
HOSPICE NEWS NETWORK

What the Media Said about End-of-Life Care This Week

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A Service of State Hospice Organizations

PALLIATIVE CARE MEASURES MAY BE APPLICABLE ACROSS SETTINGS

An article recently published in *Medical Ethics Advisor* provides a summary of the ways in which palliative care measures are finding meaningful application across a variety of medical fields, including but not limited to end-of-life care. With palliative medicine increasingly recognized as relevant across the spectrum of care, “palliative care clinicians have been challenged to find measures of quality that are applicable to all patients in a variety of settings.” The article summarizes some recent developments in this field of exploration, including recent updates to hospice care requirements under the Affordable Care Act (ACA).

The article notes that under the ACA, hospice programs are “required to submit quality data or incur a financial penalty.” Yet, this ACA-mandated quality reporting does not apply to palliative care delivered in other settings. This has left palliative care clinicians challenged in exploring ways to measure quality of care in ways that are applicable across settings. The Hospice and Palliative Care Nurses Association and the American Academy of Hospice and Palliative Medicine are attempting to bridge this gap, “moving forward with a project to recommend a set of measures that are cross-cutting.” Much information about this effort, called Measuring What Matters, is available for online viewing at the link below.

The article also notes changes in record keeping that could impact quality of care across settings. For example, “The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs provide financial incentives for the use of certified EHR technology,” including measures that encourage older individuals to create and store advance directives. Additionally, the Affordable Care Act directs the Department of Health and Human Services (HHS) “to establish reporting requirements for hospice programs through the Hospice Quality Reporting Program.” The National Quality Forum has provided input to HHS on performance measures for hospice and palliative care that will encourage coherence of measures across settings. (*Medical Ethics Advisor*, 5/26; AAHPM, <http://www.aaahpm.org/Practice/Quality/measuring-what-matters.html>)

SCREENING MAY HELP IDENTIFY PALLIATIVE CARE NEEDS IN THE ICU

“A new screening tool may help identify patients who will benefit from a palliative-care consultation in the [ICU],” reports a recently published article from *Reuters Health*

Information. Dr. Robert Zalenski of Wayne State University School of Medicine says that the tool identifies patients who are at high risk for long-term hospitalization and death. These patients are likely to opt for comfort care and hospice options if given the choice, he says. **“The choice is always their or their surrogates’, but offering a kinder, gentler approach is vital to their living a life they choose, rather than what is just the institutional default practice.”**

Despite the demonstrated importance of palliative care consultations in providing for better decisions and greater satisfaction for patients and families at the end of life, few studies have examined whether screening could lead to more palliative-care consultations, according to a report published in *BMJ Supportive & Palliative Care*. In order to test this, **Dr. Zalenski and colleagues “applied a seven-trigger screen to admissions to [ICUs] at four affiliated teaching hospitals and assessed whether the overall screen scores or individual item scores were associated with mortality, length of stay in the ICU, or hospital discharge.”**

When researchers examined the results of the screens, they found that **“the overall model significantly predicted mortality and discharge to hospice, as did cancer, postarrest, and perceived need.”** Dr. Zalenski suggested that these screens could be instrumental in providing palliative care consultations to precisely those patients who need it, avoiding what he describes as “the default approach which might be described as aggressive care that focuses on keeping their hearts beating instead of following their hearts’ desire for care in life’s final chapter.” (*Medscape*, 5/27, www.medscape.com/viewarticle/825651)

END-OF-LIFE DREAMS MAY DESERVE STUDY

In a recent article for *McKnight’s*, Tim Mullaney considers the dreams of the dying and the important messages that they may have for ensuring that patients experience the most peaceful deaths possible. Mullaney highlights a recent study published in *The Journal of Palliative Medicine*, which finds that end-of-life dreams and visions (ELDV) “may be a profound source of potential meaning and comfort for the dying, and therefore warrant clinical attention and further research.”

