



END OF LIFE CARE IN THE RURAL PACE SETTING

Presented by:
Dr. James Hammett
and
Kimberly Conrad, RN

End of Life Care in the Rural PACE Setting

- CASE PRESENTATION; Arty is a 56 year old man with end stage renal failure (stage V) who has steadfastly refused to consider dialysis. He lives at home with his wife Dina who is illiterate and has mild MR.
- Other diagnoses include COPD, Diabetes Type II with tertiary complications of retinopathy, nephropathy, cardiomyopathy, neuropathy and cerebropathy (dementia). These are but a few of his problems.

Background Information

- In early November he became bedfast and could no longer come to the center. I made a home call and identified that he had a new onset ischemic leg with early gangrenous changes.
- I discussed with his wife and her friend that all appearances were that Arty appeared to have multi-system shut down and that they should prepare themselves for him to deteriorate and most likely not regain ambulation or even be out of bed from this point forward.

Continuation

- The Team at the LIFE program discussed the case and authorized skilled nursing services to enter the home and begin a Hospice level of care.
- As a PACE/LIFE program essentially provides all of the other elements of a Hospice program the skilled nurse involvement was the missing link.
- At that point we also stepped up in home support (IHS) and also provided the participant with an updated bed and other bedside care equipment.

Continuation

- His medication list was reviewed and a comfort pack was dispensed which contains liquid concentrated morphine, phenergan, haldol, lorazepam and atropine drops. Non essential, non comfort producing medications were discontinued. Other staff such as social services and the chaplain also increased their in home visiting.
- Arty expired 10 days later at home with his family at his bedside.

End of Life Care in the Rural PACE Setting- RECAP

- In a LIFE / PACE program the care provided in the months preceding the addition of the skilled Hospice nurse would still resemble Hospice level of care as we provide IHS, DME, Chaplain as well as Adult Day Care.
- The specifically trained Hospice RN was helpful in setting the tone of the bedside care as well as providing an additional professional to do clinical assessment.
- Arty's decline was fairly rapid as he was attending the center within 2 weeks of his passing. In this case it was his wish to attend the center as long as possible and he was fully aware of his terminal status.
- He had protected his wife from the gravity of his illness for a long time. Our team had been advising her regarding the severity of his disease as well as the ramifications of refusing dialysis. The skilled nurse intervention into their home was pivotal in preparing her for his passing.

End of Life Care In The Rural PACE Setting

- Summary:
 - Each case is unique and presents with challenges.
 - Ramping up available services within the PACE program early on is a result of perceptive Team work and good communication.
 - Involving contracted specialty services (Hospice RN) with the right timing can be crucial.