Bridging the Gap
How Hospices and PSA's Can Work Together

What is PSA?
- An agency that provides:
  - attendant care services such assistance with bathing, dressing, toileting, grooming, and feeding
  - homemaker services that assist with or perform household tasks, including housekeeping, shopping, laundry, meal planning and preparation, and cleaning
  - companion services that provide fellowship, care, and protection for a client, including transportation, letter writing, mail reading, and escort services
  - are provided to a client at the client's residence

What is Hospice?
- Holistic
- Interdisciplinary team
- Pain and symptom management
- Unit of care = patient and family/significant others
- Regard dying as a natural process – affirms life
- Serves the terminally ill and their families/significant others
Differences

**Personal Services Agency**
- Non-medical care
- Providing those services that an individual would normally provide themselves if able
- Around the clock care or specific periods of time

**Hospice**
- Manage the plan of care
- Bereavement
- Volunteer
- Interdisciplinary team
  - Physician
  - Nurse and aides
  - Social worker
  - Chaplain
  - Therapists

Advantages of Working Together

- Perform some personal care that volunteers cannot/do not perform
- Reducing stress
  - Patient
  - Caregiver
  - Family
  - Hospice staff

Advantages of Working Together

- Diversification
- Enhance skills of PCAs
- Allow a terminally ill patient to stay at home
- Enhances quality of life
Hospice Responsibilities

- Assess caregiver’s ability to carry out responsibilities as identified in the plan of care
  - Examples of caregivers
    - Family members
    - Hospice volunteers, at times
    - Paid caregivers (PCA and/or private duty)
- Education and training appropriate to the caregiver’s responsibilities as identified in the plan of care
- Coordination of care
- Orientation (if contracted)
  - e.g., homemaking, respite, etc.

Orientation

- Hospice philosophy
- Scope of services
- Infection control
- Pain management at the end of life
- Symptom control at the end of life
- Signs and symptoms of approaching death
- Communication with the terminally ill patient and family
- Self care

Contracting

Hospice requirement
§418.100(e) Standard: Professional management responsibility

A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be:
- Authorized by the hospice;
- Furnished in a safe and effective manner by qualified personnel; and
- Delivered in accordance with the patient’s plan of care.
Hospice

§418.76(i)(3) – The hospice must coordinate its hospice aide and homemaker services with the Medicaid waiver hours to ensure the patient receives the hospice aide and homemaker services he or she needs.

- No duplication

§418.56(e)(5) – Provide for an ongoing sharing of information with other non-hospice healthcare providers furnishing services unrelated to the terminal illness and related conditions.

Interpretation: Is there documentation in the clinical record of the sharing of information between all disciplines providing care and with other healthcare providers furnishing services to the patient?

IC 16–18–28.5Attendant care services (statutorily information)

Sec. 28.5. (a) "Attendant care services", for purposes of IC 16–27–1 and IC 16–27–4, means services:

(1) that could be performed by an impaired individual for whom the services are provided if the individual were not impaired; and

(2) that enable the impaired individual:

(A) to live in the individual's home and community rather than in an institution; and

(B) to carry out functions of daily living, self-care, and mobility.
PSA Responsibility
Medication Assistance

(b) The term includes the following:
   (1) Assistance in getting in and out of beds, wheelchairs, and motor vehicles.
   (2) Assistance with routine bodily functions, including:
       (A) bathing and personal hygiene;
       (B) using the toilet;
       (C) dressing and grooming; and
       (D) feeding, including preparation and cleanup.

(3) The provision of assistance:
   (A) through providing reminders or cues to take medication, the opening of preset medication containers, and providing assistance in the handling or ingesting of noncontrolled substance medications, including eye drops, herbs, supplements, and over-the-counter medications, and
   (B) to an individual who is unable to accomplish the task due to an impairment and who is:
       (i) competent and has directed the services; or
       (ii) incompetent and has the services directed by a competent individual who may consent to health care for the impaired individual.


Considerations

- Rules and regulations
  - interpretations
- Liability
PARTNERING

- Contact IAHHC at 317-775-6675 and any of us can help you with finding a local agency
- Go to www.iahhc.org > Public > Find a Member > Search For An Agency
  - PSAs are referred to in the search as Attendant Care and Companion Care and Respite

QUESTIONS?