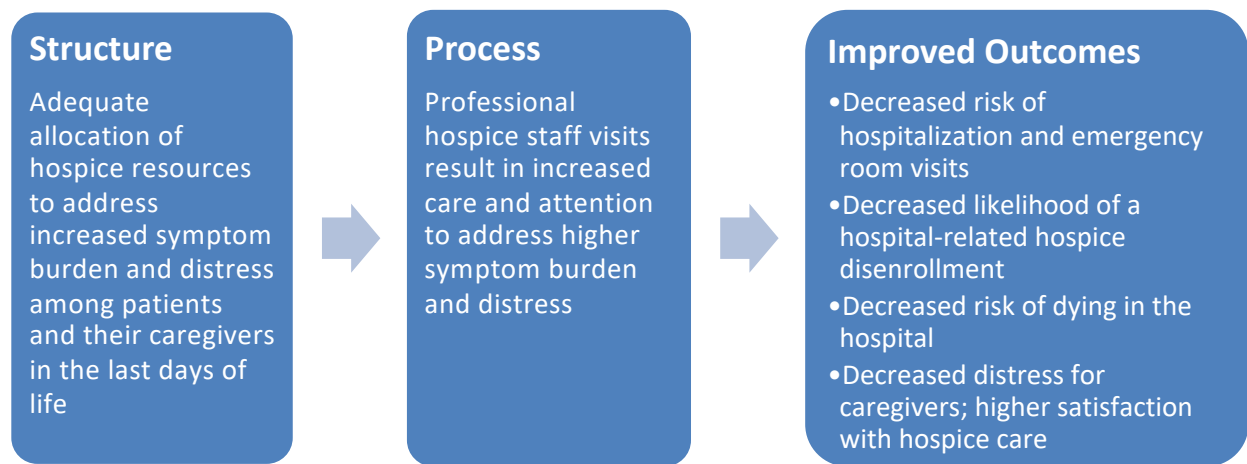


2.1. Logic Model

The last week of life is typically the period in the terminal illness trajectory with the highest symptom burden. Particularly during the last few days before death, patients experience many physical and emotional symptoms, necessitating close care and attention from the integrated hospice team and drawing increasingly on hospice team resources (de la Cruz et al., 2015; Dellon et al., 2010; Kehl et al., 2013). Hospice responsiveness during times of patient and caregiver need is an important aspect of care for hospice patients (Ellington et al., 2016). Clinician visits to patients at the end of life are associated with decreased risk of hospitalization and emergency room visits in the last 2 weeks of the patients' life, decreased likelihood of a hospital-related disenrollment, as well as decreased odds of dying in the hospital (Seow et al., 2010; Phongtankuel et al., 2018; Almaawiy et al., 2014). In addition, clinician visits to patients at the end of life are also associated with decreased distress for caregivers and higher satisfaction with home hospice care (Pivodic et al., 2016).

Figure 1. Relationship Between Hospice Visits in the Last Days of Life and Patient/Caregiver Outcomes



Citations:

Almaawiy, U., Pond, G. R., Sussman, J., Brazil, K., & Seow, H. (2014). Are family physician visits and continuity of care associated with acute care use at end-of-life? A population-based cohort study of homecare cancer patients. *Palliat Med*, *28*(2), 176-183. <https://doi.org/10.1177/0269216313493125>

de la Cruz, M., Noguera, A., San Miguel-Arregui, M. T., Williams, J., Chisholm, G., & Bruera, E. (2015). Delirium, agitation, and symptom distress within the final seven days of life among cancer patients receiving hospice care. *Palliat Support Care*, *13*(2), 211-216. <https://doi.org/10.1017/s1478951513001144>

Dellon, E. P., Shores, M. D., Nelson, K. I., Wolfe, J., Noah, T. L., & Hanson, L. C. (2010). Family caregiver perspectives on symptoms and treatments for patients dying from complications of cystic fibrosis. *J Pain Symptom Manage*, *40*(6), 829-837. <https://doi.org/10.1016/j.jpainsymman.2010.03.024>

Ellington, L., Clayton, M. F., Reblin, M., Cloyes, K., Beck, A. C., Harrold, J. K., Harris, P., & Casarett, D. (2016). Interdisciplinary team care and hospice team provider visit patterns during the last week of life. *J Palliat Med, 19*(5), 482-487. <https://doi.org/10.1089/jpm.2015.0198>

Kehl, K. A., & Kowalkowski, J. A. (2013). A systematic review of the prevalence of signs of impending death and symptoms in the last 2 weeks of life. *Am J Hosp Palliat Care, 30*(6), 601-616. <https://doi.org/10.1177/1049909112468222>

Phongtankuel, V., Adelman, R. D., Trevino, K., Abramson, E., Johnson, P., Oromendia, C., Henderson, C. R., Jr., & Reid, M. C. (2018). Association between nursing visits and hospital-related disenrollment in the home hospice population. *Am J Hosp Palliat Care, 35*(2), 316-323. <https://doi.org/10.1177/1049909117697933>

Pivodic, L., Harding, R., Calanzani, N., McCrone, P., Hall, S., Deliens, L., Higginson, I. J., & Gomes, B. (2016). Home care by general practitioners for cancer patients in the last 3 months of life: An epidemiological study of quality and associated factors. *Palliat Med, 30*(1), 64-74. <https://doi.org/10.1177/0269216315589213>

Seow, H., Barbera, L., Howell, D., & Dy, S. M. (2010). Using more end-of-life homecare services is associated with using fewer acute care services: A population-based cohort study. *Med Care, 48*(2), 118-124. <https://doi.org/10.1097/MLR.0b013e3181c162ef>