



Gentiva Hospice

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4 Medicare Benefits of Care



Hospital

90-day recidivism = 55% for High/Acute



Skilled Rehab

90-day recidivism = 42.9 % for High/Acute



Home Health

90-day recidivism = 37% for High/Acute



Hospice

90-day recidivism = < 3%

Recovering Benefits

1. Hospitals
 2. Skilled Nursing Facilities
 3. Home Health Care
- Are all “Recovering Benefits”



Skilled Nursing and Rehabilitation

- The goal of a rehabilitation stay is to provide:
 - Disease Management
 - Education
 - Therapy
- Expectation of the patient during a rehab stay:
 - To have the ability to recover
 - To be an active participant in their recovery
- Individualized care plan for aggressive therapy, daily
- Rehospitalization risk for a stage 4, chronically ill patient
- is 20%-35%
- Medicare.gov Nursing Home compare and Medpar data hospital review



Home Health Care

- 60 days or less, 100% covered under Medicare Part A, of intermittent care to include: skilled nursing, therapies and aide visits
 - A plan of care designed with a physician
 - Rehospitalization risk is 10%-22% based on Medicare.gov Home Health Compare quarterly report
 - Home Health Care under Medicare A does not have a payer source for DME, incontinence supplies or medications



Home Health



Goals are recovery



Services include: Skilled Nursing, Aid, Physical therapy, occupational therapy, speech therapy and social work services



A comprehensive plan is made at beginning of services to determine how to help the patient return to as close to base level as possible.

Palliative Care



An extra layer of support for someone with a serious illness



Focuses on relief of pain and stress for the patient



Appropriate at earlier stages of patient's illness



Patient can still seek aggressive treatment

Hospice care

The goal of hospice care:

- Support and honor individuals on their healthcare journey in a way that they see as valuable

Eligibility of hospice care:

- Determined by a **physician** based on stage of illness, symptomology, and a declining trajectory



- 6-month and renewable based on eligibility, 100% covered under Medicare A, Medicaid, and some private insurance providers
- Medications, equipment, and supplies related to the terminal illness, patient and family education, comforting treatments may be covered
- Hospice care focus on quality of life, comfort and time
- A unique plan of care is created for each individual patient based on their unique care needs with a focus on body, mind, and spirit

What are your goals?

Quality of life



What does the ideal day look like?

Comfort



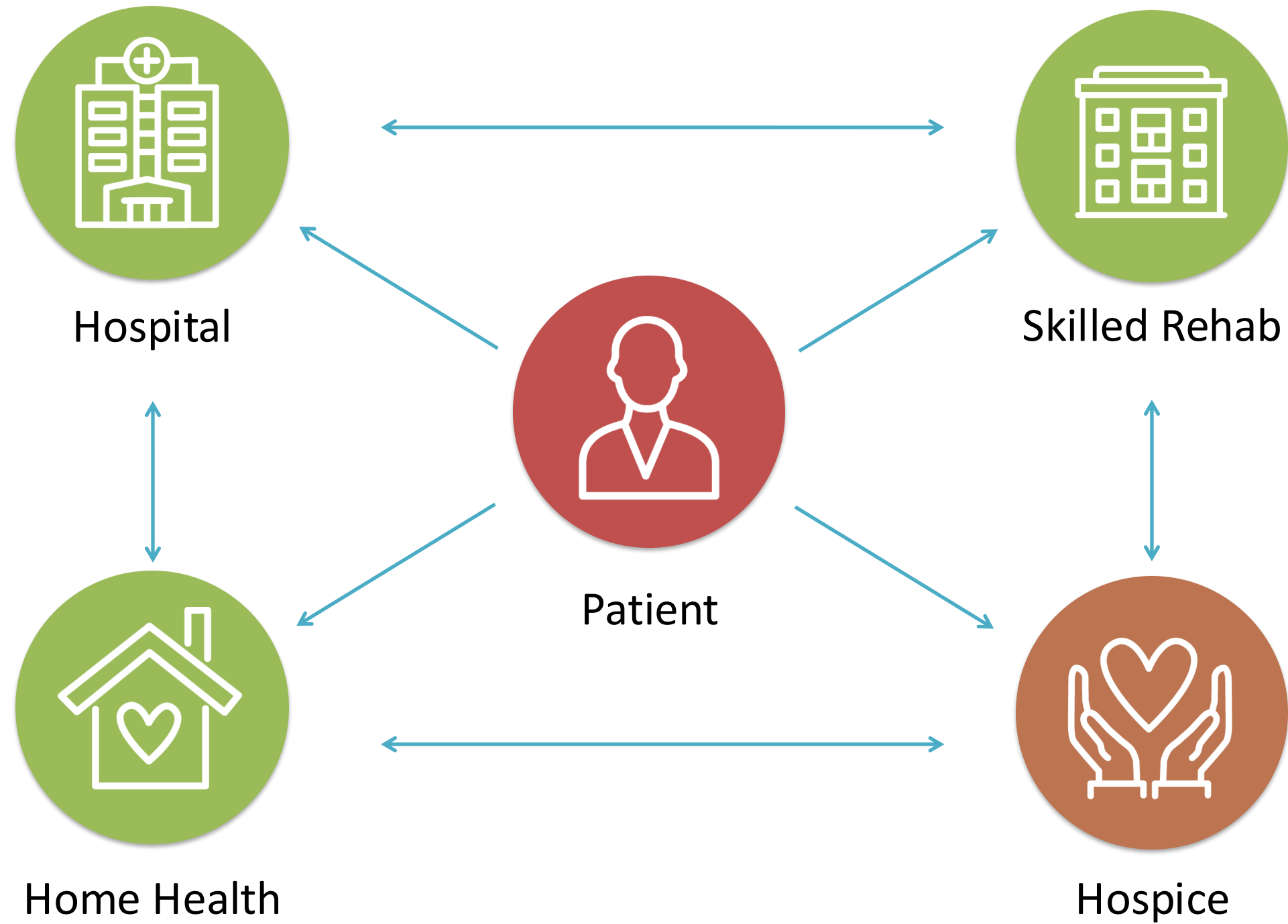
What would help you feel safe and loved?

