



# IHO Update

*Bi-weekly News for Hospice Professionals in Iowa*

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October 17, 2008

**Registration Underway for IHO Fall Conference**

**IHO Releases CoP, State Law Comparison**

**QAPI Snapshot Survey Online**

**Hospice News Network**

## **Registration Underway for IHO Fall Conference**

Register now to attend the 2008 IHO Fall Conference, **Hospice: A New Vision**. Register online by going to the IHO web site: [www.iowahospice.org](http://www.iowahospice.org), and clicking on the Fall Conference page. **The registration deadline is November 7.**

You may register both staff and volunteers online, but please pay special attention as you are selecting the registration category for each person. If you have any questions regarding online registration, please contact Crystal Peters by email at [petersc@ihaonline.org](mailto:petersc@ihaonline.org) or by phone at 515-243-1046, ext. 331.

### **Keynote Speakers**

This year's general sessions include an opening keynote on Tuesday morning by Don Schumacher, president and CEO of NHPCO. Don will be speaking about the future of hospice and palliative care. Wednesday morning, Darcie Sims will present a general session on coping with loss titled "Caring Overload." The closing general session will feature Scott Burton "Looking for Laughter in All the Wrong Places." Scott, a comedian, juggler and cancer survivor will talk about the importance of bringing the human and emotional elements into the cancer experience.

### **Lodging**

If you are planning to stay overnight in Ames, special rates have been established at two hotels near the Scheman Building.

Gateway Hotel and Conference Center is offering a rate of \$96 per night for a standard double room. To make reservations at the Gateway, call 5159292-8600 and mention you are attending the IHO Fall Conference. To receive the discounted rate, reservations must be made by October 27.

Best Western University Inn & Suites is offering a rate of \$89 per night. To make reservations at the Best Western, call 515-296-2500 and mention you are attending the IHO Fall Conference. Reservations must be made by October 17.

[Top](#)

## IHO Releases CoP, State Law Comparison

In order to assist IHO members in their preparation for the new Medicare Hospice Conditions of Participation (COPs), IHO has prepared a side by side comparison of the new COPs and Iowa law. The document includes provisions such as: dependent adult abuse requirements, advance directives, requirements for direct care workers, and the state licensure requirements if a program is licensed by the state of Iowa, among other things.

It is important for all hospices to be aware of state requirements so that they can determine which provision will apply. In most instances, the strictest provision is applicable.

This document is available on the [IHO Web site](#). The document is IHO's best effort of compiling all pertinent state laws, but IHO does not warrant the document to be a complete list. Any member that has questions or identifies any provision that may be missing is encouraged to contact Shannon Strickler ([stricklers@ihaonline.org](mailto:stricklers@ihaonline.org)) at IHO.

[Top](#)

## QAPI Snapshot Survey Online

The third quarter 2008 QAPI Snapshot Online Survey is now available for data entry. Second quarter date must be entered by Wednesday, November 5. The reports for this period will be posted on Wednesday, November 19.

To access the survey:

- Go to <http://www.ocsys.com>
- Click on the Client Login link (top right-hand corner)
- Select "Hospice Login" from the drop-down menu
- Select "Login in QAPI Snapshot" button
- Enter your Agency ID and Password
- Click the Login button
- Select the appropriate survey to begin data entry
- *Note:* If you do not submit third quarter data, no report for this time period will be available

If you have questions regarding the survey or need technical assistance of any kind, please contact the OCS QAPI Help Desk:

- [QAPI@ocsys.com](mailto:QAPI@ocsys.com)
- 866-641-8324

[Top](#)

## Hospice News Network

### NHPCO Receives Funding for Veterans Program

NHPCO recently announced that it has received funding from the Departments of Veterans Affairs to launch a program aimed at improving access to quality hospice and palliative care to veterans, with a specific focus on reaching homeless veterans and those living in rural areas. At least ten grants, ranging from \$5,000 to \$25,000 will be given to providers who are actively working to identify innovative programs providing care and services to veterans at the end-of-life and provide recommendations to the VA on ways to improve outreach to rural and homeless veterans. Those

interested in receiving more information at it becomes available should contact Donna Bales at [dbales@nhpco.org](mailto:dbales@nhpco.org). (NHPCO Press Release, 10/7)

### **CAPC Study Results in State-by-State Report Card**

*America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals* has been released by the Center to Advance Palliative Care (CAPC). The report lists a number of factors that have led hospitals to establish palliative care programs.

