

## Cordt Kassner

---

**From:** Hospice & Palliative Care Today Newsletter  
<subscriptions@hospicepalliativecaretoday.com>  
**Sent:** Tuesday, August 13, 2024 4:00 AM  
**To:** Cordt Kassner  
**Subject:** Your Hospice & Palliative Care Today Newsletter for 08/13/24

### OUR SPONSORS

[Community Health Accreditation Partner \(CHAP\)](#)

[National Partnership for Healthcare and Hospice Innovation \(NPHI\)](#)

[Teleios Consulting Group](#)

[Louisiana ~ Mississippi Hospice & Palliative Care Organization](#)

[Composing Life Out of Loss](#)

[Hospice Analytics](#)



**HOSPICE &  
PALLIATIVE CARE  
TODAY**

## August 13th, 2024

### Contents

#### Headlines

- [1. Top news stories of the month, July 2024](#)
- [2. How Olympic success can offer leadership lessons](#)

#### Hospice Provider News

- [3. Making your Customer Experience \[CX\] investment strategy work](#)
- [4. Transforming healthcare: Enabling change through tailored change management strategies](#)
- [5. New hospital beds and over-bed tables enhance comfort at Wayne T. Patrick Hospice House thanks to Lutz & Chester Healthcare Foundations](#)

## **Palliative Care Provider News**

6. [Dr. El-Jawahri on the impact of palliative care on end-of-life care for AML and MDS](#)
7. [Standing out in the palliative care competitive landscape](#)
8. [CMS unveils services available to patients in the GUIDE Model, integrates palliative care principles](#)

## **Clinical News**

9. [Alzheimer's prognosis models should expand data sources](#)
10. [9 powerful lessons on life you can learn from experts on death](#)

## **Post-Acute Care News**

11. [Are there bedbugs and busted equipment at your Florida hospital? What inspectors found](#)

## **Technology / Innovations News**

12. [WellSky CEO Bill Miller: Exercise caution, responsibility with AI in hospice](#)
13. [A D-AI-alogue: What the leading edge of AI in PR looks like](#)
14. [Helpful, harmful, or illegal: Can your patients really record you? — The pros and cons of recording doctors](#)

## **Ethics**

15. [Vatican's changing line on end-of-life illustrates that hard cases make bad law](#)

## **Today's Encouragement**

16. [Today's Encouragement: You don't have to be great ...](#)

# **Headlines**

## **Top news stories of the month, July 2024**

*Teleios Collaborative Network (TCN); podcast by Chris Comeaux and Mark Cohen; 8/7/24*

In this week's podcast, Mark Cohen joins me once more for the Top News Stories for the prior month from Hospice & Palliative Care Today... The conversation covers various topics including private equity in healthcare, the increasing scrutiny of for-profit hospitals, fraud in hospice care, and the importance of trust in the hospice sector. The principal themes include the playbook of private equity, the challenges faced by for-profit hospitals and their potential impact on the Hospice sector, and the erosion of trust due to fraud.

## **How Olympic success can offer leadership lessons**

*The CEO Magazine; by Craig Johns; 8/12/24*

As the Paris 2024 Olympic Games wrap up, the extraordinary performances of

athletes offer valuable insights into leadership. High performance in both arenas hinges on precision, focus and constant improvement – lessons that can transform leadership strategies and drive success. ...

- Energy management ...
- Mindset ...
- Teamwork ...
- Performance monitoring ...

No successful athlete does it on their own. They surround themselves with people and technology who can monitor, tweak and enhance their performance. And just like Olympic athletes, good leaders and CEOs need good support teams who understand their vision and can help them achieve it.

## Hospice Provider News

### **Making your Customer Experience [CX] investment strategy work**

*CMSWire [not to be confused with CMS=Centers for Medicare & Medicaid Services]; by Jeb Dasteel, Amir Hartman, Brian P. O'Neill and Marc Madigan; 8/12/24*

Uncover the key elements of a successful customer experience strategy, from capability planning to aligning with core business objectives. ... Investing in a customer experience strategy is fraught with complications and feelings. Most of us in the world of CX are here because we believe that thoughtful CX spending will make an impact on the performance of our company.