Time



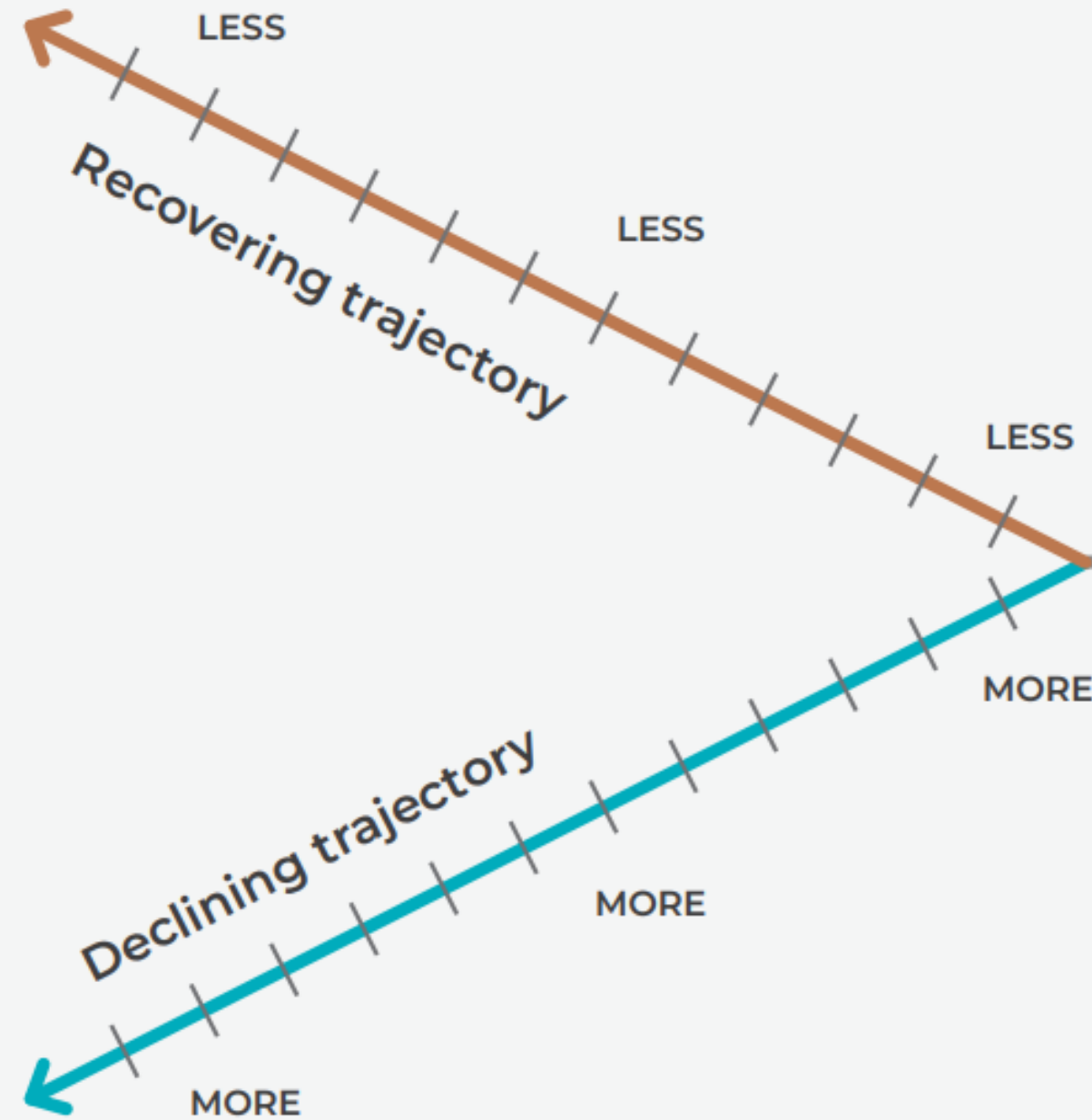
What are you looking towards?