- More than half of US caregivers of a patient hospitalized with a life-threatening illness say their patient got “suboptimal care.”
- More than 30% of families lose most or all of their savings in caring for a loved one with a serious illness.
- More than 70% of the 1.5 million Americans who die of a chronic illness every year are admitted to a hospital during their last six months.
- Of patients hospitalized with a serious illness, 25% report “inadequate treatment of pain and shortness of breath,” 33% “are not provided with arrangements for follow-up care after hospital discharge,” and 33% of families report that they received “no education on how to treat their pain and other symptoms following a hospital stay or were not provided with arrangements for follow-up care after hospital discharge.”

The authors say, “Hospital palliative care programs are one solution to improving the quality of health care in hospitals for our most seriously ill and vulnerable patients. Although the reasons for inadequate care of the seriously ill are many, most stem from a medical culture that is focused on curing individual diseases and a health care system that is designed to reimburse disease-specific care.”

The report says that hospital palliative care teams are “safe and effective,” resulting in a reduction of high levels of suffering, the addressing of needs of caregivers, and improved communication among all parties concerned with patient care. They are “timely and efficient,” facilitating transitions between care settings, ensuring that provided care is “of the very highest quality and consistent with patients’ values and goals.” They are also “patient centered,” reducing “unwanted, unnecessary and painful interventions,” enhancing families’ abilities to cope with the demands of the patient and the illness, and improving “patient and family satisfaction with care.”

According to the report, the first national study of palliative care was conducted in 2002, when *Last Acts* published *Means to a Better End: A Report on Dying in America Today*. At that time, no state earned an A or a B, only two got a C, ten received a D, and the other 39 got an F. Since then, many hospital palliative care programs have been established, and the current report examines patient access to hospital palliative care services and to physicians who are board-certified in palliative medicine, access to clinical training in palliative medicine for medical students, and access to specialty-level training in palliative medicine for physicians. It also focuses mainly on non-specialty hospitals with more than 50 beds.

The current study reports considerable progress since 2002. Nearly half the states were graded either A or B, nearly 40% need improvement, and only 20% received a D or an F. An A grade represents a state with palliative care programs in 81-100% of hospitals, a B 61-80%, a C 41-60%, a D 21-40%, and a F 0-20%.

The current study found that:

- Fifty-three percent of hospitals with 50 or more beds had palliative care programs.
- Seventy-five percent of hospitals with 300+ beds had programs, while 41% of public hospitals, 20% of for-profit hospitals, and 29% of sole community provider hospitals had them.
- Mid-sized hospitals (50-300 beds) who had palliative care programs were more likely to be ACS-approved cancer program hospitals, affiliated with a hospice, not-for-profit, and located in areas

where more than 70% of the population were college graduates.

- Large hospitals (300+ beds) with programs were more likely to be affiliated with a hospice, not-for-profit, and affiliated with a medical school.

The authors note that living in an area with only small hospitals greatly reduces one's chances of finding a palliative care program. They also cite "strikingly low rates of palliative care programs in public and sole community provider hospitals." These latter institutions "often serve as the only option for medical care for the forty-seven million Americans lacking health care coverage and geographically isolated communities, respectively. Thus, our finding that the majority of these institutions lack palliative care services speaks to a disparity in access to comprehensive care for some of America's most vulnerable patient populations."

The report calls for increased opportunity for medical education in palliative care for both medical students and physicians. The data shows that 85% of non-military medical schools have alliances with at least one hospital offering a palliative care program, with only three states reporting no medical school with such an affiliation. Eighty-eight percent of private medical schools affiliate with a hospital with a palliative care program, as do 82% of state-funded schools.

The authors include a lengthy list of recommendations for change, with sections for patients and families, the healthcare community, medical schools, teaching hospitals, and elected officials and policymakers. According to the report, the recommendations "are a call to action to both increase the prevalence of palliative care programs in United States hospitals and maximize access to training in this field in teaching hospitals across the nation."

In conclusion, the authors say, "The ultimate goal of palliative care is to improve the overall quality of care for both patients experiencing life-threatening illnesses and their families. To benefit from that goal, however, patients and their caregivers must be able to access these services in their local hospital, and physicians in training must learn from direct exposure to high-quality hospital palliative care programs. Focused efforts by hospital administrations, the health care community and policymakers are required to promote the development of quality palliative care programs in all hospitals, with special attention needed in small, rural, public and for-profit hospitals. This will result in a more efficient and effective use of hospital resources, and will enhance the quality of care delivered to our nation's most seriously ill patients and their families."

An additional related article by the same authors, "Variability in Access to Hospital Palliative Care," appears in the current *Journal of Palliative Medicine*, and is online at [www.liebertpub.com/jpm](http://www.liebertpub.com/jpm). The CAPC report, and additional information and links, are available at [www.capc.org/reportcard](http://www.capc.org/reportcard). (*CAPC Website; Journal of Palliative Medicine*, 2008;11(8):1-9)

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[Top](#)