

Best Practices in ALF Hospice Care Discussed in New Mexico

Issues related to the level of care provided by hospice agencies in assisted living facilities, coordination among agency and facility staff, and staffing ratios for hospice-assisted living residents are among the topics being discussed by a recently formed New Mexico task force on hospice care in residential care facilities.

The task force, which meets monthly, plans to release “best practice” guidelines for hospice and assisted living providers when it completes its work, says Suzette Lindemuth, president of the state’s Assisted Living Services Organization (ALSO), the leading association of assisted living providers in New Mexico.

Hospice agencies services are an “increasingly...valuable resource” for assisted living facilities in New Mexico, participants at the first task force meeting, held Aug. 12, agreed. Still, as the popularity of hospice services within assisted living facilities has increased, so have “concerns regarding the provision of hospice services in licensed facilities,” according to the minutes of the task force’s Aug. 12 meeting.

Among those concerns:

- Educating assisted living providers “about the benefits of hospice and when to discuss with the resident and family the concept of hospice.” The 11-member task force agreed that the “initial recommendations to consider hospice should be initiated by the assisted living program, who should be aware of significant changes in a residents health.”
- Clarifying who does what. “Concerns over staffing ratios, state regulations with regard to provision of care, the issue of hospice staff ‘replacing’ assisted living staff, lack of understanding of what can be expected by the hospice staff, [and] the ability of the staff to meet the level of care needed” are high on task force’s priority list.
- Medication management. Training and education needs to take place to ensure an “understanding of regulations that impact the assisted living program’s procedures and how [hospice] agencies can support the [assisted living] staff with this process.”
- Individual service plans. The task force will develop recommendations related to the need to document changes in resident care.
- Medicare and Medicaid. The group hopes “to clarify ... understanding [about] the daily per diem rate and how that affects delivery of services.”

Another key issue: “Ensuring that consumers understand at admission to an adult residential facility how changes in level of care can trigger rate increases and potential discharge from a facility if the level of care exceeds the ability of the program.”

The task force plans to publicize its findings and recommendations through the Web, phone conferences, and training provided by the state assisted living and hospice associations. ■

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