Quality of life, comfort, and time?



Home Health patient
Patients who are meeting goals, needing less and less care over time.

Hospice patient
Patients who become increasingly reliant on treatments or interventions could be declining and may qualify for hospice care.



An increasing accumulation of these factors may indicate declining health and potentially, hospice eligibility.

- Reliance on ADL support
- Continuous changes in medications to manage symptoms
- Change in condition that leads to increased symptom management
- Increased frequency and acuity of visits
- Increased dependence on supplies (e.g., oxygen, tubes, bags)
- Escalation in ER utilization and hospital admissions
- Increased fear, pain, anxiety

● Home Health trajectory ● Hospice trajectory

Considered the model for quality, compassionate care for people facing a life limiting illness.

Provides expert medical care, pain management, and emotional spiritual support expressly tailored to the patient's and their families needs and wishes.

Focuses on comfort care and quality of life rather than curative care.

Self-determined life closure

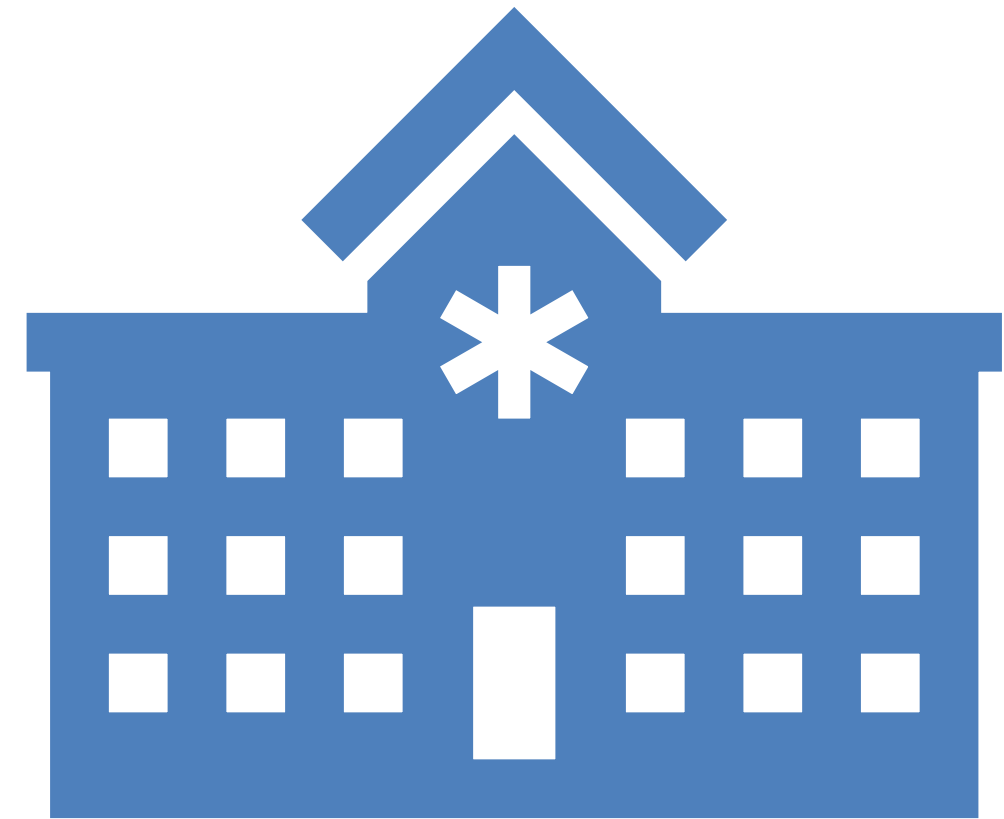
Natural death

Comfortable and peaceful dying
experience

Effective grieving

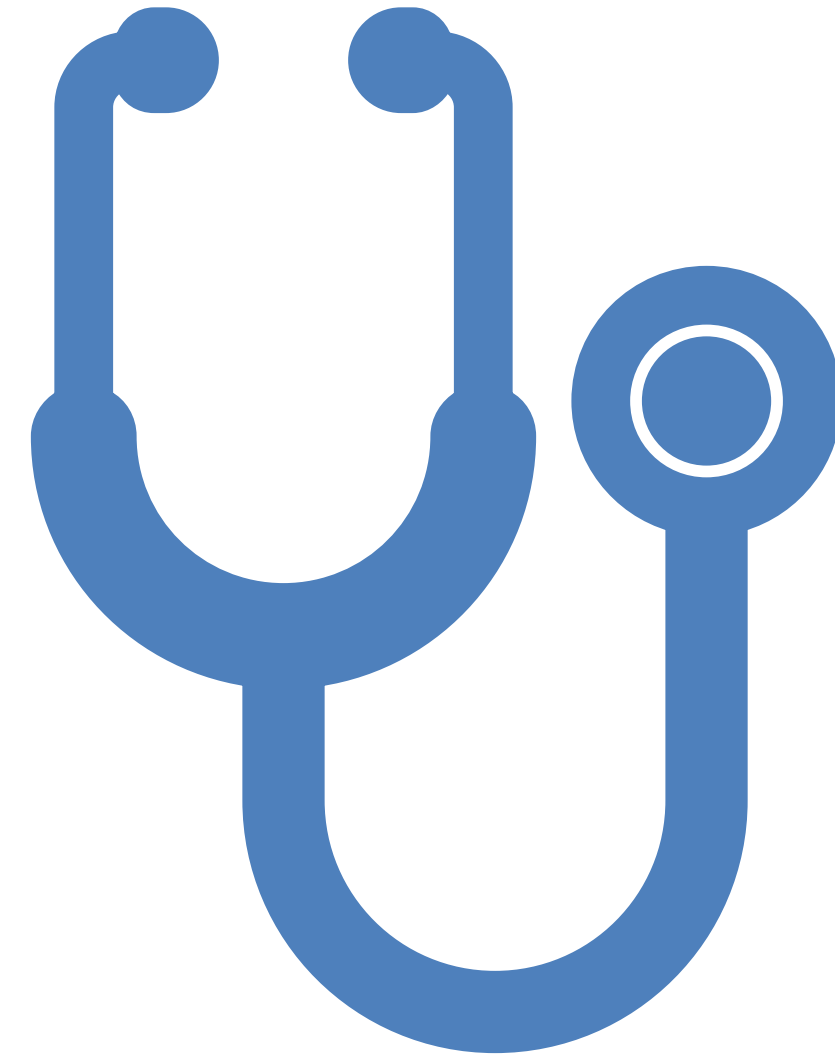
Common Misconceptions of Hospice

