Testimony: Tracy Stewart Sanders, RN, MN, CNS
President, Continuum Care, Inc.
Managing Director, Continuum Care Home Health, LLC

Thank you, Senator Francis, for the invitation to testify today.

My name is Tracy Sanders. My husband, Dr. Herbert Sanders and I have been full-time residents since 1995. Together, we founded Continuum Care Hospice in 2000. We were the first Medicare Certified hospice in the Territory. Currently, we provide home hospice care on all 4 islands and have maintained continuous Medicare certification.

Continuum Care expanded operations to include Medicare certified Home Health Care and Durable Medical Equipment (DME) on St. Croix. Prior to starting Continuum Care, I was the chief operating officer for an 18-county home care and hospice company in Atlanta, Georgia. Prior to my time in community health, I was the Director of Nursing for a 363 - bed hospital in Southern California.

Thank you for this opportunity to testify before you today on this important and long overdue Bill.

There are two important reasons for the passing of this bill:

First: Certified hospice providers across the US have had Registered Nurses pronouncing at death in the home since the 1970s.

As defined by Medicare, Hospice provides end-of-life care to individuals who have a life limiting disease or terminal illness with a life expectancy of six months or less if the illness takes its normal course. Six months is not absolute as no one can predict life expectancy with absolute certainty. Hospice affirms that life as sacred, respecting the wishes of the patient and family as they deal with the end-of-life concerns. Hospice is preparation of an anticipated death.

Upon admission to hospice, the plan of care is developed with orders by the attending physician that includes goals and interventions geared to a peaceful passing. They include comfort measures in every aspect of care: medical, physical, emotional and spiritual. At Continuum Care, our plan of care requires the physician to specify whether or not to “Pronounce Death” as do hospice across the country. At this time, we are required to select “Do Not Pronounce Death” when we should be selecting “Pronounce Death.”

The Time-of-Death Ritual - There are many components of care for patients at the end of life, yet the one that makes the most impact is often the pronouncement of death. The act of
Testimony: Tracy Stewart Sanders, RN, MN, CNS

declaring that a patient has died is a long-held memory of the family, yet previous literature has
documented deficiencies in how this important aspect of care is carried out.

A recent randomized study compared reactions to two video vignettes showing death
pronouncements. The vignettes involved a terminally ill man in his 70s with a chronic,
incurable illness whose death had been expected, with his wife, son, and daughter at the
bedside. One version of the vignette showed a standard, business-like death pronouncement;
the other showed the death pronouncement enhanced with five behaviors intended to convey
compassion:

- Waiting until the family members calm themselves down;
- Explaining that the physician has received a sign-out of information about the patient’s
  condition;
- Performing an examination of the patient respectfully;
- Ascertaining the time of death with a wristwatch (vs a smartphone); and
- Reassuring families that the patient did not experience pain.

The outcomes were a physician compassion score, trust in the physician, and viewer
emotions (sadness, fear, anger, and disgust). The study found that the video showing a more
compassionate pronouncement of the patient’s death was associated with positive outcomes
in each of these areas.

The act of pronouncing death is recognized as a profound moment for families. The memories
of how the death pronouncement occurred have been recognized as a factor in bereavement
and also as a sacred moment. Yet, the realities of hospitals often mean that the death
pronouncement happens at times when only an on-call physician is present, a person who is
often unknown to the family and who has never met the patient.

When someone passes, this is an important time for grieving. In many cultures, when
someone passes, the ritual of prayer and family gathering initiates the healing. It is at this
time, that the hospice team provides immediate grief and loss counseling. It is also a medical
component of arriving at the home of one who has passed to verify death by the absence of
both respirations and pulse. As part of hospice orientation and skills competency, the
hospice Registered Nurse must be competent to pronounce death.

Second: From a historical perspective, it been twenty-two years that Continuum Care has
been providing home hospice care. It was new to our islands. Continuum Care was the first
Medicare certified hospice in the US Virgin Islands. Although hospice has been in existence
stateside since 1974, it was new to our community. The procedure from our beginning is still
practice today. When death in the home occurs, a call is made to 9-1-1. EMS dispatches an
ambulance to the scene to verify death. Also, a part of the procedure, the VIPD arrive to
insure “no foul play” and take a statement from the family, as it is a death in the community
– outside a medical facility. Until August 2020, the Dept of Justice had an individual arrive
to bring the deceased to the morgue. Indeed, this is a law that needs to be changed.

A death is an intimate event for our families that requires the respect for the deceased as well as
for the family and loved ones. I must commend our own. Those in EMS and the VIPD have
Testimony: Tracy Stewart Sanders, RN, MN, CNS

demonstrated respect, kindness and consideration when they arrive to the home. This is an accolade to all of us towards our community.

The time, in hours, not minutes, with our current procedure is staggering. It is an unnecessary use of vital resources: EMS with life and death emergencies in our community and the VIPD with 24/7 responsibility for insuring peace in the community.

Additionally, during a time, when the VI is under financial duress, time is money. The dollars spent for our current practice of death in the home is costing us unnecessary dollars. More important to me as a hospice nurse, is the human condition and the impact of death in the home for families and their loved one.

On behalf of Continuum Care, my hospice staff and me, I want to sincerely thank the caring, compassionate and respectful cooperation of our EMS and VIPD with our hospice team and being a team at the time of death of those in our community.

With regards “Anticipated Death” for a patient in a certified home health agency or certified nursing home, I have reservations. To clarify, there are no certified nursing homes in the Territory. The last certified nursing home in the Territory was Sea View Nursing and Rehabilitation Center that closed some years ago.

Continuum Care Home Health, LLC is a certified home health agency. We do not believe that nurses in a home health agency should be pronouncing death. Home health agencies provide curative and restorative health care services to home bound patients. It is a reasonable assumption that care will be short term while the patient regains her or his physical and functional independence, not die. Additionally, not all Home Health patients have a Registered Nurse assigned to her or his care. It may be a Physical Therapist. If death is anticipated, they are or should be referred to a certified hospice where registered nurses are trained and experienced in end-of-life care. Federal law requires that all patients are asked about Advance Directives. Patients may go into Home Health with an Advance Directive or Health Care Declaration that states they don’t want CPR if they are incurable or terminal, but if they are referred to Home Health, again death is not anticipated.

In closing, I support Bill No. 34-0028 that provides for the pronouncement of death by a registered nurse, registered physician’s assistant or registered nurse practitioner in a certified hospice setting only, not a home health setting.

Thank you for allowing me this time. I am able to address any questions you may have for me today.

Thank you.