



Hospice Services in Rural Illinois



Background

- Hospice is a form of care that provides special comfort and support for patients and their families when a life-limiting disease no longer responds to cure-oriented treatment
- The services provided act to improve the quality of life in the patient's last days by providing comfort and emotional support
- Hospice care offers pain control, symptom management, emotional and spiritual care at the patient's residence



Background

- Until recently, formal education in end-of-life care has been absent from medical school and residency training
- When surveyed by the AMA in 1998, only 4 of 126 US medical schools required a separate course in the care of the dying
- 90% of respondents to a Gallup survey in 1996 desire to die at home, yet nearly 80% die in institutions
- Hospices care for only a minority of dying patients, 17% in 1995



Byron, IL

- Byron, IL was the community selected and an in-depth look at their agency was conducted
- The Ogle County Hospice Association is the Hospice agency that is available for Byron and the surrounding area
- This service is a non-profit organization that receives Medicare, Medicaid, and private insurance reimbursement
- Some of the services include nurses, nursing assistants, pastoral care, meds to alleviate pain, and beds, walkers, and wheelchairs



Objectives

- Learn more about the organization and functioning of hospice in rural Illinois and begin to understand how the medical community understands, relates to, and uses hospice services
- Understand the opinions that physicians in Byron, IL and Dixon, IL have about the Ogle County Hospice
- Learn more about barriers that the physicians in these communities might experience with Hospice
- Examine any trends between location, age, or past experiences that may influence their satisfaction with their Hospice organization



Methods

- The project began by reviewing literature and visiting the hospice agency in Ogle County to learn how the agency functions
- An interview was conducted with the director of the agency to gain a further understanding of hospice in their community
- A survey was constructed that would allow physicians to answer statements about their level of agreement about certain aspects of their local Hospice service



Methods

- The statements included how likely they are to refer, their satisfaction with Hospice services including the educational materials and the flexibility of the organization when taking new patients, and their concept of community awareness
- The identifiers of the survey included age groups and location
- These surveys were distributed to family physicians in Byron and Dixon



Results

- 10 of the 15 surveys were completed and returned by physicians (67%)
- All 4 physicians from Byron returned their surveys and 6 of 11 surveys were returned from Dixon
- 4 were in the 30-40 age group, 2 in the 46-50 age group, 2 in the 51-55 age group, 2 were unmarked



Discussion

- After analyzing the data, all 10 surveys agreed or strongly agreed that they were satisfied with their local Hospice
- Each of the 10 physicians also agreed or strongly agreed that they were likely to refer to Hospice
- Interestingly, there appeared to be a correlation with age grouping and their opinions with some of the survey questions



Discussion

- Of the 4 physicians in the youngest age group, 50% disagreed that there were adequate education materials, while the remaining physicians either agreed or were neutral
- Of these same 4 physicians, 75% disagreed that patients had a good awareness of Hospice, while the remaining physicians either agreed or were neutral
- Of the 5 physicians that were neutral about the flexibility of Hospice's policies, 4 of these were from the youngest age group



Conclusion

- Given the results of this survey, it can be concluded that physicians of the 30-40 age group have different opinions about flexibility, patient awareness, and educational materials regarding the Ogle County Hospice Association
- The correlation may exist because the older physicians possess a longer working relationship with Hospice
- Future considerations would be to repeat the survey to examine if opinions have changed with time