The Role of the Pharmacist in Hospice Care

Kathryn L. Haldiman, RN
Wellness Partners

Objectives

- Describe the purpose, philosophy, and components of the hospice model of care in the United States.
- Identify the members of the hospice interdisciplinary team and explain the various roles of each team member.
- Discuss the role of the pharmacist in providing support to or serving as a member on the hospice interdisciplinary team.
- Explain additional opportunities for pharmacists in ensuring safe and effective medication management for hospice patients.

Defining Hospice Care

- Model of care
- Serves patients at the end-of-life and their families
- Quality of life versus Quantity
- Comfort over Cure
- Delivered by an interdisciplinary team
“Hospice recognizes dying as part of the normal process of living and focuses on maintaining the quality of the remaining life. Hospice affirms life and neither hastens nor postpones death. Hospice exists in the hope and belief that through appropriate care, and the promotion of a caring community sensitive to their needs, patients and their families may be free to attain a degree of mental and spiritual preparation for death that is satisfactory to them.”

— Standards of a Hospice Program of Care, National Hospice Organization, 1993, p. III

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Hospice Care versus Palliative Care

**Hospice Care**
- Specific type of palliative care; all hospice care is palliative.
- Goal is to prevent and relieve suffering and improve quality of life.
- Serves patients with a life expectancy of 6 months or less.
- Provided by an interdisciplinary team - specific composition required.
- Explicit regulatory requirements.

**Palliative Care**
- Not all palliative care is hospice care.
- Goal is to prevent and relieve suffering and improve quality of life.
- Serves patients with a serious diagnosis, regardless of life expectancy.
- Provided by an interdisciplinary team - composition varies.
- No particular regulatory requirements.

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Dimensions of Hospice Care

- Physical
- Psychological
- Social
- Spiritual

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The Continuum of Care & Hospice

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Hospice Utilization in the US


Total Hospice Patients Served by Year


Required Hospice Services

Hospice Interdisciplinary Team

- Physician
- Registered Nurse
- Social Worker
- Counselor
- Others:
  - Hospice Aide
  - Volunteer Coordinator
  - Pharmacist
  - Therapist
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#### Physician Services
- Patients have the right to choose their own attending physician
- Medical Director: MD or DO
  - Employee or by arrangement
  - Initial certification and recertification of terminal illness
  - Responsible for medical component of hospice’s patient care program
  - May serve in consultative role to attending physician or hospice staff

#### Nursing Services
- Delivered by or under the supervision of a registered nurse (RN)
- RN is responsible for care coordination and implementation of the patient’s plan of care
  - Monitor and assess the patient’s status
  - Administer treatments and medications
  - Provide patient and family education on pain and symptom management, treatments, etc.

#### Social Work Services
- Assesses the patient and family’s psychosocial needs
  - Adjustment to terminal illness
  - Coping mechanisms and strategies
  - Social/emotional factors
  - Family dynamics and support systems
  - Financial resources

#### Counseling Services
- Bereavement: Provided before death and up to 1 year following death
  - May be provided by IDG social worker or other qualified individual
- Dietary: Ensures dietary needs are met.
  - May be provided by a dietitian or other qualified professional (RN)
- Spiritual: Assesses the patient’s and family’s spiritual needs
  - Facilitate visits by local clergy and pastoral counselors
Levels of Hospice Care

• Routine Home Care
• Continuous Care
• Respite Care
• General Inpatient Care

Location of Hospice Care

• Routine & Continuous Care: Provided anywhere that the patient calls home
  – Private home, Apartment, Hospice residence, Assisting living, Skilled nursing facility (SNF), Nursing facility (NF), ICF/MR, Family member’s home, etc.
• Respite & General Inpatient: Provided directly by the hospice or under arrangement
  – Hospice inpatient facility or unit, Hospital, SNF, NF (respite only)

CMS Conditions of Participation (COPs): 418.52 Patient Rights

• The patient has the right to receive effective pain management and symptom control from the hospice for conditions related to the terminal illness (L512).