*Editor's Note: This article is for a much larger scope than our hospice and palliative readership. However, it highlights the importance of tying "customers' experiences" to the company/organization's core goals and business objectives. The Centers for Medicare & Medicaid Services' CAHPS Hospice Compare Scores [not to be confused with this CMSWire source] reflect the hospice "customer experience," from the perspective of the bereaved caregiver. While the [CMS Hospice Compare site](#) sorts these public information scores alphabetically (per location and organization), our newsletter's sponsor [Hospice Analytics' National Hospice Locator](#) sorts this same data by highest scores, for the purpose of helping the public "consumer" find the hospice that will provide them with the best "customer experience."*

NEW Workshop

**Become one of the first to  
achieve the CHLead® credential.**



Healthcare Leadership Certification Workshop

San Diego, CA | October 8-9

*Sponsor of Hospice & Palliative Care Today*

## **Transforming healthcare: Enabling change through tailored change management strategies**

*Healthcare Dive; by Brad Cauthen and Jenny Denver, and Scott Madden; 8/12/24*

In the fast-paced and demanding healthcare environment, where every moment focuses on patient care, introducing and managing operational changes—such as implementing a new system or altering an existing process—can be particularly challenging. ... Here are some tips for creating effective change management initiatives tailored to the operational realities of the healthcare setting and fostering a change-ready environment. ...

- Understanding the healthcare mindset ...
- Building trust and credibility ...
- Enabling a commitment to change ...
- Deploying effective change management strategies ...

## **New hospital beds and over-bed tables enhance comfort at Wayne T. Patrick Hospice House thanks to Lutz & Chester Healthcare Foundations**

*The News & Reporter, Lancaster, SC; News Release; 8/12/24*

Hospice & Community Care is delighted to announce the successful installation of eight state-of-the-art hospital beds and eight over-bed tables at the [Wayne T. Patrick Hospice House](#). This significant upgrade was made possible by a generous \$25,000 grant from The Herbert and Anna Lutz Foundation and a \$15,000 grant from the Chester Healthcare Foundation, marking the latest contributions in our long-standing partnerships with both organizations. The

new beds, which replace the original equipment from 2008, offer enhanced comfort and versatility for patients.

## Palliative Care Provider News

### **Dr. El-Jawahri on the impact of palliative care on end-of-life care for AML and MDS**

*OncoLive; by Areej R. El-Jawahri, MD; 8/12/24*

Areej El-Jawahri, MD, associate director, Cancer Outcomes Research and Education Program, director, Bone Marrow Transplant Survivorship Program, associate professor, medicine, Massachusetts General Hospital, discusses findings from a multi-site, randomized trial (NCT03310918) investigating a collaborative palliative oncology care model for patients with acute myeloid leukemia (AML) and myelodysplastic syndrome (MDS) receiving nonintensive therapy at 2 tertiary care academic hospitals. Patients in the study who received the palliative care interventions had a median of 41 days from end-of-life care discussions to death, compared with 1.5 days in the standard care group ( $P < .001$ ). Additionally, patients who received the palliative care interventions were more likely to articulate their end-of-life care preferences and have these preferences documented in electronic health records, El-Jawahri begins. This documentation correlated with fewer hospitalizations in the final 30 days of life, she notes. Furthermore, palliative care recipients experienced QOL improvements and a trend toward reduced anxiety symptoms vs the patients who received usual care, El-Jawahri says. These findings underscore the necessity of integrating palliative care as a standard of care for patients with AML and high-risk MDS, El-Jawahri emphasizes.



*Sponsor of Hospice & Palliative Care Today*

## **Standing out in the palliative care competitive landscape**

*Hospice News; by Holly Vossel; 8/96/24*

Palliative care providers need to focus on their specific organization's specific strengths in order to stand out from a broad range of competitors. Seriously ill patients often have multiple chronic conditions that require a flexible and individualized palliative care delivery approach, according to Rachel Dedes, senior director of palliative care at NorthStar Care Community. Marketing and outreach efforts need careful consideration when differentiating how a palliative care program can help address a wide range of patients' physical, psychosocial, emotional, spiritual and practical needs, Dedes said during the Hospice News Sales & Marketing webinar series.

