ED-to-Hospice Transitions Guide

Which patients are appropriate for hospice?

1) *I expect the patient will die within six months if the disease process runs its natural course. And…*
2) *Patient/family are willing to discontinue cure-directed therapies.*

If a patient wants to prioritize comfort and avoid hospitalization, they may be able to transfer directly to hospice care.

Indicators patient may benefit from a palliative or hospice approach while in the ED:

Pre-Hospital Status	Comorbidities	ED Presentation	Other
Limited self-care Confined to bed or chair ≥50% of waking hours	End-stage liver disease Dialysis in patient with VAD COPD on home O2 Severe HF Metastatic cancer Multi-system organ failure Acute stroke Advanced dementia	Consider inpatient hospice: Acute clinical change or escalating symptoms Consider home hospice: Limited symptoms; further caregiver support needed	>2 ED visits/admits in same month Code status other than full Requiring PEG or trach "Would you be surprised if this patient died?" → "No."

How do I even begin to talk about hospice with patients/families?

Get Ready	• Arrange for quiet place to talk + Arrange to have family available in-person or virtually
Understand what the patient knows	• *What information have you received so far?*
Invitation to share information and **Inform**, starting with a headline	• *Do you mind if I share with you what I know about your current condition?* • *Right now, I am worried about [your breathing, BP, etc.].* Listen for response.
Demonstrate empathy: I hope...and I worry	• *I always hope to improve peoples' health, but I worry this illness could lead to your death.* • Respond to emotion, such as: *I wish you were not ill in this way.*
Equip the patient/family for the next step	• *I want you to be prepared for the next steps; can I explain what's going to happen next?*
Motivate – Ask-Tell-Ask. Assess goals, values, and preferences	• *What have you heard about how [name of patient's illness] makes you sick?* • *Can I tell you what I know?* • *Have you ever talked about the type of care you would want in a situation like this one, where doctors are concerned the illness could lead to death? Do you have preferences about receiving intensive medical treatments?*
Recommend	• Discuss treatment options, including: *At this time, we need to decide between several options. Some people place a focus more on comfort and dignity. They want a more natural life and a natural death. We would continue to provide oxygen and medications for comfort.* • Offer to make a recommendation: *Would you like to hear my recommendation?* • If prioritizing comfort: *Based on what I've learned about you, I think we could focus on your comfort now, providing you medicines and treatments to give you the best quality of life at this time.* Assess response. *One option for doing this is called hospice. What do you know about this?* • Educate about hospice: *Hospice care focuses on quality of life with a team of specialized doctors, nurses, and counselors. They can help you stay comfortable through this time.* Discuss home vs. inpatient hospice, depending on clinical needs.

How do I transition a patient to hospice?

Easy – just follow the UNC ED-Hospice Transition Workflow! See separate document.

September 2021