

The background features abstract green geometric shapes. On the left, a solid green triangle points downwards. On the right, a complex arrangement of overlapping, semi-transparent green triangles and polygons creates a layered, architectural effect. The text is centered between these two main graphic elements.

Orientation to Hospice

Objectives

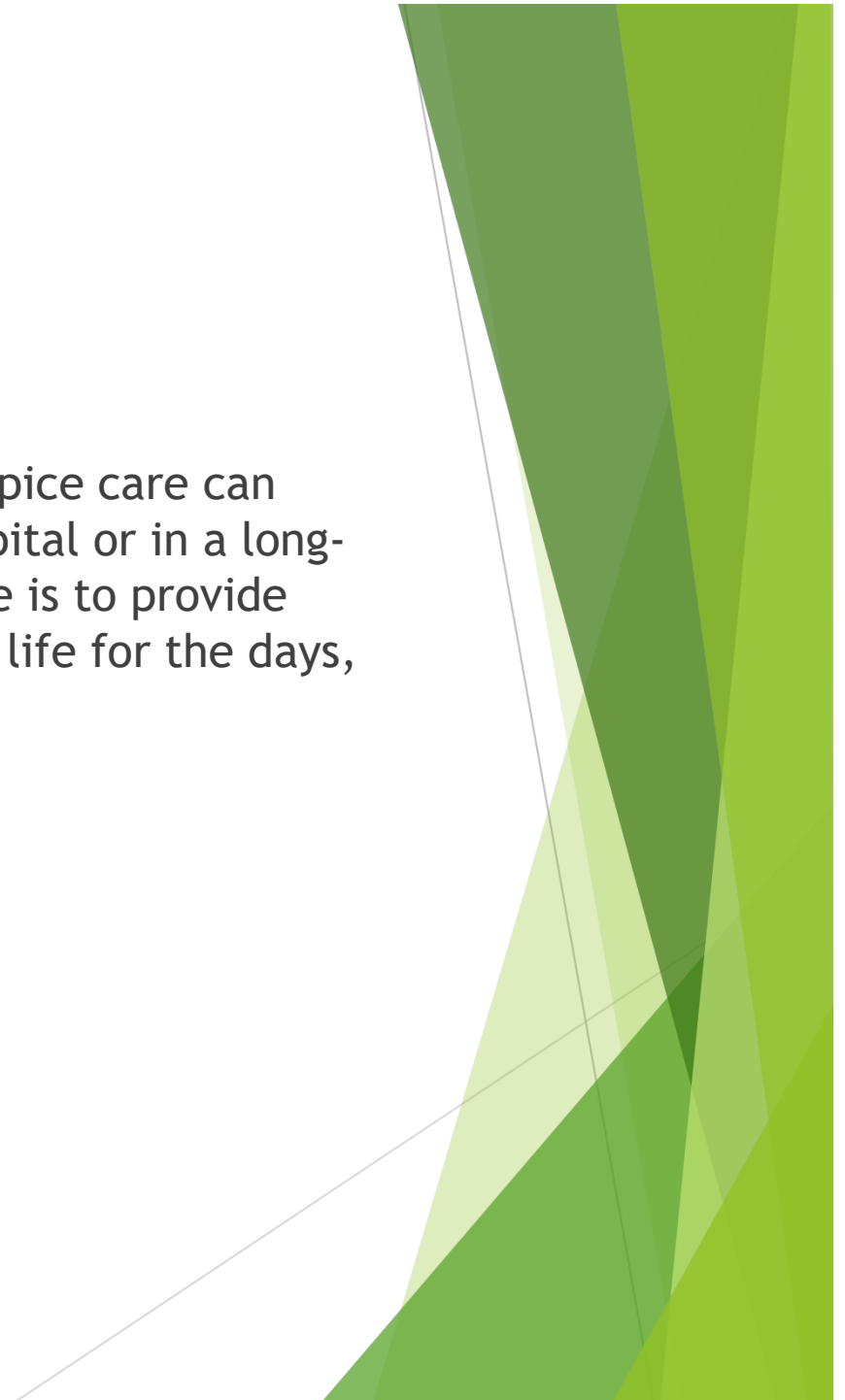
- ▶ Hospice Mission and Values
- ▶ Hospice Philosophy
- ▶ Hospice Programs and Initiatives
- ▶ Quality End of Life Care
- ▶ Pain and symptom management
- ▶ Principles of death and dying
- ▶ Individual responses to death
- ▶ Methods for coping
- ▶ Patient's rights
- ▶ Appropriate Forms
- ▶ Coordinated Care Plan
- ▶ Record keeping requirements

