Establishing a hospice and palliative care practice is an exciting, and daunting task. In order to create a successful practice, key elements must be outlined early on in order to make it successful. One must determine what type of hospice care practice to establish, after reviewing the need in the community. Both short term and long term goals will help to keep the practice moving forward within the community. Determining who the stakeholders are, and what role the hospice will fulfill will also help with buy in.

Guidelines for Hospice and Palliative Care

When considering branching out or opening a hospice and palliative care practice, one should review and comply with the guidelines established by the American Veterinary Medical Association. The AVMA is an organization established to provide leadership and governance (including elected councils, committees, House of Delegates and Executive Board) to identify and anticipate the needs of the veterinary profession. This includes recommending and implementing programs, services, policies and guidelines to meet the needs of veterinarians throughout the country. Within the guidelines established by this organization are the guidelines for veterinary hospice. While hospice care may seem on the wave of the future, these guidelines were first established in 2001, and reaffirmed and revised as late as 2011. These guidelines on veterinary hospice care state:

“As offered within the context of veterinary practice, and as consistent with veterinary practice acts, veterinary hospice gives clients time to make decisions regarding a companion animal with a terminal illness or condition and to prepare for the pending death of the animal. The AVMA views veterinary hospice as care that will allow a terminally ill animal to live comfortably at home or in a facility, and does not believe that such care precludes euthanasia. The comfort of the animal must always be considered when veterinary hospice care is provided. As is the case in human hospice programs, patients must have a terminal illness with a short life expectancy. The veterinary hospice team consists of the veterinarian and trained staff who provide expertise in palliative care and pain control for such terminally ill animals. Maximizing the benefits of veterinary hospice requires that family/household members participate in the care of the patient. The veterinary hospice team consists of the veterinarian and trained staff who provide expertise in palliative care and pain control for such terminally ill animals. Maximizing the benefits of veterinary hospice requires that family/household members participate in the care of the patient.”

As stated within these guidelines, hospice and palliative care practice share many commonalities as primary care practice. These include education of the clients regarding the pet’s illness, and the development of a medical record, including records of communications and drugs dispensed. Likewise, all aspects of the team must uphold appropriate licensure and insurance. This may be of particular importance for care provided by the hospice and palliative care team in the home setting. Similarly hospice care providers are expected to either provide 24 hour emergency care or have an established referral for emergency care for their clients. Unique to hospice and palliative guidelines includes such things as providing clients with referral for human mental health for grief and bereavement services. In the case of a patient’s death at
home, the hospice and palliative care veterinarian will be expected to be called upon to confirm death through absence of vital signs.

Hospice and palliative care services are time consuming, and require a large time commitment. Before establishing a practice, one must determine if these guidelines can be met.

**Advanced Education**

While end of life care is required for graduates of human medical programs, veterinary medicine falls short in this subject. In trying to establish a hospice and palliative care service, it is of great value to pursue higher education in end of life care training. There are very limited resources for this in the veterinary world, however, a number of opportunities exist in human end of life care. Pursuing education in end of life care will add to the credibility of the animal hospice care provider. Prospective animal hospice care givers should consider volunteering for a local human hospice. Often these establishments are looking for additional help, and provide initial and ongoing training in end of life care topics. Sometimes local hospices require volunteers to matriculate through a program in order to qualify for volunteering. These types of programs are often multifaceted and offer the prospective volunteer insight and learning from the various team members that compile human hospice care. These include social workers, nurses, physicians, other volunteers, and persons representing spiritual care and bereavement services. Many prospective animal hospice care providers enjoy the giving back aspect of volunteering in human hospice. Establishing relationships with human hospice care workers can continue to enrich what animal hospice care can provide. These relationships can also provide sources of relief for compassion fatigue and can aid in brainstorming solutions to problems that arise within animal hospice.

