



WILSON HEALTH

Testimony on House Bill 28

Joann Scott with Wilson Health Home Care & Hospice

DATE OF TESTIMONY

Chairman Lipps, Vice Chair Holmes, Ranking Member Liston, and Members of the House Health Committee, thank you for allowing me to provide testimony today on HB28—the legislation aimed at improving transportation from patients receiving hospice. My name is Joann Scott and I am the Director at Wilson Health Home Care & Hospice in Sidney, OH. I come before you today asking for your support of this legislation so that Ohio's most vulnerable citizens have the peace of spending their last day at home with their family.

The goal of the bill is to allow hospice patients more transportation options to and from their home to get the care they need while still maintaining a choice of where they will die. Allowing hospice patient to have the choice of where they want to die is a longstanding principle in hospice care. However, that choice can't exist if there is not appropriate and timely transportation available for those patients. Sadly, today it's not uncommon for hospice patients to wait critical hours and in some cases days to get transportation. Sadly, it's also not uncommon for some people to die waiting for transportation.

Wilson Health Hospice has been providing hospice care in Shelby, Miami, Champaign, Logan, Auglaize and Darke Counties for 35 years. Wilson Health Hospice is not for profit and part of Wilson Memorial Hospital. I have 33 years of experience in home care & hospice. The last 17 years I have been the Director of Wilson Health Home Care & Hospice in Sidney, OH.

Currently when transporting hospice patients from the hospital home, to doctor's appointments, from home to a skilled facility for Respite or In Patient Level of Care emergency transport is used. The wait for the transport is long, sometimes more than 24 hours and the cost is high. Understandably, hospice patients are bumped in order to transport critically ill or injured patients where time and equipped transport can be the difference in a life or death outcome. While the transport of a hospice would rarely be lifesaving, with limited time left, every hour and every day is precious to the hospice patient and their family.

We had a patient in the hospital in Sidney. His family wanted to get him into a nursing facility in Versailles close to home. The family had gathered at the facility to greet their loved one and to help with the admission process. There were multiple delays with transport that morning due to true emergency situations. After an almost 5 hour delay, transport was able to pick the hospice patient up. Before arriving at the facility, transport call to notify us the patient had died. They wanted instruction on what to do. In order for the patient to be brought inside where the loved ones were waiting, a full admission process would have to be done. This would be very difficult for the facility staff and the waiting family members to go through this process for someone that was no longer living. The transport continued to the facility and I called to alert the staff. The family had to say their good byes to their loved one in the back of a parked ambulance. This was unfortunate and far from the desired outcome. With timely, non-emergency, stretcher transport this hospice patient could have gone in peace surround by his family. Hospices have to pay for the more expensive life support equipment and certified personnel in an ambulance when not needed, for a hospice patient.

We have all had a loved one that has needed hospice care. As you consider supporting this legislation I would only ask that you consider your loved one. If your family had the option for your loved one to receive hospice care at home and to be surrounded by loved ones, the choice is obvious.

It's for these reasons that I humbly ask for your support of HB 28. Thank you again for allowing me to testify today. I'm happy to answer any questions you may have at this time. Thank you.

Joann Scott, Director
Wilson Health Hospice