1-34
4. Frost M. The role of physical, occupational, and speech therapy in hospice: Patient empowerment. *Am J Hosp Palliat Care*. 2001;18(6):397-402, 432, 1p.
5. National Hospice and Palliative Care Organization. *The medicare conditions of participation for hospice care* . . . 2008.