## **CMS unveils services available to patients in the GUIDE Model, integrates palliative care principles**

*Hospice News; by Jim Parker; 8/12/24*

The U.S. Centers for Medicare & Medicaid Services (CMS) has outlined the range of services that will be available to patients aligned with the agency's Guiding an Improved Dementia Experience (GUIDE) payment model. The payment model is designed to improve quality of life for dementia patients and their caregivers by addressing care coordination, behavioral health and functional needs. While the model does not use the term "palliative care," it does incorporate principles and practices traditionally associated with those services, such as interdisciplinary care and caregiver support, among others. ... Nearly 400 health care organizations are developing Dementia Care Programs (DCPs) to potentially serve hundreds of thousands of Medicare beneficiaries nationwide, the CMS stated in a fact sheet.

## **Clinical News**

### **Alzheimer's prognosis models should expand data sources**

*McKnights Senior Living; by Kristen Fischer; 8/12/24*

Integrating data from nursing home electronic health records and claims in addition to the minimum data set — data required for nursing home residents — could be better than just relying on the MDS sources to produce an accurate prognosis for nursing home residents with Alzheimer's disease and related dementias, according to a [report](#) published Thursday in the *Journal of the*

*American Geriatrics Society.* ... The authors of the report noted that a recent review of prognostic models for late-stage ADRD found that assessments commonly used to evaluate prognosis-based eligibility for hospice weren't reliable. ... Only 15% of people enrolled in hospice have a primary diagnosis of ADRD. That's because it's challenging to estimate the six-month prognosis required to be eligible for hospice, and dementias have a prognosis of 12 to 18 months when they are in the late stage, the authors pointed out.



**Accelerate Results**  
**Accelerate Growth**  
**Accelerate Learning**

*Sponsor of Hospice & Palliative Care Today*

## **9 powerful lessons on life you can learn from experts on death**

*Forbes; by Robert Pearl, MD; 8/12/24*

As a physician, I have been present at the end of many lives, witnessing the profound agony families face during a loved one's final moments. While most family members express deep gratitude for the care provided by doctors and nurses, some recount harrowing stories of unnecessary pain their loved ones endured in the final days. These distressing accounts highlight a troubling ambiguity in the care we provide, blurring the line between compassionate treatment and what can feel like unbearable torture. Motivated by my encounters with grieving families, I dedicated the ninth season of the *Fixing Healthcare* podcast to exploring life's final chapter and addressing the shortcomings in end-of-life care. ...

1. "People have goals besides living longer." ...
2. "The last day of your life is not the sum of your life." ...
3. "We are sexual beings throughout our whole life." ...
4. "The time to consult a palliative care physician is not when you're dying, but before." ...
5. "No one should have to suffer." ...
6. [Click on the title's link to continue reading]

## **Post-Acute Care News**



## **Are there bedbugs and busted equipment at your Florida hospital? What inspectors found**

*Miami Herald; by Michelle Marchante; updated 8/12/24*

Bed bugs. Broken equipment. Staffing challenges. Fewer patients. And a pile of hazardous waste. These are just some of the problems spotted by patient care ombudsmen during visits to Florida hospitals owned by Steward Health Care System and now up for sale. ... Key takeaways:

- Shut-down services: Fewer patient have sought care at the hospital ... It is renting space to a hospice provider. ...
- Supplies and services: Supply shortages and delayed payments led to an exodus of resignations. ...
- Maintenance: The hospital is a fixer-upper and needs repairs and replacements. ...

## **Technology / Innovations News**

### **WellSky CEO Bill Miller: Exercise caution, responsibility with AI in hospice**

*Hospice News; by Jim Parker; 8/12/24*

Many expect AI to revolutionize health care, speeding access to care, improving diagnosis and prognosis, enhancing efficiency and achieving other benefits. However, providers need to see through the hype and ask the hard questions. This is according to Bill Miller, CEO of the health care tech company WellSky. ... Hospice News sat down with Miller to discuss current perspectives on AI, its potential benefits and possible risks. [Miller:] "... we're exercising responsibility and caution when we start thinking about AI jumping into the diagnosis game, or somehow replacing the caregiver. We think of it more of how you could enhance the caregiver, keep the human in the loop. If we can help caregivers arrive at better outcomes for their patients by using AI tools and assisting them, then we'll do that."