ELDV are a part of the experience of most caregivers and end-of-life clinicians, even being described as “intrinsic to the dying process.” Nevertheless, “caregivers have said they fear ‘judgment, ridicule and embarrassment’ if they talk about these dreams and visions, which probably has led to underreporting and a general lack of understanding.”

Thanks to this study, however, the story of ELDV is being told. Authored by the Center for Hospice & Palliative Care in upstate New York and Canisius College in Buffalo, the study details conversations with about 60 terminally ill patients. Of these, **90% reported having at least one dream or vision.**

Of those interviewed, 60% said that their dreams or visions were comforting. Less than one fifth described their dreams as distressing. Nor are ELDV synonymous with delirium. They are experienced by patients “who have clear consciousness, heightened acuity and awareness of their surroundings,” according to the study. They also differ from delirium in the response they invoke - “inner peace, acceptance and the sense of impending death.” **Mullaney writes, “Caregivers**

who unnecessarily medicate in response to ELDVs might actually be robbing people of the dreams' positive effects and increasing feelings of isolation and fear.”

The study suggests that ELDVs are important and should be seriously considered by clinicians and caregivers in the process of providing treatment and comfort to the dying. Despite the obvious reasons that medical professionals tend to shy away from discussing ELDVs, Mullaney says, “Hospice and palliative care workers are stationed at a very mysterious frontier, between life and death... strange things repeatedly happen on that frontier.” (*McKnight's*, 5/27, www.mcknights.com/dreams-or-delirium-why-making-the-right-call-is-important/article/348525/; *The Journal of Palliative Medicine*, Vol 17, Num 3, 2014, www.hospicebuffalo.com/files/9313/9144/3823/Kerr_CW_2014_-_EOL_Dreams_and_Visions_I_Quant_RE.pdf)

HOSPICE NOTES

* **A proposed law introduced in the US House of Representatives would make all veterans eligible for hospice care.** “Under current law, veterans must meet certain prior care requirements and income and asset thresholds to qualify for hospice care at facilities run by the Department of Veterans Affairs.” (*McKnight's*, 5/27, www.mcknights.com/all-veterans-would-be-eligible-for-va-hospice-care-under-house-bill/article/348430/)

* **A feature article in *The Journal of Hospice & Palliative Nursing* explores the role that music therapy can play in hospice and palliative care settings.** “This [literature] review sought to extend empirical knowledge for the use of music as a therapeutic modality by determining which symptoms are most commonly treated with music interventions and how efficacious treatments are.” (*The Journal of Hospice & Palliative Nursing*, 6/2014)

* **Comprehensive Hospice plans to offer medical marijuana to their patients.** “It’s a wonderful thing we could do to help our patients be more comfortable,” says Dr. Margaret King, medical director for the Phoenix-based hospice. (*Phoenix Business Journal*, 5/16, www.bizjournals.com/phoenix/blog/health-care-daily/2014/05/comprehensive-hospice-to-offer-medical-marijuana.html)

* **ABC News features a story of a music therapist who fused the heartbeat of a dying patient into the patient’s favorite music.** “As 14-year-old Dylan Bennett lay dying in the intensive care unit of Cincinnati Children’s Hospital, Brian Schreck recorded his heartbeat. He then paired the rhythmic thumping of Dylan’s heart with some of Dylan’s favorite music to create a song for the Bennetts to keep.” Since Dylan’s death, the music has been a comfort to the family. (*ABC News*, 5/26, gma.yahoo.com/blogs/abc-blogs/therapist-turns-heartbeats-dying-patients-music-092103505--abc-news-health.html)

* **Are advance directives associated with better hospice care?** A study published in *The Journal of the American Geriatrics Society* explores this question, finding that study participants “with advance directives were enrolled in hospice for a longer period of time before death than those without and were more likely to die in the setting of their choice.” (*The Journal of the*