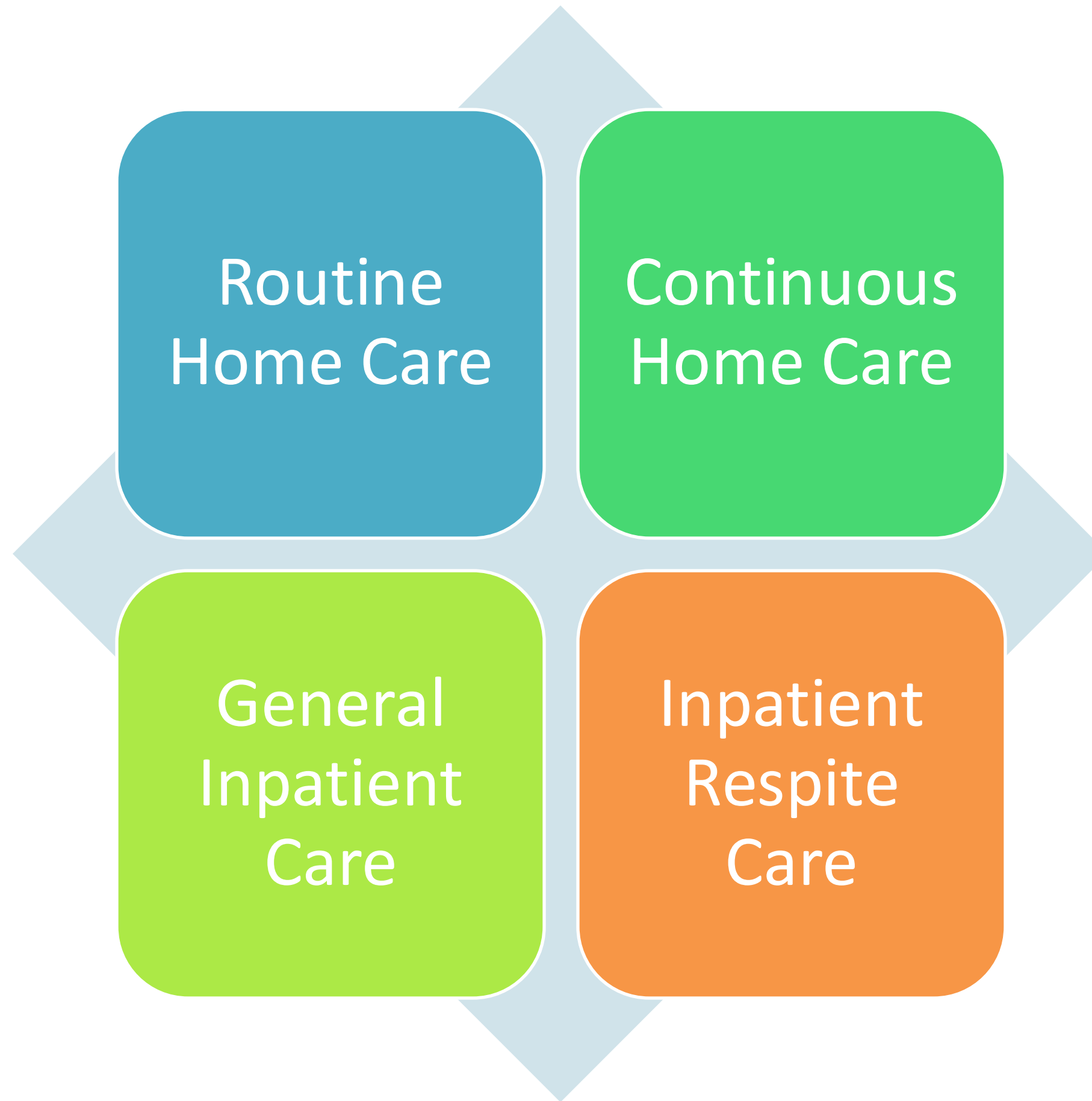
- A patient must be in the final stages of dying to be eligible for Hospice Care.
- Hospice care is just for the elderly or cancer patients.
- The Medicare Hospice benefit only covers six months of care.
- If a patient elects hospice services, they can no longer see their primary care physician



What Does Hospice Cover?

- Four levels of Hospice Care
- Access to the entire Hospice Team
- Medications
- Medical equipment and supplies





Care provided wherever the patient
calls home

Most common level of hospice care

Consists of regularly scheduled care
visits

Levels of Care- Continuous Home Care

- Provided to allow patients to remain home during a period of crisis when pain or symptom management requires frequent adjustments to medication or treatments.
- Short term level of care that is re-evaluated every 24 hours



Levels of Care- General Inpatient Care

- Utilized for crisis care when pain or symptom management cannot be managed in other settings.
- Provided in a hospital where 24-hour nursing staff is available.



Levels of Care- Inpatient Respite Care

- Short term inpatient care provided strictly for caregiver relief
- Utilized when a patient's family is the primary source of care and cannot meet their loved one's needs due to caregiver stress or other extenuating circumstances.



