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The Implementation of Comfort Medication Kits in Hospice Patients' Homes to Reduce Hospice Revocations

Brandi J. Parker
Jacksonville State University, jsu6787j@stu.jsu.edu

The Implementation of Comfort Medication Kits in Hospice Patients' Homes to Reduce Hospice Revocations

A DNP Project Submitted to the

Graduate Faculty

of Jacksonville State University

in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Nursing Practice

By

Brandi J. Parker

Jacksonville, Alabama

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Brandi J. Parker August 2, 2024

Abstract

Background: When hospice patients experience a symptomatic crisis at the end of life, unmanaged symptoms can lead to unwanted hospitalizations and the revocation of their hospice benefits. Strategies to reduce the incidents of hospice revocation are needed to improve patient care and quality of life.

Purpose: The quality improvement project aimed to reduce hospice revocation rates by implementing comfort medication kits in eligible hospice patients' homes.

Methods: The project's intervention included identifying patients at high risk for revocation, patients with a cancer diagnosis, and patients with a prognosis of two weeks or less. Comfort medication kits were placed in the home. Data regarding patients who qualified for comfort medication kits was tracked over eight weeks.

Results: Fifty-six hospice patients qualified for the home medication kits. There was a statistically significant decrease in revocation rates for patients with comfort medication kits placed in their homes ($p = 0.041$). The revocation rate of the qualifying patient group was 8%. The overall agency revocation rate decreased to 20% versus a prior annual revocation rate of 29% in 2023.

Conclusion: The implementation of comfort medication kits in hospice patients' homes positively impacts the reduction of hospice revocations.

Keywords*: hospice, end-of-life, symptom management, comfort medication kit*

Acknowledgments

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I would like to thank Dr. Jason Junkins for his insight, knowledge, and dedication to supporting my project. Your positive guidance has encouraged me through this project. Thank you for fostering an environment where I could grow academically and professionally. Additionally, I would like to thank Michelle Harden for consistently inspiring me in hospice and palliative care. You are one of the reasons I am here today- thank you for believing in me. I would also like to thank my mentor, Amanda Clement, for her direction and positive input towards my project.

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The Implementation of Comfort Medication Kits in Hospice Patients' Homes to Reduce Hospice Revocations

Hospice care is often revoked when a patient experiences a symptomatic crisis that cannot be managed in the home. Hospice revocations lead to an interruption of hospice care for the patient and caregiver. If symptomatic crises occur for these patients without home-based interventions, unwanted hospital admissions and hospice discharges occur (Tatokoro, 2019). Early intervention to prevent hospice revocations plays an intricate role in managing healthcare finances. The average cost of an emergency room (ER) visit for a hospice patient is $2032.00, not including transportation (Parker, 2019). Significant cost savings can be achieved by proactively implementing medications to alleviate symptoms in the home. A standard comfort medication kit costs between $30.00 and $40.00 per kit (Good Rx, 2024).

Emergency medication kits facilitate timely symptom alleviation and reduce avoidable healthcare expenses (Tatokoro, 2019). Lack of adequate home symptom management medications may increase re-hospitalizations, decrease the quality of patient care, and contribute to rising healthcare costs (Phongtankuel et al., 2018). This student's current organization aims to improve the quality of life of hospice patients with an individualized experience for the patients and caregivers while also providing cost-effective care.

Background

Identifying national, state, and local trends for hospice discharges and, more specifically, revocations is essential. According to a 2022 National Hospice and Palliative Care Organization (NHPCO) report, the national average live discharge rate was 15.4%, and the national average revocation rate was 5.7% (NHPCO, 2022). The Centers for Medicare and Medicaid Services (CMS) reported an average rate of 6.7% for 2019 through 2021 (CMS, 2023b). The

organization's revocation rate for 2022 was 25%, and it increased to 29% in 2023. The most recent CMS (2023a) data shows that 84% of patient families stated the hospice team gave the patient as much help as needed for symptom management and support, while the national average was 74% and the state average was 80%.

