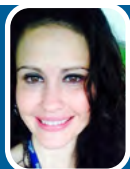


4th International Conference on
**PALLIATIVE CARE MEDICINE
AND HOSPICE NURSING**

June 20-21, 2022 | Paris, France

Received date: 17-02-2022 | Accepted date: 20-02-2022 | Published date: 08-08-2022



Kristen L Marcheski

Geisinger Hospice, USA

Early hospice intervention

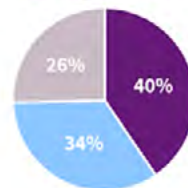
Statement of the Problem: Advocacy is a powerful tool that can be provided to patients ensuring they are able to make decisions about their care competently. Understanding the benefit of hospice care is significant and based on evidence early intervention to hospice care needs a voice. Education surrounding hospice care through physicians would allow for ethical decisions to be a choice. Unfortunately, these conversations do not occur until later in prognosis, leaving patients without a choice. Many times, patients endure unnecessary treatment, re-hospitalizations, and complete exhaustion before hospice is an option. Hospice care is not a barrier to hope; rather it is standard of care to ensuring quality and comfort care with a terminal prognosis.

Hospice care is accessed inconsistently and late, decreasing assistance with distress for comfort at end-of-life, barriers of access need to be studied to allow for earlier access and address goals of care.

Early referral to hospice care is underutilized and not considered a resource until late in disease trajectory. It is important to raise concern and awareness to this poorly utilized resource, as with evidence it is proven to increase quality of comfort and provide realistic end-of-life goals. Education to physicians surrounding hospice and philosophy of care will develop implementation of timely intervention impacting overall comfort and quality of life.

Through education to physicians increasing communication surrounding advanced care planning will improve hospice advocacy. Advanced care planning is essential to ensure early conversation about goals of care and engagement into end-of-life.

Average Length of Stay for Hospice Patients



■ <14 Days ■ 15-90 Days ■ 91+ Days

Source: NHPCO Facts and Figures

Recent Publications

1. Philip, J., Collins, A., Le, B., Sundararajan, V., Brand, C., Hanson, S., Emery, J., Hudson, P., Mileshekin, L., & Ganiatsas, S. (2019). A randomized phase II trial to Examine feasibility of standardized, early palliative (STEP) care for patients with advanced cancer and their families [ACTRN12617000534381]: a research protocol 5 (1): 44-44.
2. Lin, C. P., Evans, C. J., Koffman, J., Chen, P. J. Hou, M. F. & Harding, R. (2020). Feasibility and acceptability of a culturally adapted advance care planning intervention for people living with advanced cancer and their families: A mixed methods study. 34(5):651-666.
3. Kaasa, S., & Loge, J. H. (2018). Early integration of palliative care-new evidence and old Questions. 19(3):280-281.

Biography

Kristen has her expertise in hospice care and advocating for change in late hospice interventions. Her passion and background have led to many collaborative efforts within her community improving community based palliative care programs. She is driving change after years of advocating for end-of-life care, improving collaborative efforts throughout the healthcare system. Her method of change was influenced by John Katter's change approach executing behavior and culture changes in end-of-life care. Her approach has gained stakeholder appreciation and recognition developing advanced care planning initiatives

klmarcheski@gmail.com