Blessing Hospice Mission and Vision

- ▶ Mission Statement: Blessing Hospice is dedicated to providing exemplary End of Life Care to our community.
- ▶ Vision Statement: Blessing Hospice will be the recognized community leader and provider of choice for end of life care.

Hospice philosophy

Hospice is a type of care, not a place. Hospice care can take place at someone's home, in the hospital or in a long-term care facility. The goal of hospice care is to provide comfort and focus on a person's quality of life for the days, weeks or months that remain.



Hospice programs and initiatives

- ▶ Care is compassionately delivered by members of the Blessing Hospice team. This team includes specially trained, nurses, social workers, chaplains, home health aides and volunteers. Speech, Occupational, and Physical Therapy is available as needs are identified. Complimentary therapies of Music and Massage Therapy are also made available per physician order.
- ▶ The hospice team make regular visits as agreed upon with the patient. A nurses typically visits twice a week and nursing is available 24/7 for symptom management.
- ▶ Hospice staff teaches and supports the patient's caregiver to meet the patient's needs and makes arrangements for medications, medical equipment, and supplies. After consulting with the patient and their provider some medications might start or be stopped to achieve the most comfort for the patient.

Hospice programs and initiatives continued

- ▶ Hospice offers 4 levels of care based on the patients needs: Routine Home Care, Respite Care, General Inpatient Care, and Continuous Care.
- ▶ The Beside Emotional Support Team (B.E.S.T.) is made up of specially trained volunteers that sit with a patient during the patient's final hours when family is not available
- ▶ The Hospice Hope Project is supported by donations and provides patients the opportunity to fulfill an important goal or hope before death.
- ▶ Bereavement Support is available to the family for up to 13 months after the patient dies and includes supportive visits, phone contacts, a monthly newsletter and an annual Memorial Service.
- ▶ Memory Bears are lovingly made by hospice volunteers from an article of the patient's clothing and presented to the surviving family.

Quality End of Life Care

- ▶ Quality End of life care includes:
 - ▶ Physical comfort
 - ▶ Emotional support
 - ▶ Promoting shared decision making
 - ▶ Treating the person with respect
 - ▶ Providing information and emotional support to family members
 - ▶ Coordinating care across settings
 - ▶ Accepting patient/family autonomy to make decisions appropriate for them

Pain and symptom management

► Objectives

- Identify typical issues and symptoms that occur at the end of life
- Identify what you can do to address symptoms when they arise

Common End of Life Symptoms

Food and Fluid Issues

“Are we starving them?”- “We don’t want them to get dehydrated.”

The desire to eat or drink usually decreases- this is a natural response of the body as the body system slows down.

It is normal for the patient to lose interest in food and drink as the illness progresses and it may become difficult to swallow.

What can you do:

- ▶ Always offer drinks or food-Encourage (never force or with hold)
- ▶ Ask patient if there is a favorite food or drink that sounds good to them
- ▶ Mouth swabs are available for dry mouth is a comfort measure
- ▶ Help reassure family members and encourage them to talk with nurse

Common End of Life Symptoms

Pain- Always ask about pain

- ▶ **Believe the Patient!** -Remember pain is whatever-whenver-and wherever-the person says it is.
- ▶ Notice facial expressions (grimacing-frowning-wrinkled brow)
- ▶ Moaning-groaning or crying out- rubbing or protecting a certain spot
- ▶ Moving slowly- pacing or rocking back and forth

Anxiety- Feelings may cause anxiety-fear of dying-worrying about family

- ▶ Tension or shakiness- problems concentrating- sleeplessness

Restlessness- A condition that usually occurs -especially in the last 48 hrs.

