Continuous Care: A Home Hospice Benefit

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Hospice professionals are aware of the difficult transition that occurs when patients and their loved ones arrive at the end stages of metastatic cancer and desire to reach the end of life in their home. However, the actual practice of caring for someone who is dying at home requires specific skills and support from those trained in end-of-life care.

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Digital Object Identifier: 10.1188/13.CJON.19-20

Continuous care is a short-term benefit provided during periods of acute medical crisis when patients require symptom management and caregiver education and support, or if caregiver breakdown occurs, which may precipitate a period of crisis. A combination of RN, LPN, and home health aide (HHA) services are placed in the home for 8–24 hours per day, allowing patients to remain at home as acute symptoms require more frequent managing or monitoring to achieve palliation. Those services can be provided in the home or skilled nursing facility settings (Centers for Medicare and Medicaid Services, 2005).

Case Study

R.G. was a 64-year-old woman with breast cancer with metastases to the lung, bone, liver, and, most recently, brain. Her initial cancer diagnosis was five years prior to her hospice admission. She was discharged from a cancer treatment center after an admission for increased CO₂ levels where she was treated in the intensive care unit for five days. During that admission, positron-emission tomography scans revealed brain metastases. The patient and family were aware that death was imminent and wanted a home setting for the end of life. Discharge planners initiated a home hospice referral and arranged for the family and caregiver to be supported by the component of the hospice benefit known as continuous or crisis care. R.G. would be home with her husband, who was an overwhelmed healthcare professional, and her three young adult children aged 18–32 years. It was determined that her family required education on end-of-life care and emotional support.

Continuous care is initiated. They are trained to monitor for pain, shortness of breath, signs and symptoms of distress in the patient, as well as signs of caregiver fatigue and breakdown in the household. In addition, HHAs instruct caregivers in areas of personal care, turning and positioning for comfort, and skin care. Therapeutic touch is a nonpharmacologic intervention for management of pain and anxiety that HHAs may employ at times. All of that is done in collaboration with the interdisciplinary team that reports findings to the RN who then coordinates the episode of care.

A caregiver expressing concern and fear when administering medications such as morphine and atropine, which often are used at the end of life, is not uncommon. Therefore, LPNs provide a valuable service to patients and families when giving proper instructions regarding purpose, side effects, and methods of administration.