### **A D-AI-ologue: What the leading edge of AI in PR looks like**

*PRovoke Media; by Paul Holmes; 8/12/24*



We talked to several leading agencies about how they are using AI to transform their business and improve communication effectiveness. ... I invited representatives of six firms on the leading edge of AI usage to talk about how AI is already impacting corporate communications. ... [From Chris Perry:] The greatest impact I've seen is less on what we can do more efficiently (like using GenAI to write press releases), and more on what we can do to better, like using GenAI to understand how information now travels, making sense of cultural chaos, crafting resonant stories, and identifying others than help translate and tell them. The ultimate value is being faster and better at what we do. Not replacing jobs or reducing costs.

## **Helpful, harmful, or illegal: Can your patients really record you? — The pros and cons of recording doctors**

*MedPage Today; by Max Feinstein; 8/9/24*

My name is Max Feinstein and I'm an anesthesiologist in New York City. I'm not a lawyer, but as a physician and a content creator, I think it's really important for both patients and healthcare providers to have a good understanding of when it's okay to record audio or video in the hospital. The term "wiretap laws" refers to statutes that govern audio and video recordings made of face-to-face conversations, telephone calls, or video calls. These laws vary from state to state. Where states that have one-party consent laws means that only one person who is in the area that's being recorded has to provide consent... Thirty-seven states in the United States have one-party consent laws. This contrasts with all-party consent, meaning, as the name implies, that everyone who is involved with the recording has to provide their consent. Violation of these laws may result in fines up to \$100,000 and possibly jail time as well. Wiretap laws are not the same thing as HIPAA, which you might have heard about before... In addition to wiretap laws, many hospitals also have policies in place specifically describing what is and is not allowed as far as recording is concerned...

*Publisher's note: Nearly everyone has a recording device (i.e., a smartphone). Does your organization have recording policies?*

## **Ethics**

### **Vatican's changing line on end-of-life illustrates that hard cases make bad law**

*Crux, Rome, Italy; by John L. Allen Jr.; 8/11/24*

Hard cases, as the famous legal maxim holds, make bad law. The Vatican served up a reminder of the point this week with a new “little end-of-life lexicon,” which not-so-subtly amends an earlier Vatican ruling on the issue of withdrawing artificial nutrition and hydration from chronically ill patients 17 years ago ... which was framed in the wake of the anguished Terry Schiavo case in the United States ... Today, with 17 additional years of both clinical and pastoral experience, it’s perhaps easier to accept that things aren’t always so black-and-white, and that there’s room for differing judgments in concrete cases. ...



## Today's Encouragement

**You don't have to be great to start. But you have to start to be great! ~ Zig Ziglar**



TURNING DATA INTO INFORMATION – TO IMPROVE PATIENT CARE

*Sponsor of Hospice & Palliative Care Today*

***Sign up for our free daily newsletters [here!](#)***

**The Fine Print:**

**Paywalls:** Some links may take readers to articles that either require registration or are behind a paywall. **Disclaimer:** Hospice & Palliative Care Today provides brief summaries of news stories of interest to hospice, palliative, and end-of-life care professionals (typically taken directly from the source article). Hospice & Palliative Care Today is not responsible or liable for the validity or reliability of information in these articles and directs the reader to authors of the source articles for questions or comments. Additionally, Dr. Cordt Kassner, Publisher, and Dr. Joy Berger, Editor in Chief, welcome your [feedback](#) regarding content of Hospice & Palliative Care Today. **Unsubscribe:** Hospice & Palliative Care Today is a free subscription email. If you believe you have received this email in error, or if you no longer wish to receive Hospice & Palliative Care Today, please unsubscribe [here](#) or reply to this email with the message "Unsubscribe". Thank you.