

Figure 1: Traditional model of care.

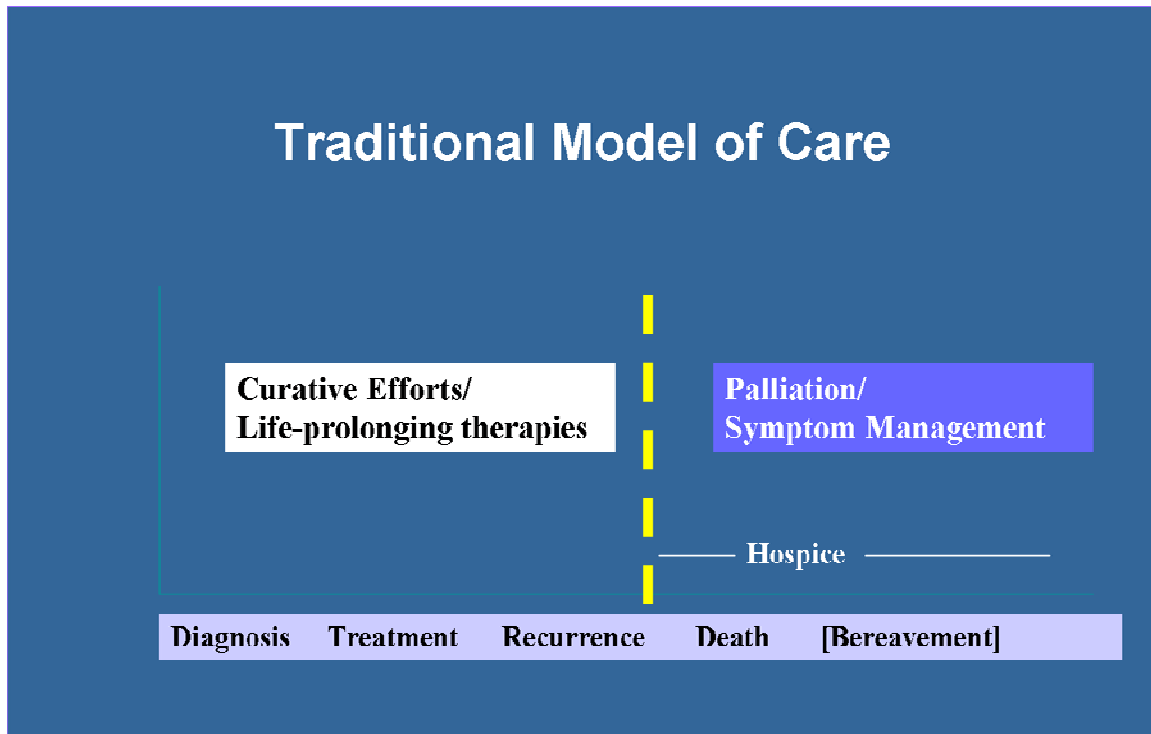
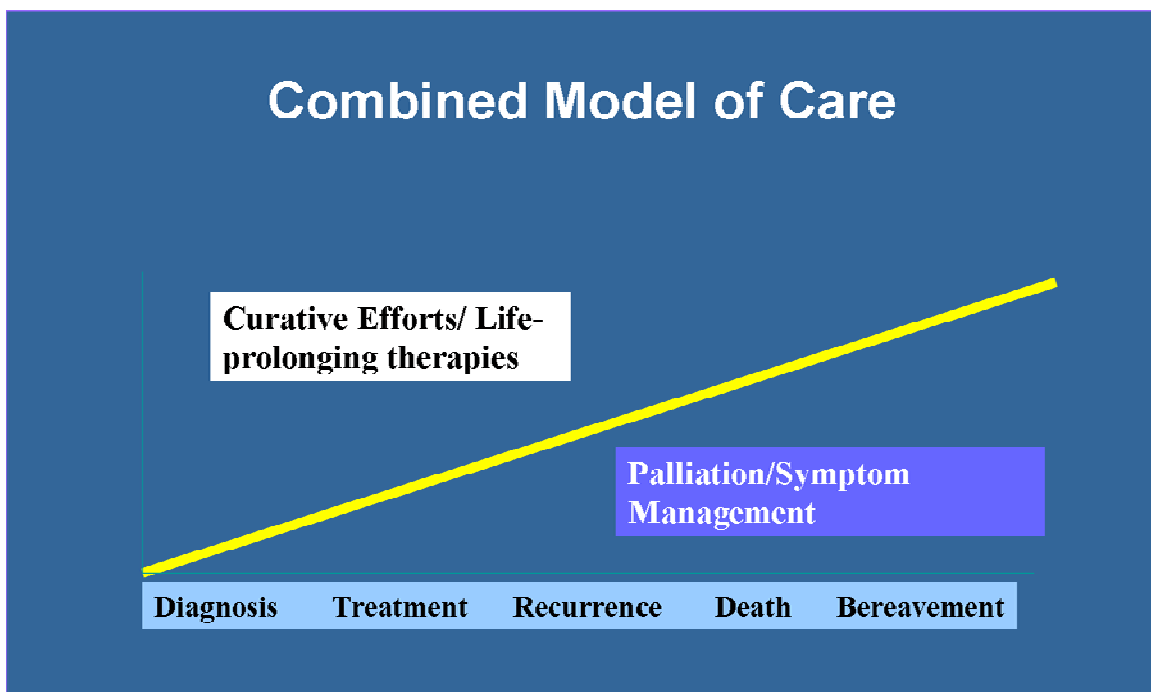


Figure 2: Combined model of care.



