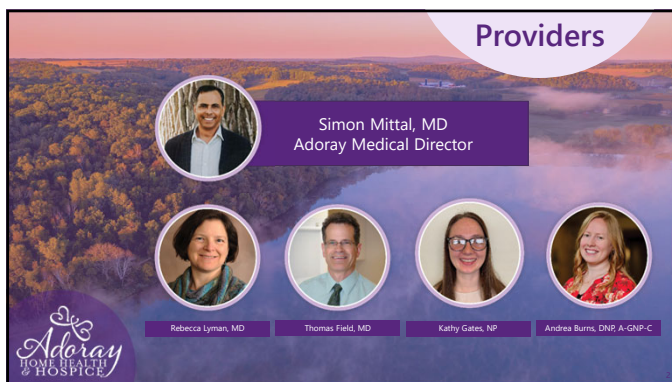




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Palliative Care, in collaboration with the Patient's Primary Care Provider & payor, offers patient and family-centered care

This includes:

- Advance Care Planning
- Symptom Management
- Care Coordination
- Education
- Social Work & Spiritual Support




4

Palliative Care

Who can benefit from Palliative Care?

>1	Serious or chronic illness	<ul style="list-style-type: none"> • Cancer • End-stage Renal Failure • Dementia • Advanced Liver Disease • Diabetes with severe complications • COPD or interstitial lung disease • CVA • PVD (pain at rest or nonhealing wounds)
≥1	Impairments of ADL	<ul style="list-style-type: none"> • Bathing • Dressing • Toileting • Transferring • Continence • Eating/Feeding
≥1	Symptom/Disease Management Need	<ul style="list-style-type: none"> • Recent hospital or skilled nursing stay • Medication management



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Goal of Palliative Care

1

Seriously ill people are not receiving the care they need to **manage** their disease.

Palliative Care aims to fill the gaps.

6



Patient Stories:
Henry

Henry


had recently visited his oncologist, where they discussed his pain and developed an action plan.

But when the NP from the Palliative Care Program visited Henry the next day, he was in a fetal position on his bed in extreme pain. Medications were untouched on his dresser. The NP realized Henry had been unable to follow the oncologist's instructions.

The NP gave Henry the appropriate medications and spoke with the oncologist about eliminating two other medications. She got Henry much more comfortable; he was able to sit up in his armchair.

Henry, his wife and the NP slowly reviewed the oncologist's instructions and wrote them down in easy-to-follow steps. The NP also developed advanced directives for both Henry and his wife. The NP reduced Henry's fear and assured him that his Palliative Care team would continue to check in on him and communicate with his oncologist.

The NP's actions likely prevented a stress-filled trip to the ED and subsequent hospitalization.



7


2

Supportive services from social workers and chaplains are not covered—but **help patients avoid unplanned care** for symptom relief.

Goal of Palliative Care

Palliative Care aims to fill the gaps.

8



Patient Stories:
Kathy


Kathy

had been struggling to manage her heart disease for some time. It was clear to her cardiologist that she was non-compliant with her medications.

On the NP's first visit, Kathy showed her a fishbowl full of colorful pills and said she was pretty sure she knew which pills to take, based on their color.

Over a series of visits, the Palliative Care nurse practitioner reconciled Kathy's medications, worked with Kathy's PCP to eliminate several prescriptions, and got the necessary medications into a pill box.

The team's social worker steered Kathy's children toward community services to assess her for dementia.



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Goal of Palliative Care

3

Case managers see the gaps in care and have struggled to fill them.

Palliative Care aims to fill the gaps.

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Palliative Circle of Care

*Adoray Consulting Team Members: Based on your unique needs, others may be a part of your Adoray team. They may be specialists, therapists, or other professionals. These team members may consult on your care and/or provide direct services for you or your family. The following services are available on an as-needed basis: social worker and spiritual counselor. Referrals for: physical therapy, occupational therapy, speech therapy, dietitian, and home health.

Palliative Care

Around-the-Clock Availability

- 24/7 RN Triage access
- Regular Communication with Patient's PCP

Adoray Team Home Visits & Calls

- Monthly NP
- Scheduled visits
- Acute visits
- Supportive Services **as needed*

Physician Oversight

- Monthly interdisciplinary team meetings to review patient status
- Home visits **as needed*
- Medication oversight & management

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Palliative Care

- Any Stage of Disease
- Same Time as Curative Treatment
- NP, Social Work, Chaplain

In Common

- Comfort Care
- Reduce Stress
- Offer Complex Symptom Relief related to Serious Illness
- Physical & Psychosocial Relief
- Paid by Insurance

Hospice Care

- Prognosis 6 Months or Less
- Excludes Curative Treatment
- Full Circle of Care including HHA, MT, Volunteers, Bereavement

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Goal of Hospice?