**Determine the need**

One of the biggest hurdles to overcome when trying to establish a veterinary hospice and palliative care service is determining the need. This involves getting speaking with potential collaborators and support services. Contacting local support disciplines, including local veterinary governing bodies and schools (both veterinary and veterinary technician), social workers, and pastoral care will help to network people with similar ideas. It may be of value to meet with a human hospice administrator to discuss and learn the challenges facing human hospice practice. It may be necessary to seek colleagues in other veterinary disciplines to discuss the concept of hospice and how it may have reciprocal relationships with services such as veterinary oncology, internal medicine and surgery (just to name a few). It may also be advantageous to establish a relationship with a compounding pharmacy in the area, in order to develop a relationship for prescription medications requiring their services. Furthermore arranging for some continuing education of the concept of veterinary hospice and the service it can provide within the community may stir up interest and support amongst locals.

In determining the need for end of life care, it may become necessary to determine who the hospice will be working for. Will the hospice service be working for individual patients and
family? Will the hospice service be working for a hospital to better service their clients? Or will it be a combination of both? If working within a teaching hospital, is the hospice provider working to better the education of the staff of the hospital? The answer to all of these may be yes. In this circumstance, these stakeholders warrant specific, personal, face to face conversation regarding the development of a hospice. The buy-in of the stakeholders will encourage the investment in the end of life care service.

Consulting vs. Community Practice

There are four main ways to deliver hospice and palliative care to an animal patient. The first is to work within a large hospice, or a network of hospitals as adjunctive staff. This role is synonymous with a consultant. There is also the option to establish a community or home based practice wherein the caregiver goes into the homes of the terminally ill patients to provide care as a separate entity from the primary care facility. Another, less common in veterinary medicine, is an inpatient hospice facility. In this establishment care is provided within the confines of an inpatient facility, designated only for this type of care (this type of care will not be discussed). Lastly, there is some combination of the aforementioned delivery systems.

Hospice and Palliative Care Consultant

Working as a consultant within a single or network of primary care settings has some advantages. Seeing as how the hospice and palliative care consultant has achieved advanced skill through additional training, they are of value to a busy primary care practice. When a primary care facility offers the use of consultant in end of life care, they reinforce the need and availability of this service within the mainstream of the veterinary industry. This is beneficial to individual primary care providers and staff who can learn better end of life care and symptom management from their palliative care colleagues. Patients and their families benefit from this approach also. A multidisciplinary team approach to life threatening diseases has enhanced the public’s opinion of human hospitals, and is in high demand. Likewise, pet owners are demanding this level of care for their animal family. Individual hospice care consultants and patients benefit from the in hospital setting due to the availability of imaging, equipment, medications, blood products and other tools used to enhance understanding of illness, and maximize patient comfort, while minimizing the overhead expense for the hospice care provider. The addition of an end of life care service also fosters a trust and respect between the hospice provider and the primary care doctors (and specialists) within a hospital, leading to earlier interventions, higher case loads and higher number of referrals for both the practice and the consultant. The in-hospital setting, offering end of life care services, reflects the needs of the community and can become a center for excellence and high quality care until the very end.

When providing this form of service, the consultant in end of life (whether it be a veterinarian, a veterinary technician, social worker or spiritual care provider) sees patients as appointments from the primary care doctor, within the same hospital. In this model, the hospice care provider does not assume responsibility for providing care. This responsibility remains with the primary care doctor. Consultation occurs at the primary care facility, which affords the hospice care provider a space without cost of travel, equipment etc. The consultant performs an overall
evaluation with regard to which realm of hospice care they provide, and then makes recommendations to the primary care doctor. In this circumstance the patient and owner receive the time and expertise of the hospice care worker, and have ample time without taking away time from the primary care doctor. This positive feedback results in more referral to both the primary care facility and the consultation service. This model is the best for hospice care workers who have limited resources, large distances to travel and have minimal equipment. Additional benefits to this form of consulting include no emergency or afterhours calls, as this responsibility is maintained by the primary care doctor. Likewise, the hospital pharmacy is the source for any necessary pharmacologic interventions, as made through recommendations of the consultant to the primary care doctor. This type of service also allows for ongoing education in end of life care delivery for the staff of the primary care facility and the community alike.