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Figure 3: Emerging Models

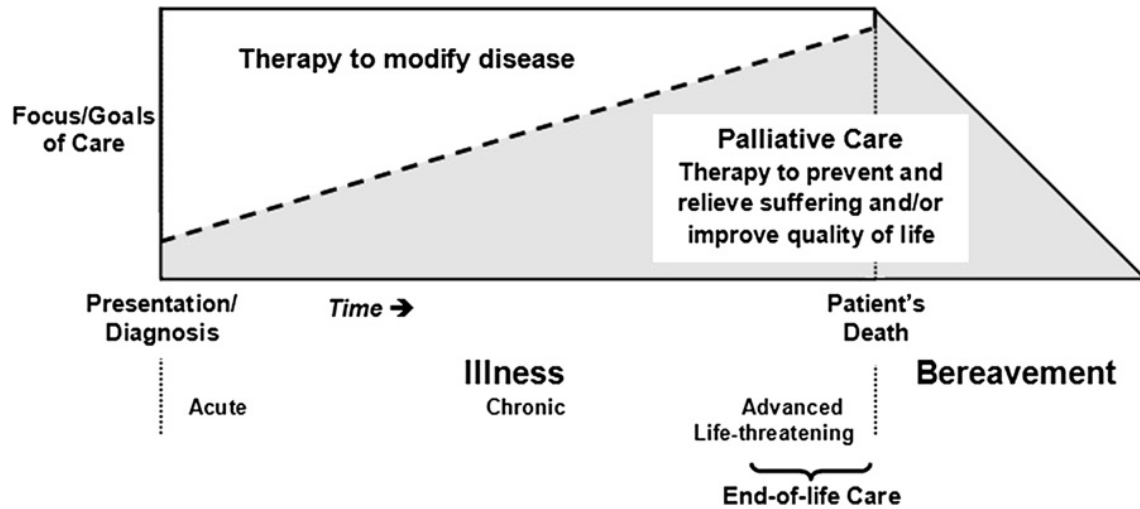


Figure 3: *Note.* From “A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice” by F.D. Ferris, H.M. Balfour, K. Bowen, J. Farley, M. Hardwick, C. Lamontagne, M. Lundy, A. & Syme, P. West, 2002, *Journal of Pain and Symptom Management*, 24(2), p.106-123. Copyright © 2002 by the Canadian Hospice Palliative Care Association. Adapted with permission.

Table I: A Century of Change

	1900	2000
Life expectancy	47 years	75 years
Usual place of death	home	hospital
Most medical expenses	paid by family	paid by Medicare
Disability before death	usually not much	2 years, on average

*Note.* From *Approaching Death: Improving Care at the End of Life*, by M. J. Field & C. K. Cassel, Eds., 1997, Washington, DC: Institute of Medicine, Committee on Care at the End of Life. Copyright © 1997 by the National Academies Press.  
<http://www.iom.edu/CMS/3809/12687.aspx> Adapted with permission.