Analysis of current trends in the organization occurred between January 1, 2023, and March 31, 2023. Collected data revealed that 78% of the patients who had either their hospice benefits revoked or transferred to an inpatient facility did not have any emergency comfort medication kits in the home. Only four patients who had their care revoked had comfort medications in the home upon discharge. The 14 remaining patients who initiated discharge from hospice services experienced admissions into a hospital or other facility for symptom management between January 1, 2023, and March 31, 2023.

Problem Identification

Based on the organization's internal audits performed by the quality team and the DNP student, there is likely a correlation between unwanted hospice discharges and a lack of a protocol for placing medications commonly found in emergency comfort medication kits in the home. These medications include an opioid for pain and dyspnea, a benzodiazepine for anxiety and agitation, an antipsychotic such as haloperidol for agitation and nausea, and an anticholinergic for terminal secretions. A key finding occurred: fourteen of the 18 revocations from hospice services from January 1, 2023, through March 31, 2023, went to the emergency room and were admitted for symptom management. Out of 18 hospice patients who revoked their hospice services, only four of these had the medications needed to manage uncontrolled symptoms at the end of life (EOL).

Problem Statement and PICOT Question

Standard hospice comfort medications usually include morphine concentrate for dyspnea and pain, diazepam or lorazepam for anxiety and agitation, haloperidol for nausea, vomiting, and terminal restlessness, and hyoscyamine for terminal secretions. Hospice agency revocation rates remain increased as patients who do not have comfort medications in their homes have revoked to seek symptom management. The DNP project PICOT question is, "Over an eight-week time frame, would adding comfort medication kits in hospice patients' homes show a reduction in revocation rates compared to patients with no comfort medication kits?"

Review of Literature

CINAHL, ProQuest, and PubMed databases were accessed using the keywords hospice, comfort medications, hospice discharges, revocations, quality of life, and EOL care. Twenty-six sources were identified using delimiters of "and/or" and articles dated no greater than five years at the start of the literature research. Upon searching for relevant and supportive data, several themes emerged: unnecessary hospice revocations and unwanted hospital admission occurrences, hospice patients' quality of life evaluations, the utilization of comfort medication kits, and adequate symptom management of the hospice patient.

Hospice Quality of Life

Palliative and hospice care has been associated with reduced emergency room and re-hospitalizations, improving quality of life (Quinn et al., 2020). Adequate medication for symptom management, treatment side effects, new onset of symptoms, healthcare professionals' attitudes, influence of hospice care, and care and support at home were all emerging themes that impact the patient and family quality of life and EOL experiences (Greenfield et al., 2020).

In the systematic review and meta-analysis by Quinn et al. (2020), 28 randomized clinical trials of patients with primarily non-cancer illness who received hospice and palliative support experienced less acute healthcare use and modestly lower symptom burden. Greenfield et al. (2020), Oldland et al. (2019), and Pivodic et al. (2018) identified that higher quality of life was associated with education, location, age, hospice patient length of stay greater than 365 days, functional status, absence of dementia, and death in the place considered the resident's home. Researchers identified that increased support at the EOL results in a higher quality of life at home and in a skilled nursing facility (Pivodic et al., 2018).

Comfort Medication Utilization

Commonly prescribed drugs at EOL are opioids, haloperidol, benzodiazepines, scopolamine, senna, acetaminophen, anti-emetics, and dexamethasone (Masman et al., 2015). Additionally, Gerlach et al. (2021) noted in a cross-sectional analysis of Medicare hospice beneficiaries that the most common psychotropic classes prescribed were benzodiazepines (60.6%), antipsychotics (38.3%), antidepressants (18.4%), and antiepileptics (10.2%). Clear communication facilitates the use of comfort medication kits in hospice patients' homes (Staats et al., 2018). However, they also concluded that education, communication, and a team approach are necessary for medication management at the EOL.

