

Eileen

From: MICHAEL GRENIER [mpgrenier@snet.net]
Sent: Thursday, March 15, 2012 1:21 PM
To: emino@hospice.com
Subject: testimony

TESTIMONY BILL #5499 3/16/2012

Dear Madame Chair and Distinguished Committee Members:

Hello, I am Diane Grenier RN Diploma graduate nurse 1986, Ad 2010 and currently seeking a BSN degree. My area of practice is Hospice and palliative care nursing for the past 17 years, currently working with The Ct. Hospice Inc. I come before this legislation to provide testimony against the health care bill.

I strongly oppose the proposed regulations because as written, it will negatively impact patients. The regulations (19-13 D4b) under which The ct. hospice is currently operating works to protect hospice patients and provide quality care.

The proposed new regulations allow for decreased staffing, especially nursing, pharmacy, medicine and social work support. When reading the new proposal it looks as though there was a combination of home-care and the in-patient unit combined to make a quasi nursing model in the name of an inpatient facility.

Currently in-patient hospice services provide intense nursing care to our most ill clients that cannot stay at home. In my 17 years experience in the home-care and inpatient experience, I have come to understand that patients and families would prefer to stay home whenever possible. There are times that symptoms, safety, and care giver needs lead to the decision to bring a person to an in-patient care setting. A discussion regarding the option of providing Continuous care in the home, a benefit under the Medicare Hospice Benefit, should take place with the family. This option is often underutilized or not even offered by some hospice programs due to the cost incurred to the hospice program providing services.

The decision for placement in an inpatient program is often due to the complexity of managing symptoms at the end of life. The process of dying is not easy, and the management of symptoms is complex. A person can experience a multitude of symptoms such as respiratory distress, intractable pain, terminal restlessness, fear, and skin and tumor problems. When these symptoms occur the person needs more intense medical services. The current legislation for Hospice Houses does not take this into consideration.

It is a necessity to provide a good death for the patient and for the family to experience. The Ct. Hospice inpatient services currently has a nurse to patient ratio of 1 to 4 nurses on day shifts, 1 to 6 on evenings and 1 to 7 on night shifts with an addition of CNA services. Without such intense nursing service, patients would not receive the care that they need during such a fragile difficult time.

Yes, the ideal would be a home like setting, the reality though, is that patients who need inpatient services needs to have a pleasant atmosphere with trained licensed staff 24/7 at a ratio that guarantees quality. There are no second chances in hospice care. The current provisions allow for an open ended "sufficient staffing" to be determined by the agency running the Hospice House. I have worked for three different hospice services and choose to work for Ct. Hospice due to their commitment to provide nursing excellence, meet the Medicare Hospice Benefit guidelines to the fullest where as other agencies did not.

The removal of onsite pharmacy services which provides an integral part of quick symptom management is a means to cut cost at the detriment of the patient. That practically assures that patients will suffer while they wait for the delivery of medication.

I am also concerned with the statement that nursing assistants could administer medications to the patient in the Hospice Home that the patient would normally take at home. Nursing Assistants are limited in handling of medications in the home and it is completely inappropriate for a hospice setting. (There is also contradictory information that suggests only a licensed person can administer medications in the current bill). Nursing assistants are credentialed by the department of public health, their training does not include nursing assessment, making judgment on which medication may manage symptoms, and taking actions as well as understanding when those symptoms are not well managed. Many end of life medications are given by the IV route for rapid onset and management of symptoms. These medications require a skilled nurse to assess the patient and adjust medications when needed according to the orders of a physician. The new guidelines that are proposed are against nursing standards of care and endanger the safety of the patient.

In closing, the dying patient and their family are often unaware of the depth of services that they are entitled to under the Medicare Hospice Benefit. When they are in crisis there often isn't time nor the ability for them to understand the impact that their choices will have on their loved one. The current Bill for Hospice Homes allows for agencies to decrease their cost of delivery of services without improving quality of care. It is up to the Department of Public Health to protect them from agencies whose financial goal is put before quality care of the patient despite the cost.

Thank You Diane Grenier RN AD