

The page is framed by a decorative border of green vines, leaves, and flowers. The top and bottom borders feature a light green background with white and yellow daisies and butterflies. The central text area has a dark purple background. The title "Hospice: Knowing Is Caring" is written in a large, white, serif font. Below the title, the author's name "By Teresa Craig" is written in a smaller, white, serif font. The overall design is elegant and nature-themed.

# Hospice: Knowing Is Caring

By Teresa Craig

## Someday, my mother will need hospice care. My vision of that experience goes something like this...

**7:30 a.m.** Mother isn't doing as well today as she did yesterday, so we call the hospice. The call is answered within three rings by an RN who already has my mother's electronic medical record open because the system automatically forwarded it and opened the screen based on our phone number. The RN asks, "What can I do for you, Mrs. Craig?" We explain mother's symptom changes.

The RN knows about Mom and tells us she will speak with the physician and have new medication delivered. The conversation is brief because the nurse has my mother's entire electronic record at her fingertips. She knows that Mom is allergic to many medications and has full knowledge of my mother's care preferences. Mother and I are pleased and calmed by the efficient, well-informed RN.

**9 a.m.** The new medication is delivered and I help Mom sit up and swallow the pill. We are hopeful and confident this will reduce her pain and anxiety because we have had several meetings with our hospice team. We know they have all of her information available and that they really care about helping Mom to be comfortable.

**1 p.m.** Mother is more anxious and agitated, and her pain has not abated. I call the hospice again and immediately find the comforting voice of an RN. She asks me what time Mom last had the new medication, whether it helped, and tells me she will have an RN at our home shortly to determine the next steps.

**2 p.m.** Mother's nurse comes to see us and, using her laptop computer with a direct connection to the medical record, reviews the changes that have occurred over the last few hours. She recommends some changes in position, some special eye drops for her dry mouth, and orders additional medication.

**3:30 p.m.** The new medication is delivered and within an hour, Mother is calm and starting to relax a bit.

*Two days later:*

**2 a.m.** I'm distraught when I call the hospice because I fear the end is coming; I can barely speak into the phone. Because we are using a videophone, the evening RN can see Mother. In a reassuring voice, she tells us the changes are expected, because once again, she is viewing the record and knows the normal progression of this disease. She tells us what to do next, and orders Continuous Care to help us through the next few hours.

*Throughout this experience...*

I am so relieved because I don't have to spend time on the phone explaining my mother's medical history, her current diagnoses, her allergies, or what happened over the last few days. Changes in her care plan and condition are up to date. The patient care staff know what has occurred and everything we had planned to assist in her care. I can spend precious time with my mother holding and loving her instead of explaining and re-explaining Mom's end-of-life-care wishes to each new staff member.

## Caring About Our Patients Means Knowing About Our Patients

Good customer service means that patients and families don't have to repeat information to multiple staff members. That information should be immediately available for all members of our staff during the day, the evening, or the weekend. It is our job to know this and have it available at every encounter!

### *Hospice Now and in the Future: What Really Matters? Knowing is Caring*

■ Knowing the patients medical, psychosocial, and spiritual needs means having records available to all staff so they make informed decisions about patient care at every encounter. We occasionally hear staff say that computers get in the way, but we must help them use the computer in non-obtrusive ways. If we really care about our patients, then we take the time to know them, to know what is

most important to them, and to provide care in the way they have requested. The only way we can really do this is with information available anytime, anywhere. Knowing is caring.

- Hospice care has grown up. We are no longer a small niche care model. But, we must continue providing personal care to every patient and their loved ones in a very personal way. To do this, we must know what they need and how they prefer to receive care. We can hardwire patient and family end-of-life preferences with electronic records. We can grow to be large, but still be small enough to provide personalized care to every patient. Knowing is caring.
- Electronic records that track every encounter with our patients and their loved ones are the only way we can effi-



ciently provide care today and in the future. With patients living in distant locations, we cannot rely on paper records in a file room in the hospice office. We have a responsibility to provide appropriate care. We cannot provide appropriate care when we do not have immediate access to the records. Knowing is caring.