Nursing Services

- Provide direct patient care
- Responsible for the coordination and oversight of all patient care services
- Provide guidance and support to patients and their families
- Inform patients physician of all changes in condition
- Provide education on prescribed treatments, medications, and end of life care



Hospice Aides

- Assist and provide personal care services (bathing/grooming. Personal hygiene, toileting, positioning and transferring)
- Help to provide emotional support for the patient and family



Assist	Assist families in navigating end of life planning
Identify	Identify available community resources to help improve quality of life
Assist and provide	Assist and provide education on advanced directives
Assist	Assist with facility placement and transition planning
Provide	Provide counseling to patients and families

Spiritual Care Services

- Address the spiritual needs of patients and families
- Work with other professional clergy staff to resolve spiritual care concerns
- Work alongside bereavement coordinator to assist with grief counseling
- Assist patient and family with end-of-life planning



Bereavement Coordinators

- Provide bereavement services for up to 13 months following a loved one's death
- Coordinate and facilitate all grief support programs and bereavement services
- Conduct bereavement assessment and determine appropriate services



Volunteers


- Provide patient support and companionship
- Assist with Household chores and errands
- Provide and additional link from the patient and family to the rest of the hospice team




Why hospice? Why now?



You don't have to give up hope to get hospice.
Many patients and the loved ones who care
for them say they wish hospice care had
started sooner.



Treatments that provide our patients with
comfort and relief can continue,
uninterrupted, even after we've started
providing hospice care.



We don't require that advance directive
choices be made such as a "do not
resuscitate" order (DNR) or living will to begin
providing hospice care.

When you need care, we're ready to provide it. Any day of the year, any time of the day, we can initiate hospice care for you or your loved one.



Our heart stretches across the nation. At any given time, the Gentiva family of Hospices provides comforting care to thousands of patients in communities and neighborhoods across the country.



We're fully accredited by ACHC, the Accreditation Commission for Health Care. We've chosen to follow their additional requirements to help advance the highest standards of community-based care.

Wherever you are in your health care journey, we're there to meet you.

As mutual care providers, we work closely with your health care professionals to make sure specific protocols are followed closely.

“Just because medicine can,
does not mean medicine
should.”