American Geriatrics Society, online 5/22,
onlinelibrary.wiley.com/doi/10.1111/jgs.12851/abstract)

* **Few hospices are providing complementary and alternative medicine (CAM), with only 29% of US hospices employing massage, art, or music therapists.** Yet, interest in CAM is growing, says investigator Sarah Dain, who presented her findings at the American Geriatrics Society 2014 Annual Meeting. (*Medscape*, 5/23, www.medscape.com/viewarticle/825676)

* **Unity Hospice of Greater St. Louis is partnering with Valvoline Instant Oil Change to collect iPods for a new music program for patients with dementia.** Memories that are linked to music are stored in an area of the brain that is not affected by Alzheimer's disease. (*Unity Hospice*, 5/14, www.unityhospice.com/2014/05/unity-hospice-collecting-ipods-music-program/)

END-OF-LIFE NOTES

* **The US Senate's Special Committee on Aging hosted a roundtable discussion on the role of health care providers in advance care planning.** The video is available online. (*United States Senate*, 5/21, www.aging.senate.gov/hearings/continuing-the-conversation_the-role-of-health-care-providers-in-advance-care-planning)

* **Panelists at the American Geriatrics Society 2014 Annual Scientific Meeting discussed the goals of the Choosing Wisely campaign.** The campaign seeks to “help patients choose care that is supported by evidence and avoid tests and procedures that they have already received, are harmful, or are not truly necessary.” (*Medscape*, 5/22, www.medscape.com/viewarticle/825555)

* **America faces a “silver tsunami” as the country's largest generation ages.** “With 10,000 boomers turning 65 every day, hospices are already preparing for the oncoming ‘silver tsunami.’” (*Pittsburgh Post-Gazette*, 5/25, www.post-gazette.com/healthypgh/2014/05/25/Silver-tsunami-As-Pennsylvanias-population-ages-groups-raise-awareness-for-end-of-life-care/stories/201405250010)

* **Discontinuation of statin therapy in patients with limited life expectancy improved overall quality of life without compromising survival.** This is the conclusion of a multicenter, unblinded trial that was presented at the annual meeting of ASCO. (*Healio*, 5/30, www.healio.com/hematology-oncology/highlights-from-asco-2014/discontinuation-of-statin-use-near-end-of-life-improved-qol)

* **Giving up treasured possessions is a “rite of passage” for the elderly, writes Farah Stockman for *The Boston Globe*.** Stockman describes walking with her aunt through the process of relinquishment that comes with old age. (*The Boston Globe*, 5/28, www.bostonglobe.com/opinion/2014/05/28/the-end-life-and-giving-everything-away/wVdQe4Trm7nMtCKg50wCfI/story.html)

* **“There is so much laughter in the room” during “death cafe” gatherings to discuss end-of-life issues.** The meetings encourage participants to discuss issues of death and dying openly.

(Daily Camera, 5/24, www.dailycamera.com/boulder-county-news/ci_25827971/death-cafes-aim-make-dying-and-talking-about)

*** A new program at the University of Tennessee is helping train medical personnel to have conversations with individuals about what they would prefer in “what if” end-of-life scenarios.** “This is the beginning of a polite conversation - about death - that educators at UT hope will become more common in medical facilities.” (WKNO, 5/23, wknofm.org/post/death-and-doctor-students-practice-end-life-talk)

*** “Dying does not have to be a miserable experience, particularly when supports are in place, according to researchers Sarah Hales, MD, and Gary Rodin, MD.”** Hales and Rodin have conducted a retrospective study to examine the quality of care among patients with cancer, and to gauge how this relates to palliative care. “We think the high availability of palliative care, at least in the sample, accounts for some of the very high level of satisfaction.” (Healio, 5/27, www.healio.com/hematology-oncology/practice-management/news/online/%7B6b950a6f-27e0-4e8c-a73d-392d6f26b25c%7D/researchers-explore-quality-of-cancer-death-end-of-life-issues?addnw=1)

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