Symptom Management

Regular usage of comfort-related medications to manage the symptoms of hospice patients is essential for adequate symptom management in the hospice setting (Gerlach et al., 2021). Pain, breathlessness, and fatigue are some of the most challenging symptoms for patients with advanced disease (Chapman et al., 2022). Standard comfort medications should manage symptoms often experienced at the EOL; this includes pain, dyspnea, nausea, and vomiting

(Henson et al., 2020). Identified symptoms often experienced at end of life, including pain, dyspnea, fatigue, nausea, and vomiting (Chapman et al., 2022; Gerlach et al., 2021; Greenfield et al., 2020; Henson et al., 2020; Ingle et al., 2022).

Summary of Research Findings

Populations identified at a higher risk for unwanted hospice discharges had a particular focus on the need for intervention-based care to prevent unwanted hospice discharges (Phongtankuel et al.,2017; Warraich et al. 2018; Wladkowski and Wallace, 2022). Uncontrolled symptoms were identified as a reason for hospitalization (n = 34, 34%) by DeAngelis and Felton Lowery (2021). Researchers recognized that constraints such as increasing disability, symptom relief, and caregiver burden may lead to unwanted hospitalizations as illness progresses (Russell et al., 2017).

Systematic assessment, attention, and further research on symptom management are vital to improving hospice and palliative care patients' quality of care (Heijltjes et al., 2023). Decreased symptom management increases the risk of hospice discharge (Phongtankuel et al., 2017). Furthermore, comfort medication utilization provides a pathway for symptom management of the hospice patient at the EOL (Leigh et al., 2011).

There were limitations within this literature review. The age groups discussed in the literature were primarily the adult hospice and palliative care populations. Study sample sizes also varied drastically. For example, Leigh et al. (2011) examined 16 hospice agencies in the Birmingham, Alabama (AL) area. Gerlach et al. (2021) examined a much larger sample: 20% of Medicare beneficiaries older than 65 years of age over two years. The literature review supports symptom management, appropriate medication management, focus on quality of life, and a holistic care approach are necessary for quality patient care at the EOL.

Theoretical Framework

Jean Watson's human caring theory benefits healthcare systems by improving patient outcomes and quality of care (Alharbi & Baker, 2020). Jean Watson's human caring theory provides the theoretical framework for the DNP project. Margaret Costello (2018) discussed how Watson's theory of human caring and the Caritas Processes provide a framework for practices often used in EOL care. One of the 10 processes discussed in Costello's research includes creating a healing environment at all levels (Costello, 2018). Healing in hospice means providing appropriate symptom management. Implementing comfort medication kits in hospice patients' homes will assist the hospice nurse in managing symptoms more urgently and adequately at the EOL (Portz et al., 2020).

EOL decision-making is the lived experience by which individuals or families decide about the care they will receive before death; Watson's work acknowledges the nurse's and individual's subjective experience (Murali, 2020). Jean Watson's caring theory supports the holistic care practiced in hospice (Nelson, 2018).

Furthermore, reducing care interruptions and providing symptom management fosters trust. Jean Watson's theory supports relationships, communication, and trust between the healthcare provider and the hospice patient (Norman et al., 2016). Despite growth in palliative care, more theory-based frameworks on caring, relationships, and holistic approaches, such as those used in Watson's theory, are essential for improving quality in the home hospice setting (Ingle et al., 2022).

Quality Improvement Methodology

The proposed DNP project used the Plan-Do-Study-Act (PDSA) model. The Plan-Do-Study-Act (PDSA) cycle is a commonly used improvement process in healthcare settings (Coury

et al., 2017). The Plan-Do-Study-Act (PDSA) method is a way to test implemented changes for efficacy (Agency for Healthcare Research and Quality [AHRQ], 2020).

First, the planning phase of the PDSA cycle included identifying the population, timeframe, and process in which the DNP project was implemented (AHRQ, 2020). During the planning phase, the "who," "what," "when," and "where" portions of the DNP project were identified (Institute for Healthcare Improvement [IHI], 2023). The planning phase also included the DNP student gaining project approval from the educational Institutional Review Board (see Appendix A) and completing the protection of human subjects training (see Appendix B). Next, the *do* part of the PDSA cycle included the actual implementation of the DNP project and the carrying out of the interventions (IHI, 2023).