Dr. Atul Gawande



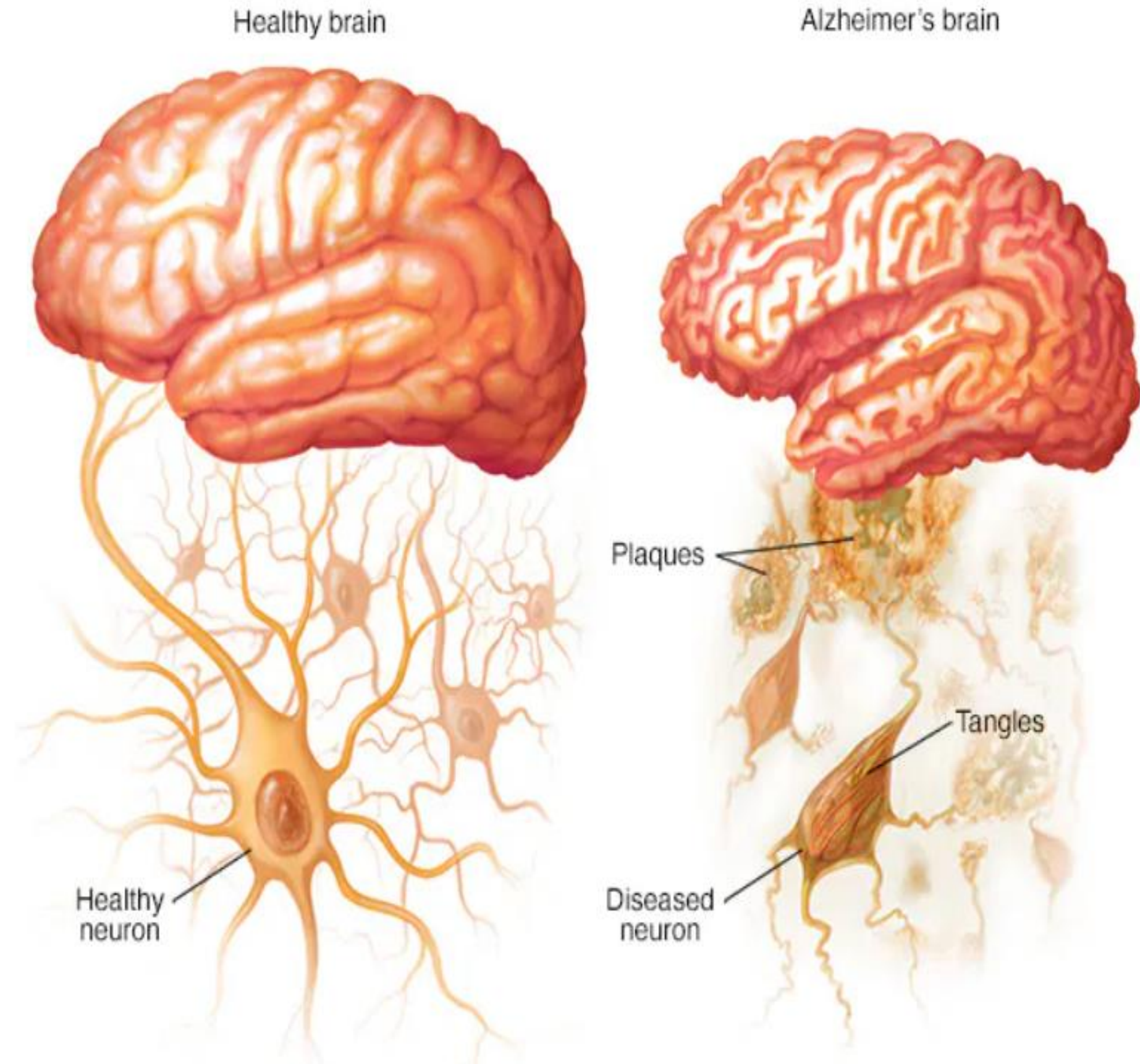
Types of Dementia

- **Alzheimer's Dementia**
- **Vascular Dementia**
- **Frontotemporal Dementia**
- **Lewy Body Dementia**