- ▶ Fidgeting-pulling at sheets or clothing-moving extremities
- ▶ Inability to get comfortable- moving around-tossing and turning
- ▶ Trying to get out of bed for no known reason

Myths and Reality of Narcotics

MYTHS

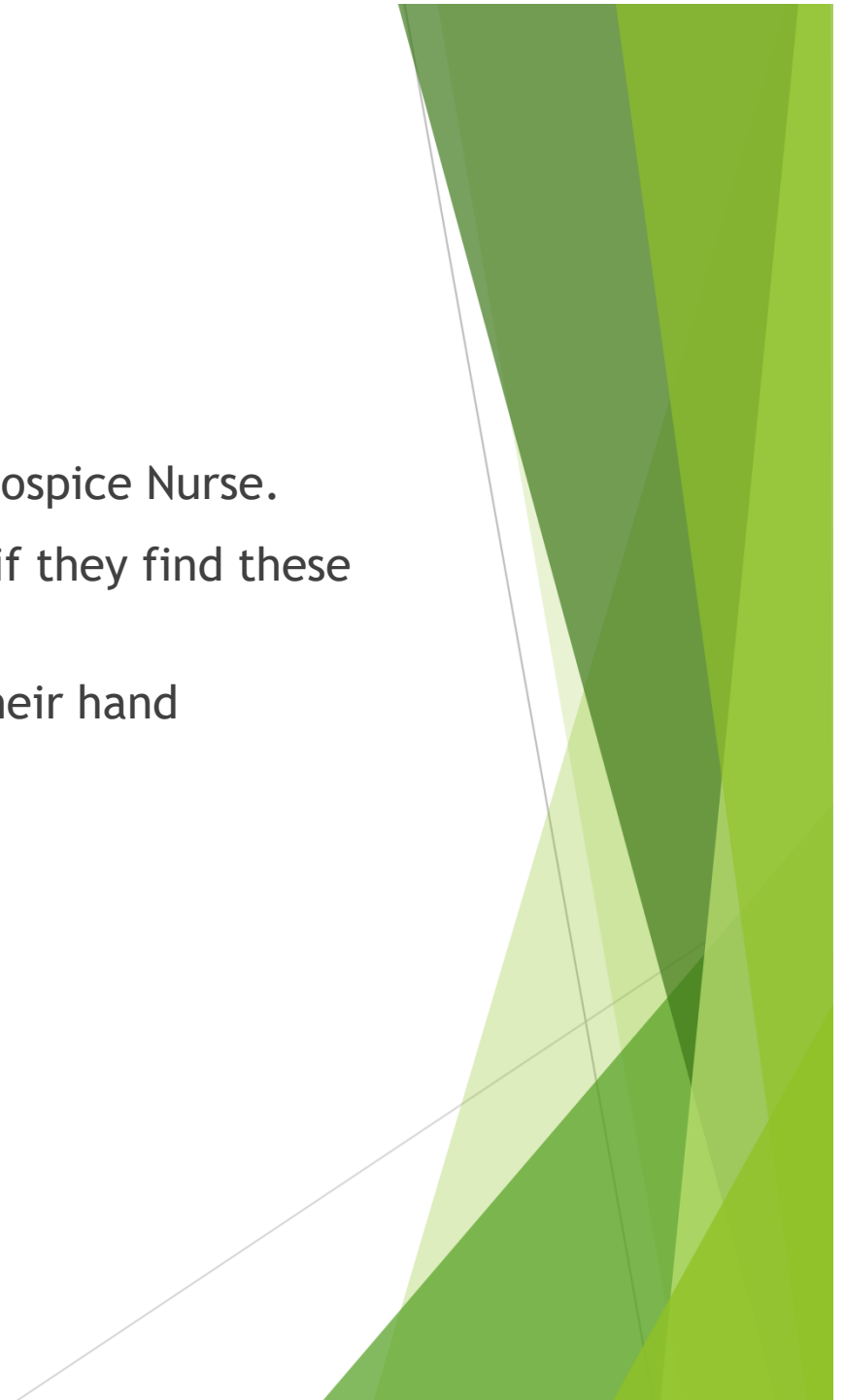
- Narcotics are addicting.
- Narcotics slow down respiratory.
- Will hasten death.
- It just knocks one out or feels foggy and lose control.

