

What is coordinated aid-in-dying hospice care?

It's not about the prescription; it's about the care. It's patient-centered care that honors autonomy and ensures that patients considering or completing medical aid in dying receive high-quality care, regardless of where they get their aid-in-dying prescription or how they die. It demonstrates that a hospice agency's nurses, social workers, and spiritual care providers are trained and equipped to care for these patients competently. They can fluently identify and guide interested patients and collaborate effectively with prescribing doctors. They have the knowledge and skills to monitor, prepare, and provide expert end-of-life care to patients eligible for aid-in-dying, no matter where they get their prescription or how they die.

Why does coordinated aid-in-dying care matter, and what advantages can it offer hospices?

Good aid-in-dying care is good patient-centered care that patients and families value.

- Patient-centered care revolves around honoring patient autonomy, and patients want options.
- Patients will come onto your service with their prescription already in hand, hoping your team will know how to guide and support them.
- Patients and families need reassurance that your team is trained to deliver expert care, regardless of how they die.
- Discharge planners, providers, and other referral sources recognize when hospice teams are trained and can provide high-quality care to these patients.

Help your patients have a peaceful end-of-life process they desire, while minimizing the risks of adverse outcomes.

- Families who are well supported and experience the peaceful death of a loved one are often very grateful for the good care they received and tend to give higher scores on the Consumer Assessment of Healthcare Providers and Systems Hospice Survey.
- Good, attentive care decreases the risk of complex grief for these families.
- Providing attentive, coordinated aid-in-dying care helps identify and reduce risks associated with poor outcomes.

The risks are low.

- Our legal advisors regularly review literature and materials and have not found any documented malpractice cases related to providing aid-in-dying care.

Integrating patients considering aid-in-dying into your census may enhance revenue.

- Aid-in-dying patients' trajectories and deaths become more predictable, allowing for more consistent scheduling of daily end-of-life visits and Service Intensity Add-on (SIA) payments during the last 7 days of life.
- Enhance return on investment and potentiate patient length of stay by reducing their sense of urgency and admitting them earlier in their course, once they realize that you can and will support them, regardless of how they die.

Ensure staff retention, reduce stress, and burnout.

- Help your clinical staff feel more confident, less hesitant, and generally safer in their jobs by providing comprehensive, policy-aligned aid-in-dying training.
- Prevent staff burnout and stress by updating workflows and ensuring tasks are well-distributed.

How can the Academy of Aid-in-Dying Medicine help?

We can work with your teams, from front-line staff to leadership, to optimize your care:

- Review and update policies and procedures.
- Refresh your online presence and patient-facing materials with customized value-based language.
- Develop efficient workflows.
- Assess and provide customized staff training that can be captured and used for a year following the in-service.
- Provide attentive follow-up availability for a year.