Provide end-of-life care with a focus on comfort and symptom management

- Meet each patient where they are at in their life and disease process
- Identify their end of life goals and wishes
- Provided holistic support to the patient and family/caregivers
- Ensure that each patient has the best quality of life throughout their end-of-life journey and time with us



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How Does Someone Qualify for Hospice?


There is terminal illness present and, should disease continue it's typical course without treatment, the individual is identified to have a life expectancy of **6 months or less**



15

Hospice Triggers

	Increase in ER visits or hospitalizations	<i>Pain Control, Increased Confusion, Dehydration, Infection, Falls, etc.</i>
	Recent Infections	<i>UTI, Pneumonia, Sepsis, etc.</i>
	Significant Weight Loss or Gain	<i>10% Weight Loss or Weight Gain due to Edema</i>
	Decline in functional abilities	<i>Increased Assistance with Tasks, Shortness of Breath</i>



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Why Hospice?

- Increased quality of life
- Covered 100% by Medicare and typically covered 80-100% by most insurances
- Psychosocial and spiritual support
- Aide visits for bathing and personal cares
- Nurse visits for medication and symptom management
- Durable Medical Equipment, Personal Care Supplies, Wound Care
- Available 24/7
- 13-month Bereavement Program
- End of life experts- why wouldn't you?!



Hospice Circle of Care

The Adoray Hospice Patient is at the center, surrounded by a circle of caregivers including: Medical Director, Admit Nurse, Home / Case Manager, Social Worker, Spiritual Care Provider, Pharmacist, Hospice Nursing Assistant, Manager/Trainer, Volunteer, 24/7 Hot Line (afternoons & evenings), Grief Support Provider, Palliative Care Nurse, and Patient's Doctor. The outer ring is labeled 'Family, Friends & Other Caregivers'.




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Hospice Visit Frequency

Based on patients' individualized plan of care.

It is important that patient has a safe environment and a capable caregiver. Hospice does not provide 24/7 in-home caregiving. Hospice clinicians complete regularly scheduled visits with the patient to manage symptoms and provide additional personal care, education, and support.

- **Nursing:** At minimum, 1 visit every 14 days. Typically 2 visits per week; frequency increases to daily as the patient declines. Additional "as needed" visits are also offered for changes in the patients' condition.
- **Aides:** Up to daily, typically 2 visits per week.
- **Social Work:** 1-2 times per month
- **Chaplain/Spiritual Counselor:** 1-2 times a month per patient preference



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Hospice Volunteers

Volunteer Support

Required minimum 5% of the total patient care hours

Total clinician hours = 100 hours

Volunteer 5% requirement = 5 hours

Adoray HOME HOSPICE

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Adoray's FULL CIRCLE Aftercare

FAMILIES HELPED by Adoray

2023 IMPACT

- 159 with Social Security
- \$17,500 found in unclaimed property for families
- 6 claim VA benefits
- 81 protect themselves from fraud
- 41 take next steps with investment accounts
- 91 move towards claiming life insurance
- 51 with retirement benefits

Adoray Your Partner in Care since 1995

People Over Profit

20

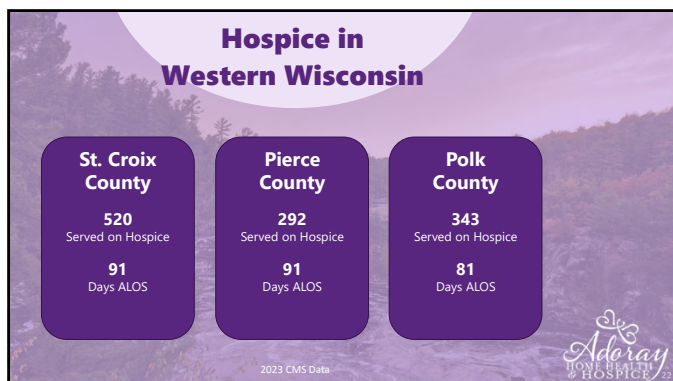
Bereavement Services

Follow bereaved for 13 months post patient death.

Provide on going support through phone calls, visits, mailings, events, and Remember-Me-Items.

Adoray HOME HOSPICE

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