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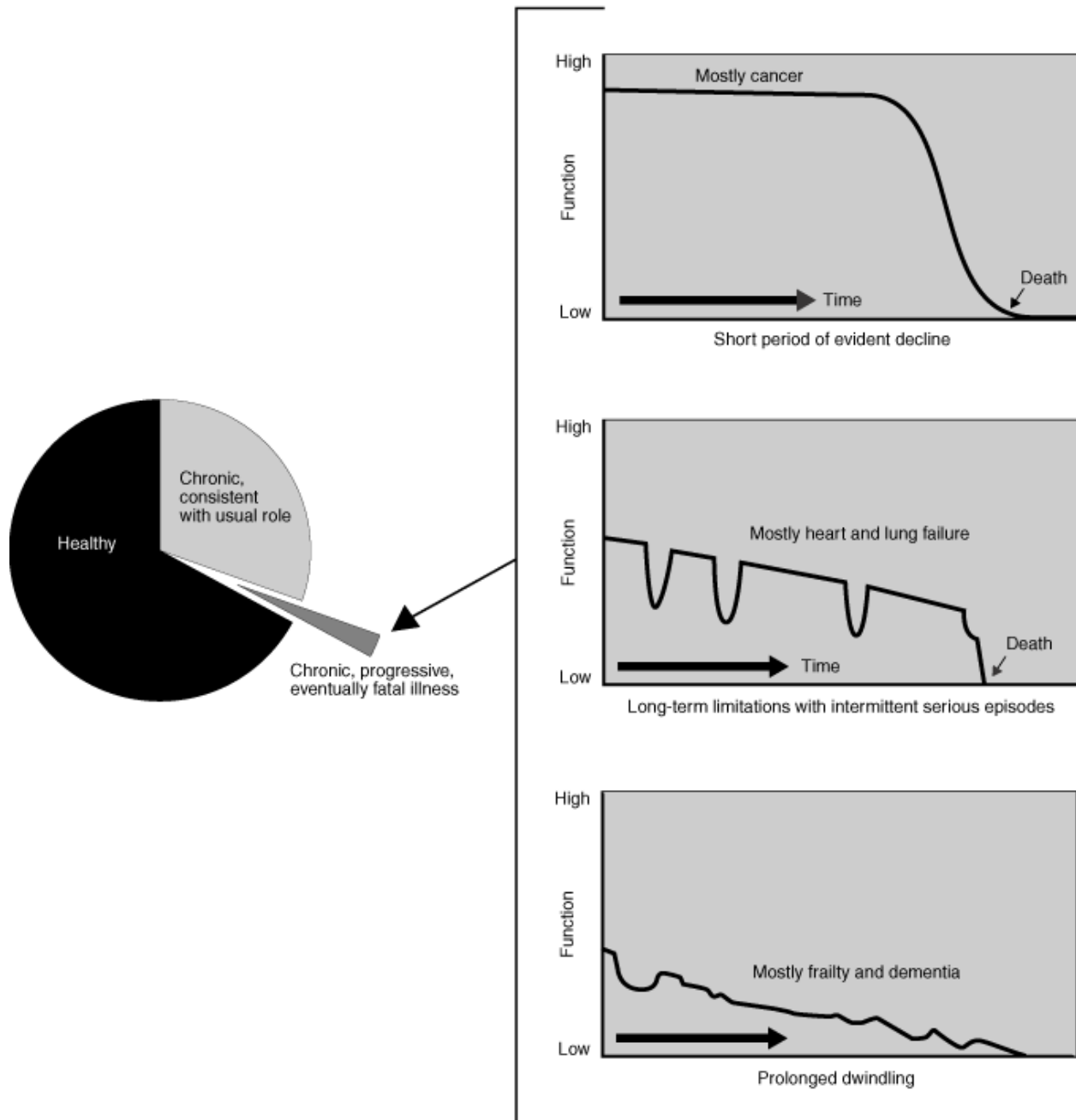
Table 2: Main predicted causes of death for 2020 and causes in 1990.

<b>Disorder</b>	<b>Predicted Ranking 2020</b>	<b>Previous Ranking 1990</b>
Ischemic heart disease	1	1
Cerebrovascular disease (including stroke)	2	2
Chronic obstructive pulmonary disease	3	6
Lower respiratory infections	4	3
Lung, trachea, bronchial, cancer	5	10

Adapted from Murray and Lopez (1997).

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Figure 4: Chronic, progressive, eventually fatal illness in the elderly: Three trajectories.



From *Living well at the end of life: Adapting health care to serious chronic illness in old age*, by J. Lynn & D.M. Adamson, 2003, Washington, DC: RAND Health. Copyright © 2003 by the RAND Corporation. Adapted with permission.

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**Table 3: Hospice Social Work in Varied Environments.**

<b>Environment</b>	<b>Environmental Issues</b>	<b>Practice Issues related to environment</b>
In-home care: individual residence	Homes range from trailers & apartments to large houses; rural to urban locations; clean/tidy to dirty/odorous. Pets: friendly or frightening. Photos & memorabilia help assessment come to life.	Assess social context & environmental needs. Understand caregiving systems, assess abilities & knowledge. Assist people who live alone.
In-home care: assisted living, retirement, senior housing	Facilities range from communal living/dining (all apartments open on core area) to individual apartments with kitchens & no structured contact with others. Staff can be very comfortable or uncomfortable with dying.	Rapport with facility. Educate staff about EOL.* Collaborate with the staff. Understand facility politics.
Free-standing inpatient units	Nonhospital setting. Children, pets allowed. Family can stay; open visiting hours. Comfortable surroundings 24-hour nursing care.	First contact may be in the final hours/days of life. High intensity, urgency of work; frequent death. Ongoing observation of pain, symptoms of dying, and death.
NH*-based hospice care	Resident becomes terminally ill and hospice called in (long-term placement), or Hospice patient is admitted to the nursing home (new placement).	Assess nursing home culture. (Is hospice welcome or a threat?) Help patient accommodate to NH living.
Residential hospice facilities	Home-like, non-acute care. Lives alone, no caregiver. Family/friends are unable to manage EOL care.	Longer term stay may allow for reminiscence, planning, family meetings Transitional plans needed; will the person stay here until death
Hospital-based hospice	Acute care facility. Designated hospice beds floor, or Beds scattered throughout hospital.	Team within a team (hospice plus hospital staff). Balancing the fiscal realities faced by hospice and hospital care (discharge planning may be a priority).
Bereavement counseling	Telephone contact. In-home counseling. In-agency counseling.	Hospice social worker assists the person in bereavement, or Separate bereavement counselors.

\*NH: nursing home; EOL: end of life.

Modified from Waldrop, D. (2006). Hospices, in *Handbook of Social Work in Health and Ageing*, B. Berkman (Ed.), p. 464 .