








MedStar Health

It's how we **treat people.**

Hospice of St. Mary's

Advance Care Planning

Form	Timeline		Signatures	Content
Financial Power of Attorney (POA)	While patient is living		Requires legal assistance	Identifies who can make financial decisions when you are no longer able.
Advance Directive and Healthcare Power of Attorney	Planning for future care		Patient and two witnesses	Identifies who can make healthcare decisions when you are no longer able. Document future health care plans.
MOLST	Right now decisions		Provider	Set of medical orders that defines interventions the patient wants to receive or avoid NOW.
Disposition of body	At time of death		Patient and two witnesses	Who handles end of life arrangements; this is extremely important when you desire cremation services or body donation. NOT automatically covered by POA documents.
Will and executor of estate/personal representative	After end of life		Requires legal assistance	Who handles your affairs after you pass away.



Advance Care Planning

It takes two! *Five wishes or Advance Directive* + **MOLST**

Why should you take the time?

Minutes now

- Advance directive
- Healthcare agent documented

or

Hours later

You will need all of these to make decisions or change a patient's direction of care:

- Documentation for incapacity by two providers
- Documentation of Medical Ineffectiveness
- All surrogate decision makers must be contacted and align



If I don't plan, who decides for me?*



All individuals of the same class have EQUAL decision-making authority and must decide unanimously.

(*Source: Maryland Healthcare Decisions Act)



Advance Care Planning: True/False

Advance Directives are only needed if you are at end of life.

False

Advance Directives are for all adults, of any health, over the age of 18. Advance Directives document directions for future care.

MOLST and Advance Directive forms are the same.

False

Advance Directives are for all adults as they think about their future. MOLST forms are for all adults with a significant diagnosis.

MOLST forms must be signed by a medical provider.

True

A MOLST form is completed with the patient/surrogate and the doctor, physicians' assistant, or nurse practitioner.

An attorney is required for all advance care planning.

False

Advance Directives require witnesses, but not an attorney or notary in Maryland.

With no Healthcare Power of Attorney in place, decisions default to your closest relative.

False

Health care decisions have a defined surrogate hierarchy to follow and all individuals of the same level must agree.

The right to decide funeral arrangements is automatically included in your Health Care Power of Attorney.

False

Disposition of Body is not automatically included in Power of Attorney documents or a will.

Specific documentation may be needed for body donation or cremation.

True

Body donation and direct cremation services often require pre-planning.

An Executor/Personal Representative and Power of Attorney are the same.

False

A Power of Attorney's authority expires upon a person's death. Executor/Personal Representative needs to be identified separately.

Why hospice?

- All services provided where the patient resides
- Focus on quality and comfort
- Fully covered by Medicare/Medicaid and most private insurance companies

Medicare and insurance will determine eligibility. Pediatric patients and some insurance policies allow for hospice and concurrent treatment.

Hospice of St. Mary's is a non-profit organization that provides care regardless of ability to pay. Hospice does not provide 24-hour, in-home, private caregiving services.

Did you know Hospice of St. Mary's:

- Pays for medications
- Provides medical equipment free of charge
- Has a nurse available 24/7 for support and visits
- Offers an aide for personal care
- Includes social work, chaplain, and volunteer support
- Has a residential Hospice House
- Offers grief support to all community members



Help starts with a call.

Our families say they wish they called sooner and knew what support was available.

Call **301-994-3023** for more information.



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Hospice: True/False

Only a doctor can refer a patient to hospice.	False	A provider, patient or family member can make a referral to hospice .
Hospice patients are all non responsive and imminently dying.	False	Patients with a life expectancy of six months or less are eligible for hospice; patients can remain on services as long as they are eligible.
Taking pain medications like morphine will hasten death.	False	Studies have found that patients live on average 29 days longer when symptoms are managed.
You can continue taking current medications while under hospice care.	True	Hospice does not require a patient to stop all medications.
Hospice patients are not allowed to eat.	False	Hospice encourages food for pleasure. Appetite often decreases as patients approach end of life.
Hospice provides full time caregivers.	False	Family remains as the primary caregivers. Hospice provides a team of support and education.
Hospice is covered by insurance.	True	Medicare, and most private insurance companies, cover hospice services at no cost

Introducing Hospice to Patients

3 Main Takeaways

1. Hospice involves a team approach to care
2. Care is focused on the patients and families' goals
3. Covered by insurance, typically at no cost to patient and family

Why it's hard

- Misconception hospice is only for final days of life
- Feeling that hospice is “giving up”
- Conversations are “upsetting” or “giving up hope”
- Better to wait until it's “needed”

Try this instead

- Hospice services is about shifting focus from treating a disease to **treating a person**
- Focusing on comfort is really **taking control**
- Patients and families can have support for **many months**
- Conversations can help ensure a patient's **wishes are honored**
- Having conversations helps **avoid family conflict**



Continuum of Care



**Open access hospice services available through some private insurance*

Hospice & Palliative Care in St. Mary's County

	Hospice Wrap-around benefit where comfort is the goal	Palliative Care Supportive, intermittent visits during curative treatment
Focus of care	Care and comfort Symptom management	Support care & goals of care
Start of care	After curative treatment has stopped	Begins at diagnosis, in parallel with treatment
Insurance	Standard insurance benefit covered by Medicare, Medicaid, and most private insurance companies	Billed like a physician visit to insurance
Cost	No one is turned away for inability to pay	Physician visit co-pay
On call nurse and provider available 24/7	Yes	No
Curative treatment	No, only by exception	Yes, offered in parallel
Location of care	Any patient setting admission	Currently only at hospital
Medication coverage	All medications related to comfort and terminal diagnosis are 100% covered	Billed to insurance, copays apply
Medical equipment and supplies	Provided: No authorization needed	Must meet qualifications to achieve
Care team aid, bereavement and volunteers	Physician, NP, RN, social work, chaplain,	Provider and social worker
24-Hour caregivers	Not provided	Not provided
Primary physician involved in care	✓	✓

Making a referral to hospice.

Information needed for referral

- Patient's name and date of birth
- Last History & Physical to include documentation of patient's decline
- Face sheet
- Referring diagnosis
- Recent lab work and scan results
- Contact information for patient/family
- MOLST and Advance Directive
- Medication list
- Primary physician name and contact info
- If patient currently on home health

Things we need to know

- Is patient a resident of St. Mary's County?
- Is patient alert and oriented? If not, does patient have Advance Directive?
- Is patient aware of prognosis and referral?

Please call to notify hospice team of referral placed.

Contact Hospice of St. Mary's

Intake RN is staffed Monday through Friday from 8 a.m. to 4:30 p.m. Any referral received after hours will be addressed the next business day.

Call 301-994-3023 or fax referrals to 301-994-3318.

What happens after referral?



Review eligibility



Hospice of St. Mary's contacts the patient and family

Referring provider notified



Initial visit—evaluation or admission

If enrolled, primary provider has the option to remain as the attending physician

Referring provider notified



Admission takes time.

Families say they wish they had enrolled sooner.

Contact Hospice of St. Mary's

Call 301-994-3023 or fax referrals to 301-994-3318.

Thank you

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