

# *Hospice of Cincinnati*

## The Only Not-For-Profit Serving the Broader Community

### Who Qualifies

- Terminal dx with life expectancy of 6 months
- Multiple dx including CA, COPD, sepsis, ESHD, ESRD, Alzheimer's
- Medicare, Medicaid and most private insurances
- Little if any out-of-pocket cost for patient/family



### What We Offer

- Specialists in pain and symptom management
- Specific disease management pathways: end stage heart, lung and dementia
- All meds related to dx delivered to the patient's home
- All DME related to dx
- 24/7 Telephonic or in-home nursing care



### Why We're Different

- **4 In-Patient Care Centers**
- **Holistic Services** such as pet, massage, art and music therapies
- **The Goldstein Family Grief Center**
- **Not-For-Profit hospices** have 14% higher RN visits than FPs
- **Fernside—A Center for Grieving Children**



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### Goals of Care Conversations: When is it time to discuss Hospice Care?

The **“Surprise Question”** physicians should ask: *“Would I be surprised if this person died in the next 12 months?”* If the answer is “No,” then it is time to begin the hospice conversation.



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of Cincinnati*

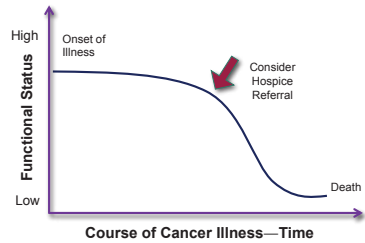
*Experience. Compassionate. Caring.<sup>SM</sup>*

**Referral Center 513-792-6900**  
Referral Fax Line 513-246-7122  
General Information 513-891-7700  
**HospiceOfCincinnati.org**

## Cancer Triggers

- Stage IV at time of dx
- Refuses aggressive treatment
- Can't walk unaided into MD office
- No significant response to 2-3 lines of chemo

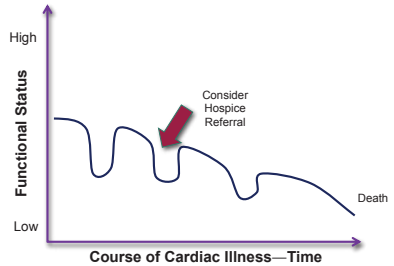
Onset of illness a few years, but decline usually < 2 months



## End Stage Heart Disease Triggers

- Optimally treated with heart medications
- Significant/recurrent symptoms at rest
- Disabling dyspnea at rest
- Has co-morbidities (renal insufficiency, pulmonary edema, dementia)
- Hospitalized 2x in 6 months
- Self care becomes difficult

Onset of illness 2-5 years, but decline seems 'sudden'



## End Stage Pulmonary Disease Triggers

- Oxygen dependent
- Recurrent severe exacerbations requiring hospitalization
- Decreased functional status
- Weight loss
- Co-morbidities—lung CA, stroke, heart disease, dementia
- Hospitalized 2x in 6 months

Course of illness is variable depending on severity



Course of illness for pulmonary disease is like a skipping stone across water. Lower and lower functional status with hospitalizations/crisis closer and closer together as EOL nears.

## End Stage Dementia Triggers

- Absent or severely limited ambulation
- Absent or severely limited speech
- Cannot dress, bathe or sit up without assistance
- Loss of ability to smile
- Cannot hold up head independently
- Incontinent of urine and stool
- Significant decline in oral intake

Course of illness variable but long; often 6-8 years