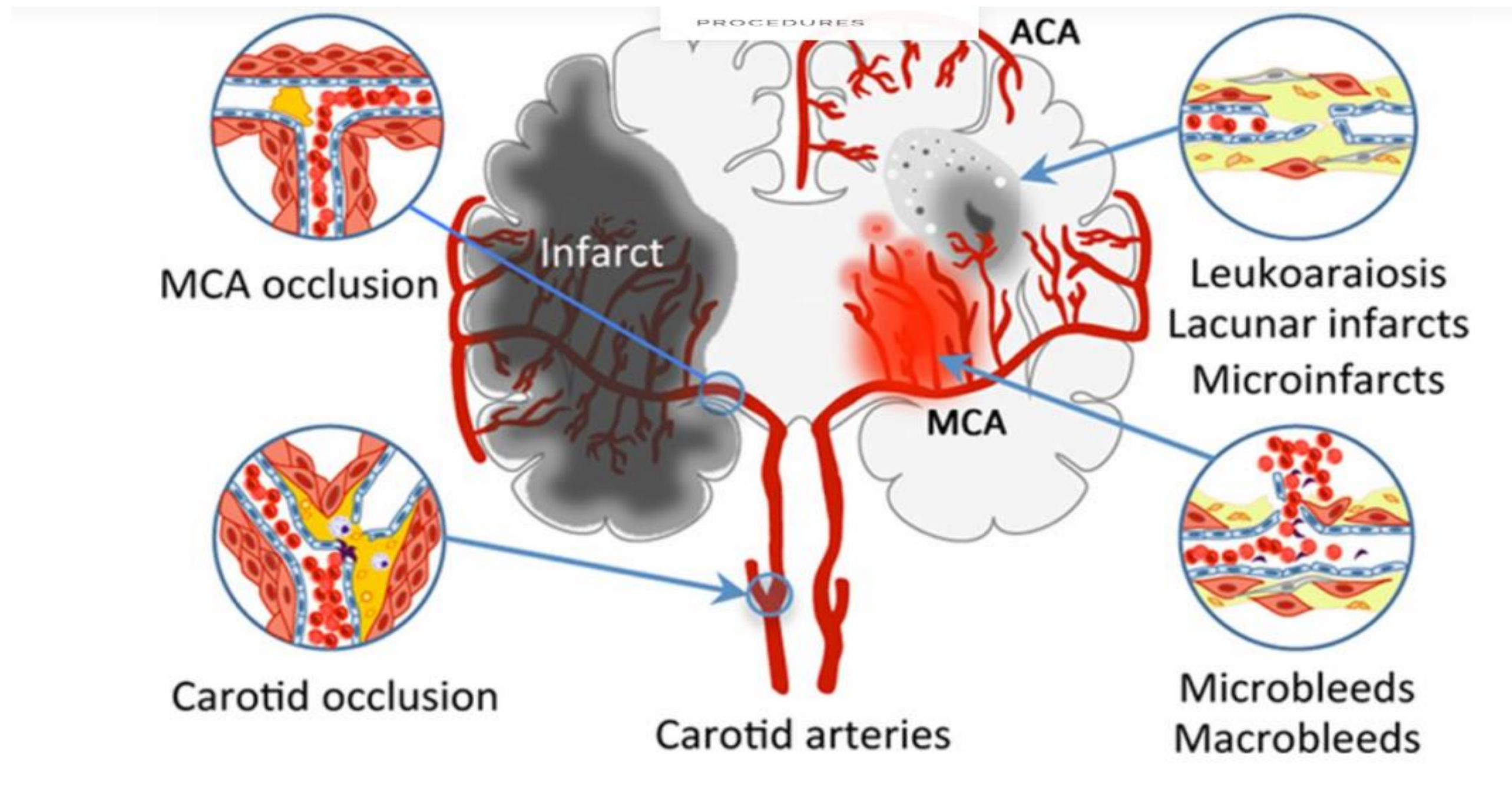
Alzheimer's Dementia

- Alzheimer's dementia is a progressive neurological disorder that leads to the gradual decline of memory, thinking, and reasoning abilities. It's the most common form of dementia, a general term for cognitive impairment that interferes with daily life.
- Alzheimer's is characterized by the buildup of abnormal protein deposits in the brain, including amyloid plaques and tau tangles, which disrupt communication between brain cells. This damage leads to memory loss, confusion, difficulty with language, and changes in behavior. As the disease advances, individuals may struggle with basic tasks and require increasing levels of care. While the exact cause isn't fully understood, age is a major risk factor, along with genetics and lifestyle factors.



Vascular Dementia

Vascular dementia is a type of dementia that occurs when there is reduced blood flow to the brain, which can damage or kill brain cells. This decrease in blood flow is often caused by a series of strokes, or other conditions that affect blood vessels, such as high blood pressure or diabetes. The reduced blood supply leads to cognitive decline, memory loss, confusion, difficulty concentrating, and problems with reasoning or decision-making. It can develop suddenly, after a stroke, or more gradually over time, depending on the cause of the blood flow issues.



Lewy Body Dementia

Lewy body dementia (LBD) is a progressive neurodegenerative condition that affects the brain. It's caused by the buildup of abnormal protein deposits called Lewy bodies, which are found in the brain cells. These deposits disrupt normal brain function and lead to symptoms such as cognitive decline, visual hallucinations, movement problems, and sleep disturbances. LBD is considered one of the most common types of dementia, along with Alzheimer's disease. It can have symptoms similar to both Alzheimer's and Parkinson's disease.

Some of the key features of LBD include:

- Cognitive issues: Memory problems, confusion, and difficulty with problem-solving and planning.