REALITY

- Rare for terminally ill when used for symptom management.
- Rare if adjusted slowly for relief Desired effect for air hunger.
- Research doesn't support - needed for pain management.
- When taken regularly-tolerance quickly develops-should go away within days.

What you can do...

- ▶ Report any of these Symptoms to the Hospice Nurse.
- ▶ Be supportive to patients and families if they find these symptoms distressing.
- ▶ Patients may find holding or stroking their hand comforting



Principles of death and dying

- ▶ Each person has his/her own view of death and attitude toward it
- ▶ Society as the main influencer has a huge impact on people's perception of death
- ▶ The attitudes of society towards death have been changing over time
- ▶ Fear has always been one of the most common attitudes towards death
- ▶ Attitudes towards death change over the lifetime of a person

Individual responses to death

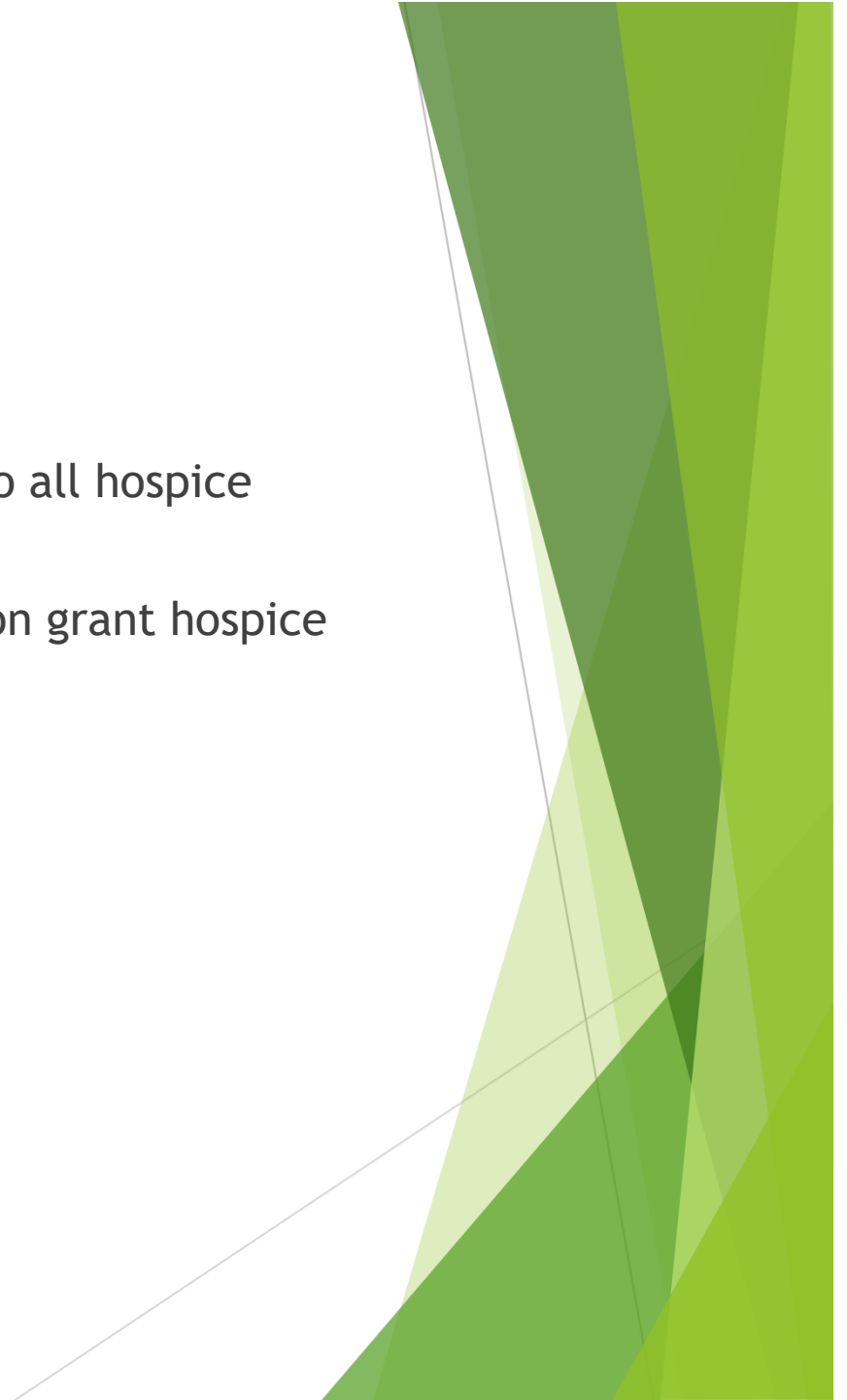
- ▶ American society tends to deny the reality of death
 - ▶ Previous death experiences
 - ▶ Circumstances of death
 - ▶ Some medical professionals view death as a failure
- ▶ Cultural factors can significantly influence patients' reactions to their illness and the dying process
- ▶ There are many different religions and belief systems across the world. Each holds an individual view of death and mourning.