The Pharmacist’s Role in Pain & Symptom Relief

• Medication therapy is a major component used to achieve palliation of symptoms.
• Pharmacists are experts in the safe delivery of effective medication therapy.
418.54 Initial & Comprehensive Assessment

- Drug profile. A review of all of the patient’s prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes identification of:
  (i) Effectiveness of drug therapy
  (ii) Drug side effects
  (iii) Actual or potential drug interactions
  (iv) Duplicate drug therapy
  (v) Drug therapy that is currently associated with laboratory monitoring (L530).

418.56 IDG, Care Planning, & Coordination of Services

- The hospice plan of care must include the drugs and treatments necessary to meet the needs of the patient (L549).

The Pharmacist & the Drug Regimen Review

- Maintain drug profiles and review all medications for effectiveness and safety
- Alert IDG and other hospice staff of drug regimen review findings
- Recommend drug therapy adjustments based on treatment algorithms

The Pharmacist & the Plan of Care Review

- Participate in the review of the plan of care/IDG meetings.
- Ensure that the medications being provided by the hospice are on the plan of care.
Drugs and biologicals related to the palliation and management of the terminal illness and related conditions, must be provided by the hospice (L687).

The IDG must confer with an individual with education and training in drug management who is an employee of or under contract with the hospice to ensure that drugs and biologicals meet each patient’s needs (L688).

Pharmacist available for consultation regarding medications
- In-person, teleconference, fax, e-mail, etc.

Pharmacist available to explain drug choices to those providing patient care, the patient and family, etc.

Hospice residence: Pharmacy services must be provided under the direction of a qualified licensed pharmacist who is an employee of or under contract with the hospice (L689).
The Pharmacist as an Employee of the Hospice

• Hospice residences employ pharmacists directly or by arrangement.

• Pharmacy services must include:
  – Evaluation of a patient’s response to medication therapy
  – Identification of potential adverse drug reactions
  – Recommended appropriate corrective actions (L689).

Hospices may have a written arrangement with a pharmacy in order to provide needed drugs and biologicals.

418.106 Drugs & Biologicals, Medical Supplies, & DME

• The hospice must obtain drugs and biologicals from community or institutional pharmacists or stock drugs and biologicals itself.

• Inpatient facility: Must have written policies to promote dispensing accuracy and maintain accurate records of the receipt and disposition of all controlled drugs (L692).

Drugs must be labeled appropriately (L693).

• Must have written policies and procedures for the management and disposal of controlled drugs in the patient’s home (L694).

• Hospice residence:
  – Dispose of controlled drugs in compliance with policies and regulations (L698).
  – Store drugs and biologicals in secure areas (L699).
  – Pharmacist and administrator investigate discrepancies of controlled drugs immediately (L700).
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The Pharmacist’s Role with Hospice Drugs & Biologicals

- Ensure appropriate labeling and storage of drugs in accordance with professional standards and practice.
- Current standards/regulations on the disposal of controlled substances.
- Participate in the investigation of medication discrepancies.

Hospice Care in SNFs/NFs & ICF/MRs

- Hospice assumes responsibility for the appropriate course of hospice care (L766).
- The written agreement must specify how drugs and biologicals related to the terminal illness are available 24/7 (L769).
- Hospice must provide overall coordination of care and address how hospice staff communicate with facility staff (L778).

Opportunities for Pharmacists

- Evaluate the appropriateness of medication therapy and assist with the drug regimen review.
- Participate in the IDG and assist with the review of the plan of care.
- Provide consultative and support services to patients, families, and hospice staff.
- Facilitate the timely provision of medications for pain and symptom relief.
- Provide compounding services of nonstandard dosing forms.

Opportunities for Pharmacists

- Address patient’s financial concerns related to obtaining medications not covered by hospice.
- Assist the hospice in reducing drug costs.
- Ensure the safe, legal disposal of drugs.
- Hospice facility/residence pharmacy services.