

## Hospice Length-of-Stay Benefits

**Optimum time for hospice to benefit patients and families is 6 months**, dependent upon the primary illness that is causing the patient decline.

**Current average of hospice stay is 55 days** and has been declining.

### Consequences of shorter stays:

1. **Personal adjustment time to accept that end of life is more imminent is shortened** for patients and families to change goals of care from cure/aggressive treatment to symptom management and comfort care
2. **Preparation for end-of-life needs is compressed:** funeral arrangements, legal matters (wills, estate settlement issues/concerns, family issue/s resolution or reconciliation
3. **Peace internally and communally for patient and important others is less likely to be achieved, enjoyed and/or maintained**

### Benefits of more appropriate lengths of hospice stay:

1. **Time is available to help prepare patients and families** for the physical changes, medication needs, DME needs required for terminal decline

2. **Time is given for reflection** of one's life (or loved one's life), past and current goals and reconciliation of reality with hopes
3. **Time is available to have increased enjoyment and leave life legacies** to loved ones from this sacred time of anyone's life journey

### Six key clinical indicators that indicate need for hospice referral in chronically ill patients:

1. **10% loss of weight in the past 6 months** (or 5% in the last 3 months) or rapid loss of weight in the past month
2. **Pneumonia recurrent > once in the past year**
3. **Upper UTI/pyelonephritis recurrent > once in the past year**
4. **Truncal or several peripheral decubitus ulcer(s) stage III or IV** or non-healing truncal stage II decubiti
5. **Sepsis/fever recurrent > once in the past year**
6. **Persistent hypotension <100 systolic, worsening hypoxia <89% on RA, or tachycardia >100/min**

*Thank you for reading Physician Matters. Please let us know how we can help answer your questions about hospice care and the benefits to your patients. We may print your question in a future issue.*



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