Methods for coping

- ▶ Join in rituals - memorial services, funerals and other traditions help people cope
- ▶ Express and release emotions - have a good cry, listen to particular songs or find those things that will help bring comforting memories
- ▶ Talk about it - tell your story, talk about your feelings but don't pressure the talk
- ▶ Write a journal to express feelings, emotions
- ▶ Preserve memories - plant a tree or garden, create a memorial or tribute or take part in charity run or walk
- ▶ Join a support group

Patient's rights

- ▶ A statement of patient rights is given to all hospice patients upon admission.
- ▶ The Medicare Conditions of Participation grant hospice patients specific enumerated rights.



Each patient has a right to...

- ▶ Receive effective pain management and symptom control
- ▶ Be involved in developing his/her plan of care
- ▶ Refuse care or treatment
- ▶ Choose his/her attending physician
- ▶ Have a confidential clinical record
- ▶ Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
- ▶ Receive information about the services covered under the hospice benefit
- ▶ Receive information about the scope of services that hospice will provide and specific limitations on those services

Appropriate Forms

Documents sent to facility after admission to hospice

- ▶ Plan of Care
- ▶ Election of Benefits (EOB)
- ▶ Release of Information
- ▶ Power of Attorney
- ▶ Do not Resuscitate (DNR)/Practitioner Order for Life-Sustaining Treatment (POLST)
- ▶ Blessing Privacy Notice

Coordinated Care Plan

The nursing facility and hospice staff have joint care planning responsibilities. The Plan of Care must:

- ▶ Include how to manage pain and other care needs and be updated to reflect the patient's current condition
- ▶ Designate which services the facility and hospice will provide to meet the needs of the patient
- ▶ Document communication between the facility and hospice when changes are indicated

Green Sheet left in Facility indicates:

PLEASE CONTACT HOSPICE FOR THE FOLLOWING:

- ▶ Before initiating facility standing orders. Hospice needs to determine if the medications and/or treatments are consistent with the hospice formulary
- ▶ Any care plan meeting regarding the patient
- ▶ Any change in pain level
- ▶ Before ordering any medications provided by hospice
- ▶ Any other change in the patient's condition or status
- ▶ Immediately at the time of the patient's death
- ▶ Before contacting the physician
- ▶ Before arranging for any outpatient treatments or testing
- ▶ Before arranging for hospitalization
- ▶ Before arranging transportation for the patient out of the facility
- ▶ To order equipment or any of the following supplies:
 - ▶ Incontinence supplies
 - ▶ Medical dressings
 - ▶ Catheters and other urinary/bowel supplies
 - ▶ Pressure relief supplies
 - ▶ Needles/syringes
 - ▶ Gloves
- ▶ For any questions about hospice policy

How to contact Hospice

- ▶ 217-228-5521
- ▶ 877-672-7610 (Toll Free)
- ▶ Call the Blessing Operator at 217-223-8400 and ask for the Blessing Hospice Nurse on call

Record keeping requirements

- ▶ Admission paperwork faxed to facility
 - ▶ Election of Benefits (EOB)
 - ▶ Plan of Care
 - ▶ Advanced directives
 - ▶ Initial orders
- ▶ Interdisciplinary Team Meeting Summaries faxed to facility every two weeks
 - ▶ Demonstrates evidence of a coordinated care plan
 - ▶ Kept on chart in facility

Hospice FAQ Video

- ▶ For more information, please refer to our FAQ Video located at this link:
 - ▶ <https://www.blessinghealth.org/hospice>