- Physicians, nurses, social workers, pastoral care staff, hospice aides, therapists, and all care providers must be trained to use computers and other electronic systems. We must make the investment now so we can provide the quality of care necessary in a rapidly changing environment. This is not about how hard it is for the staff to learn or do; this is about how important it is for the patients to receive the care they deserve. We have to stop allowing our staff to do things on paper. They must have the moment of truth explained to them: that we are NEVER going back to paper. The future is now, and it is electronic. Knowing is caring.
- Hospice patient care coordinators and other supervisors and leaders must use the electronic documentation and reports to hold staff accountable to high standards of care. Now that that information is easily available, we must teach our leaders to use the information to coach staff, plan scheduling, and make better decisions about staff performance. We cannot allow substandard care for our patients, and we now have more tools at our fingertips to assess the care being provided. Productivity reports at the touch of a button will encourage accountability for patient care. Knowing is caring.
- Patient care providers need to be freed from the inefficiencies of the past: listening to voice mail about entire teams of patients, attending Monday morning update meetings about all the patients on their care team; driving to the office to pick up or drop off paper work; and any other unnecessary uses of time that do not contribute to patient care. Electronic systems that allow rapid review of the status of their case load within a few minutes each morning can provide time for one or two more visits each work day. Documenting the visit while in the home allows staff to move on to the next patient with confidence that other members of the team can provide care with full knowledge of the patient's condition. Knowing is caring.
- CMS is expecting more delineation of care provision on each claim form, and has said they will continue to ask for

more details. We need to be sure we understand the reporting we are sending to CMS, and use that to make decisions about quality of care. We need to know how CMS sees our data and what questions could arise as a result. We have a responsibility to our organizations to be sure we are managing the provision of services effectively so we can continue to provide care in the future for all who will need us. Knowing is caring.

Hospice has grown rapidly since the year 2000, and will continue to grow. As a result of this growth, CMS will provide ever-increasing scrutiny of how hospice dollars are spent. We must use the information we have to make even better decisions about care and plan ways to provide care more efficiently.

First with what really matters—first and foremost, that patients and families are receiving care that truly makes a difference in their last weeks of life. Using electronic records allows a hospice to grow and serve more patients while still providing personal care to each individual.

Second, check the availability of data within your organization. It is likely you have the answers to many questions easily available but untapped.

Accurate, timely data is critical to accurate, timely decisions. This is true for managers as well as patient caregivers. Data is a business asset, and we must remember to value it. Success requires knowing which data is most important to us. In a hospice program, the first few data items are quite simple: referrals, admissions, average length of stay, and average daily census.

The next items become more specific to your organization: staffing ratios, compliance with conditions of participation, quality measures, actionable reporting, benchmarking, and data analysis. Take time to review the reporting available in your electronic system. It is likely it is readily available, or you can modify existing reports to meet any specific needs you have. Comparison of your results over time will assist you in making critical decisions going forward.

Comparison of your results with other organizations and with CMS reporting will be the next step to evaluating your effectiveness. Do not forget these important steps in planning for your future.

Electronic records will be so common within the next three years that we will soon forget the change management efforts that were required to make the switch from paper. Interoperability with other care providers will be achieved through electronic transfer of information. The majority of medical records will be electronic by 2012 and no longer a decision to make, but a requirement to care. Remember, knowing is caring!



**About the Author:** *Teresa Craig is CEO, Suncoast Solutions, Clearwater, FL, a leading software provider for the hospice and home health industry. She is a CPA with over 30 years experience consulting with and leading home care, hospice, and business organizations. A frequent presenter at state and national conferences, Teresa is committed to helping home care programs achieve systems to support quality care for patients and their loved ones. Contact Teresa at [tcraig@suncoast.com](mailto:tcraig@suncoast.com).*