

Palliative Care Program

From the Trusted Professionals at McLean Home Care & Hospice

Let our Palliative Care professionals help you support your patients who are suffering from serious chronic or life-limiting illnesses.

Our Palliative Program helps seriously ill patients to live better with their disease. Families often say, *"If only we had known about McLean Home Care and Hospice sooner."*

McLean's Palliative Care Program Focus: *Comfort and Quality of Life*

- Expert management of pain and other symptoms to achieve comfort and preserve function
- Close communication and coordination of care with physicians
- Education and/or consultation for patients and caregivers
- Guidance with difficult and complex treatment choices
- Risk reduction for emergencies and hospital admissions
- Smooth transition to hospice care when chronically ill patients become terminally ill

McLean Home Care Palliative Program

- Medicare requires that patient needs skilled care of nurse and/or therapist and is homebound – leaves home infrequently except for medical reasons
- Our multidisciplinary team of skilled professionals who visit the patient at home may include: RNs, therapists (Physical Therapists, Occupational Therapists, Speech Therapists), Licensed Medical Social Workers, and Home Health Aides
- The primary care physician directs our plan of care

McLean Hospice Palliative Program for the Terminally Ill with Prognosis of Six Months or Less

- Interdisciplinary teams visit any care setting: At home, assisted living and nursing facilities
- Experienced hospice professionals: Certified Hospice Palliative Care Nurses, Licensed Medical Social Workers, Spiritual Counselors, Hospice-Trained Home Health Aides
- Volunteers with many talents and time dedicated to our patients and families
- Hospice Medical Director Dr. Kevin Baran oversees all care plans and certifications
- Primary care physician may direct our plan of care or choose Hospice Medical Director
- Medicare requires a physician's certification of terminal illness
- Medicare does *not* require patient to be homebound



Call us before significant patient decline to allow time for patients and families to understand options, make choices, plan ahead and receive support. For more information or to make a referral, call today.

860-658-3954



McLean Palliative Care Screening Guide

To help you consider when to order palliative home care or hospice services.
McLean palliative experts can provide you with a patient-specific consultation.

860-658-3954

Primary Diagnoses	
<p>Decline in Clinical Status/Adult Failure to Thrive</p> <ul style="list-style-type: none"> • Progression of disease documented by worsening clinical status, function, symptoms, signs and lab results • Recurrent or intractable serious infections, such as pneumonia, sepsis or pyelonephritis • Progressive weight loss over prior six months – unable to maintain sufficient fluids and calories; skin breakdown 	<p>Neurological</p> <ul style="list-style-type: none"> • Mainly bed to chair and assisted with most care • Increased drowsiness and/or confusion, sleeping more of the day • Difficulty maintaining hydration and caloric intake, with weight loss/low serum albumin • Progressive neurologic disorders such as ALS and PLS Rate of progression is important to predict prognosis, since progression differs markedly among individuals. Declines in breathing and swallowing
<p>Dementia</p> <ul style="list-style-type: none"> • Little to no meaningful verbal communication • Incontinence and requires assistance with ambulation and personal care • Progressive weight loss over prior six months – unable to maintain sufficient fluids and calories; skin breakdown 	<p>Renal</p> <ul style="list-style-type: none"> • Patient not seeking dialysis or renal transplant, or considering discontinuing dialysis • Signs and symptoms of renal failure not responding to treatment
<p>Cardiac/CHF</p> <ul style="list-style-type: none"> • Optimally treated without improvement, not surgical candidate or declines procedures • Increasing ED and readmissions due to HF • Heart failure or angina - unable to carry on any physical activity without symptoms 	<p>Liver</p> <ul style="list-style-type: none"> • End-stage liver disease with ascites, resistant to treatment, or patient non-compliance • Abnormal labs indicate hepatorenal syndrome- Prolonged prothrombin time, low serum albumin • Progressive malnutrition, muscle wasting, reduced strength • Continued active alcoholism, encephalopathy resistant to treatment or non-compliant
<p>Pulmonary/COPD</p> <ul style="list-style-type: none"> • Disabling, progressive chronic lung disease, dyspnea at rest, fatigue and cough • Poor response to bronchodilators. Hypoxemia on room air/O2 Sat \leq 88% • Increasing visits to the ED or hospitalizations for pulmonary infections and/or respiratory failure 	<p>HIV</p> <ul style="list-style-type: none"> • Absence of or resistance to effective antiretroviral, chemotherapeutic and prophylactic drug therapy • Advanced AIDS dementia complex, wasting, numerous comorbid conditions
<p>Cancer</p> <ul style="list-style-type: none"> • Progression from earlier stage of disease to metastatic disease with discomfort, declining function & lab values • Patient declining curative therapy or discussing reduction in treatment • Early referral urged for cancers with known poor prognoses, such as small cell lung, brain, pancreatic 	<p>Secondary (Supporting) Diagnoses</p> <p>Declining Function from One or More Advanced Diseases</p> <ul style="list-style-type: none"> • Increased dependence in ambulation and most activities of daily (ADLS) with considerable assistance or total care, chair/bed, increasingly drowsy or confused • Palliative Performance Scores (PPS) $<$ 70% (PPS scale available upon request)

Adapted from NGS Hospice LCD ID #L25678 HOSPICE - Determining Terminal Status

