

What is coordinated aid-in-dying hospice care?

It's not about the prescription; it's about the care. Coordinated aid-in-dying hospice care ensures that patients considering or completing medical aid in dying receive seamless, high-quality support, regardless of how they die or where their prescription originates. We can help train your nurses and social workers to collaborate with prescribing doctors and to monitor, prepare, and deliver expert end-of-life care to aid-in-dying-eligible patients, no matter where their prescription comes from or which path they choose.

Why work with us on improving your hospice's aid-in-dying care?

Good aid-in-dying care is good patient-centered care that many patients want.

- Patient-centered care revolves around honoring patient autonomy, and patients want options.
- Many will come onto service with their prescription 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, communities, and other referral sources will recognize that your teams are trained and capable of effectively caring for these patients.

Help your aid-in-dying patients have a peaceful end-of-life process 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, collaborative aid-in-dying care helps identify and reduce risks associated with poor outcomes, such as prolonged deaths or unexpected procedural difficulties.

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.
- Potentiate ROI and improve LOS at 7+ days by decreasing patient urgency and admitting them earlier in their course, once they recognize that you can and will support them, no matter 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 cumbersome workflows and ensuring tasks are well-distributed.

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.

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.
- Provide attentive follow-up availability for a year.