While working as a consultant in a primary care facility has its perks, there are also less desirable aspects of this type of hospice care. The hospice care provider has to rely on the primary care doctor to follow through on recommendations. If this relationship is not well defined, the hospice care worker can feel out of control with the patient’s direct medical care. The development of a team is often sidelined due to the consultant playing only adjunctive role. Because the primary care remains in the hands of the primary care doctor, there is also limited control over interventions and or medications, and collecting data for further research becomes challenging.

In anticipation of these problems, hospice care providers may wish to circumvent these potential pitfalls by providing in service continuing education on what it is that they provide, and familiarize the staff of the hospital with medications, interventions that they may not be comfortable with. For example, some primary care doctors may be unfamiliar with opioid drugs used for terminally ill patients, and may chose to not use them due to fear of narcosis, addiction and tolerance. But after discussing the reasons behind using these medications in the terminally ill, this may alter their perception. Another potential pit fall is the perception held by the staff that the addition of hospice and palliative care services implies that we have “given up”, rather than refocusing on patient instead of the disease. Developing open lines of communication between staff and the consultant will help to improve what the goals are for each individual. Making a brochure with information about the service being offered, frequently asked questions, and contact information available will aid in the understanding of the support staff and the patients alike.

At the center of the consultant must be a strong communicator in order for this system to work. Following up with phone calls, clear medical documentation, and practice of evidence based medicine will strengthen the relationship between the primary care doctor and the hospice consultant. Follow through to improve patient and family care will result in good outcomes. The consultant must be sympathetic to the stress of undertaking this challenge, and must remain patient when there is disappointment.

Community Practice Hospice and Palliative Care

Caring for the terminally ill patient within their home is the another form of hospice. Reflecting on human medicine, many patients wish to remain in their home as long as possible. As such,
many humans wish this for their animal companion. Many animals display abnormal behaviors, even at times of good health, due to fear and anxiety associated with travel and visits to the hospital. For many owners, simply getting their patient to the hospital may represent a unique challenge. Keeping animal patients in their homes, may reduce stress, and ease discomfort, but only if the owner is aided with training and education in their care. As highlighted earlier in the AVMA guidelines, in this model of hospice delivery, the owners will need to assume responsibility for some aspects of care.

A comprehensive community hospice and palliative care practice involves a team of people. This includes veterinarians and veterinary technicians that have undergone additional training in end of life care. In this type of care, the hospice care provider travels to the home, and delivers care within the home at set intervals. These intervals may be daily, weekly or monthly, and are tailored to their individual need. The hospice care provider will need to be able to provide documentation, prescribe medications, provide home nursing practices and train owners to how to perform basic nursing care in regards to nutrition, hygiene, mobility, etc. Veterinary technicians performing this type of hospice care become an advisory service to the hospice veterinarian or primary care veterinarian. Veterinarians would also be expected to perform procedures of comfort (including by not limited to paracentesis, subcutaneous fluid administration, physical therapy and urinary catheterization). Equipment demands for such a practice may be the burden of the hospice care provider, or may be lent from another primary care institution. Equipment and resources can provide a unique challenge for the community practice hospice and palliative care provider, due to expense. As part of the team involved with this level of care, services for bereavement and mental health referral should be available for patient families.

The advantages to the patient with this type of care are the ability to provide comfort and symptomatic care within the home, minimizing stress and planning for death within the home. The time spent with the family, in familiar surrounding allows owners to absorb more information in a less threatening manner.