The *study* step of the PDSA cycle included analyzing the results and comparing them to the predictions established during the planning process (IHI, 2023). The *act* phase of the process allows the organization to create a plan for sustainability.

Project Design

The planning phase included identifying potential home hospice patients for DNP project enrollment. Additionally, extensive but time-efficient classes were presented to the hospice team after the interdisciplinary team (IDT) meetings up to one month before implementing the project.

The DNP student worked with the quality assurance (QA) team and administration to track active hospice patients, patient revocations, and hospice patients' active home medications. Patients at high risk for revocation, patients with a prognosis of two weeks or fewer, and patients with a diagnosis of cancer were identified and tracked for comfort medication implementation. The standard comfort medication kit included an opioid for dyspnea and pain, haloperidol for terminal agitation and nausea and vomiting, a benzodiazepine for terminal agitation, and

hyoscyamine for terminal secretions. The DNP student tracked all data in a spreadsheet within the agency's secure network.

Project Results and Evaluation

The DNP project results revealed a significant decrease in revocation rates for hospice patients who received comfort medication kits in their homes. Ninety-five hospice patients were evaluated to determine if they met the criteria for the home comfort medication kits. Fifty-six of these patients met the qualification for comfort medication. Hospice revocation rates were tracked for these patients. The revocation rate was 8 % for the patients who received the comfort medication kits. Nine qualifying patients refused to participate in the comfort medication kit implementation. Three of these patients who refused comfort medication kit implementation had a revocation rate of 100%. The agency saw an overall reduction in revocation rates from a pre-implementation revocation rate of 29% to a decreased post-implementation rate of 20%.

The independent variable was the implementation of comfort medication kits, while the dependent variable was the revocation rates of hospice services. Quantitative data collected during this project included the number of qualifying patients who receive emergency medication kits, hospice deaths and revocations, and patients who remain on services. A paired t-test measured statistical significance. The sample size was $n=56$, and the p-value was 0.041, indicating that the chance of a type I error is small, and the test priori power is strong at 0.9537.

Limitations to the project include patients who met the criteria for the comfort medication kit criteria but refused to participate and families and caregivers who refused to implement the kit. Another limitation was the non-hospice affiliated primary provider's refusal to order a comfort medication kit.

Conclusion

Overall, proactive treatment of symptoms by implementing comfort medication kits in hospice patients' homes can significantly impact the patient's and family's experiences at the EOL. Anticipatory planning for symptom management allows the hospice team to bring the appropriate level of care to the patient in the comfort of their home. Comfort medication kit implementation brings exceptional levels of patient care into their homes where they can feel most comfortable. In addition to decreasing agency revocation rates, this intervention provides cost-effective symptom management while incorporating the patient and family into the care team as equal partners in honoring the patients' wishes at EOL.

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Appendix A

JSU IRB Approval Letter

Institutional Review Board for the Protection of Human Subjects in Research
203 Angle Hall
700 Pelham Road North
Jacksonville, AL 36265-1602

November 14, 2023

Brandi Parker
Jacksonville State University
Jacksonville, AL 36265

Dear Brandi:

Your protocol for the project titled "The Implementation of Comfort Medication Kits in Hospice Patients' Homes to Reduce Hospice Revocations" protocol number 11142023-01, has been approved by the JSU Institutional Review Board for the Protection of Human Subjects in Research (IRB).

If your research deviates from that listed in the protocol, please notify me immediately. One year from the date of this approval letter, please send me a progress report of your research project.

Best wishes for a successful research project.

Sincerely,

Sarah Donley
Human Protections Administrator, Institutional Review Board

Appendix B

CITI Training

CITI PROGRAM

Completion Date 20-Aug-2023
Expiration Date 20-Aug-2026
Record ID 57387354

This is to certify that:

Brandi Parker

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Social and Behavioral Responsible Conduct of Research
(Curriculum Group)
Social and Behavioral Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Jacksonville State University

CITI
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Fort Lauderdale, FL 33301 US
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