- Movement problems: Tremors, stiffness, and slowness, similar to Parkinson's disease.
- Visual hallucinations: Seeing things that aren't there.
- Fluctuating alertness: The person may experience episodes of confusion or drowsiness.
- Sleep disturbances: Acting out dreams, which is known as REM sleep behavior disorder.

The exact cause of LBD is not fully understood, but it is thought to be related to both genetic and environmental factors. There is no cure for LBD, but treatments focus on managing symptoms and improving quality of life

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Functional Assessment Staging Test (FAST)

- 1. No difficulty either subjectively or objectively.
- 2. Complains of forgetting location of objects. Subject work difficulties.
- 3. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.*
- 4. Decreased ability to perform complex tasks, e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty cleaning, etc.
- 5. Requires assistance in choosing proper clothing to wear for the day, season or occasion, e.g., Patient may wear the same clothing repeatedly, unless supervised.*
- 6. a. Improperly putting on clothing without assistance or cueing (e.g., may put street clothes on overnight clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.
- b. Unable to bathe properly (e.g., difficulty adjusting bath-water temperature) occasionally or more frequently over the last weeks.
- c. Inability to handle mechanics of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.
- d. Urinary incontinence (occasionally or more frequently over the past weeks)*.
- e. Fecal incontinence (occasionally or more frequently over the past weeks)*.

Functional Assessment Staging Test (FAST)

- 7. a. Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.
- 7.b. Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intense interview (the person may repeat the word over and over).
- 7.c. Ambulatory ability is lost (cannot walk without personal assistance).
- 7.d. Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests (arms) on the chair).
- 7.e. Loss of ability to smile.
- f. Loss of ability to hold head up independently