Success of the community practice hospice and palliative care service is based on a multitude of things. It relies upon the primary care doctors knowing when referral is needed, and similarly that the owners will be involved in some level of care. The geographical boundaries can present another economical and time challenge to this type of practice. Emergency care provides yet another obstacle for the owner who is already reluctant to move their pet from their home. This necessitates forethought and the development of an emergency plan that may involve either the hospice care provider or the primary care doctor. The emergency plan, in accordance with the guidelines, must also be able to provide euthanasia services. In home community practice hospice care should be considered a short term model for care due to the sheer commitment necessary from all aspects of the team.

Documentation

A hospice care provider needs to be able to maintain a medical document, involving all communication, examinations, diagnostics, treatments, prescriptions and referrals. This documentation is part of standard cares of practice, and should contain information regarding
the patient’s observational data (breed, age, sex, date of birth) as well as past medical history, present medical history, and correspondence between primary care doctors and hospice care providers. All entries should be dated and time stamped. Completion of this document should be in a timely manner, following each interaction, and should be shared with the all aspects of the animal health care team. Additionally, written documentation should be provided for the owner following each visit. Documents should be maintained in accordance with any legal documentation of the state.

Similarly drug logs in accordance with the Drug Enforcement Agency are also necessary. Proper logging of each medication is a legal and ethical responsibility. Persons dispensing medications are legally required to upkeep licensure and maintain these records, and uphold regulations designated under local and state law.

Referral Resources

Being a hospice care provider involves recognizing the need in patient’s families for referral for mental health care. Networking in the community whether it is for determining the need for hospice care, or promoting or educating on the concept of hospice care, provides an opportunity to gather information for referral. These contacts can become important allies in hospice care and can add to referral and buy in from the community.

Identify goals

For success in any aspect of hospice, one must establish a goal. What is the (mission) goal of hospice and palliative care? Is the goal for a to provide a consulting service? Is the goal to provide clinical service to the patient and family? Is the goal outreach to the veterinary community or community at large? Is the goal education in end of life care, and if so, who is the target audience? Is the goal to develop a database for research? Or perhaps, is the goal a combination of these items? It is equally important to answer who the hospice will serve. Will it be the patients and families? Will it be the primary care doctors? Will it be both? Once these have been established, the developing short term and long term goals will help to continue to move things forward. Once the mission goals are established, this frame work will be used indefinitely as a resource. The author suggests establishing both quarterly goals and yearly goals, with a 3-5 year plan. Initially the first goal may involve identification of key figures involved, establishing fees, finding computer software, etc., while annual goals may include incorporating more layers of care, increased referral numbers, providing more continuing education or publication. Reviewing goals on a regular basis with a mentor within the profession is a method in which to stay focused and move forward. Likewise identifying reasons why goals are not being met is valid in order to identify areas for growth and improvement.

Costs

As part of providing hospice and palliative care services, a fee schedule should be decided upon prior to enrolling any patient. In developing a fee schedule, it is important to remember that
the service provided is one of value. In determining the cost of care, one must consider factors including (but not limited to) expertise, time spent with the client, travel time, resources, mobile unit, technicians or support staff assistance, training and time for documentation. It may be helpful to explore average costs in your community for mobile veterinarians or services associated with convenience (i.e. in home groomers). These may help to establish what the community is willing to pay. It is important that the hospice practice be able to meet the overhead and gain profit, in order for it to be successful.

In summary, many factors go into the development of a hospice care practice. Identifying the need in the community, and matching this with the services that it will provide is only one part of developing a successful plan. Collaborating with people within the veterinary profession and the support allied health professions will help to build rapport and trust amongst the community. Any potential hospice practice should meet and adhere to the requirements set forth by the AVMA. Caregivers will find large rewards personally and professionally with the care they provide, if they are committed to gaining additional education, growing and being flexible with their community and resources, and are willing to spend the time.

Recommended Reading

1. https://www.avma.org/KB/Policies/Pages/Guidelines-for-Veterinary-Hospice-Care.aspx