

Hospice Care

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Hospice Care - Objectives



1. Hospice Philosophy
2. Comfort, Pain & Symptom Control
3. Patient Rights
4. Communication & Documentation
5. Death & Dying
6. What is Grief?
7. Post Test

“You matter because you are you, and you matter to the last moment of your life.”

-Dame Cicely Saunders, Hospice pioneer

Hospice Philosophy

- The goal of Hospice care is to promote “comfort” for individuals who are approaching the end of their lives.
- Any life limiting illness may qualify, not just cancer.
- Limited life expectancy if the disease runs its normal course.
- Signs of disease progression may include - weight loss, decreased appetite, frequent infections, sleeping more, or are needing more help with activities of daily living.
- Hospice care continues for as long as the individual continues to qualify and wishes to continue services.

Hospice Philosophy

- Care is provided regardless of ability to pay, disease, age, race, handicap, religion, or sexual orientation.
- Care is provided wherever the patient calls home.
- **Hospice care is covered by Medicare, Medicaid, and private insurance:**
 - The benefit covers medications, supplies, and equipment related to the individual's end of life disease.
 - Hospice team is composed of physicians, pharmacists, social workers, nurses, hospice aides, chaplain, dieticians, and volunteers.
 - Hospice Registered Nurse is available 24 hours a day, 7 days a week.
 - Hospice team works together with staff in a long term care facility or assisted living to provide quality care.

Respect for the rights of the patient and family is of critical importance during the sensitive months before the resident's death.

An individual who receives Hospice care has the following rights:

- Receive a copy of the hospice Bill of Rights.
- Receive care according to the plan of care and participate in creating and changing that plan.
- Right to refuse care, treatments, or services.
- Informed of how payment for hospice will be covered.
- Know they have the option to choose freely their provider of hospice services.

Patient Rights

- Be treated with kindness and respect
- Right to have all information remain private
- Free to voice complaints and concerns. Be provided with contact information for concerns.
- Receive notice of changes in services or providers.
- Assert these rights without retaliation.
- Be free from physical and verbal abuse. Free from mistreatment and neglect.

Comfort, Pain & Symptom Control

- Studies show that most individuals do not want to be moved at the end of life. Hospice is provided where the individual calls home.
- When individuals live in a facility the staff become like extended family to residents and their families. Hospice and facility staff become a team.
- Physical, mental, social, and spiritual concerns can change the patient's comfort level.
- Symptoms such as pain, shortness of breath, worry, restlessness, and many others may develop or worsen

When curing the disease is no longer possible there is much that can be done to promote comfort and provide a better quality of life.

Communication & Documentation

Communication between the Hospice & facility is very important to provide quality care to both the resident and family. Communication begins as the resident is admitted to hospice and continues as the resident's condition changes.

- 24 hour contact information is provided and the facility is encouraged to call the hospice team at time for any reason.

Information provided to facility by Hospice:

- Who the care team members are and their responsibility
- Copy of signed consents
- Physician order
- Medications covered by hospice
- Visit plan and record of past visits
- Currently plan of care and Advance Directives

Death & Dying 1-3 months prior

Less food intake

- Encourage food and fluid as the resident wishes
- Resident will not be uncomfortable without food or fluid

More sleeping, quiet, lost in thought, or less talkative

- Allow rest
- Change the resident's position if needed for comfort
- Provide cushions to bony areas



Death & Dying 1-2 weeks prior

More restlessness or agitation, more confusion about time and place, and decrease ability to remember familiar people

- Use side rails per facility policy
- Medication may be helpful
- Provide gentle reminders for reorientation

Visions of people and things not visible to others

- Visions are common and can provide comfort to the dying person
- Medications may be helpful if patient is upset by visions

Incontinence of urine and stool

- Provide good hygiene and use pads or briefs as needed
- A catheter may be used for comfort

Death & Dying days or hours prior

Moist sounding breathing or difficulty clearing oral secretions

- Likely not uncomfortable for the patient
- Medications can be helpful – provide good oral care
- Elevate the head of the bed and repositioning may help

Hearing is thought to be the last sense to diminish

- Assume the patient can hear
- Give explanations before care & encourage family to talk to the patient

Changes in skin color from pale to ashen or purpling in bony areas

- Avoid too many covers – loose blankets or sheets

Fevers are common in the final stages

- Cool cloths to forehead for comfort

Surges of energy – usually of short duration

- Educate family that this is a time to visit and say goodbyes

What Is Grief

- Grief is the normal process of reacting to loss.
- There is no right or wrong way to grieve - Everyone responds to grief differently.
- Physical responses to grief may include sleeping problems, over eating, not eating, fatigue, restlessness, headaches, poor concentration, and body pains.
- Initial withdraw from family and social activities.
- Grief lasts as long as it takes to adjust and learn to live with the loss.

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What Is Grief

- Grief is thought of as a roller coaster with many ups and downs.
- Acknowledge and accept grieving, be gentle with yourself, and others.
- If needed, seek professional help – reach out to counselors, spiritual advisors, or participate in a grief support group.
- You may also contact a hospice bereavement coordinator.



True or False

1. The Medicare Hospice Benefit was designed as a six week program.
2. The unit of care in Hospice is both the resident and the family.
3. The resident has the right to refuse care.
4. When starting hospice the resident/family has the choice of Hospice providers.
5. It is important to address pain and symptoms whenever they occur.
6. Physical, psychological, social and spiritual needs can all impact comfort.
7. Appetite and food intake usually increases through the dying process.

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True or False

1. Hearing is thought to be the last sense to diminish.
2. Grief is a normal process of reacting to loss.
3. Grief takes at least 20 months to learn to live with the loss.
4. All Hospice volunteers must have Hospice training.
5. Facility staff is urged to call the hospice team with any problems.
6. Medicare hospice Benefit pays for medications, supplies, and staff for support.

Hospice Myths

- Hospice is only for cancer patients
- Hospice is giving up
- Hospice hastens death
- Hospice is only used for the very last weeks of life
- Hospice only lasts for six months
- A doctor has to make a referral for hospice care
- Hospice ends when the patient dies
- Hospice requires that you give up medications

What myths have you heard?

Hospice Care - Assisted Living

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Thank you for your time!

Questions?



Contact Information

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References

- Karnes, Barbara. (2014) Gone from my Sight. *The Dying Experience*.
- National Hospice and Palliative Care Organization (NHPCO). www.nhpco.org

Hospice Education 101 – post test

Employee Name _____

TRUE or FALSE

1. Hearing is thought to be the last sense to diminish.
T or F
2. Grief is a normal process of reacting to loss.
T or F
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T or F
4. All Hospice volunteers must have Hospice training.
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6. Medicare hospice Benefit pays for medications, supplies, and staff for support.
T or F

(printable post test for employee file)
Education provided by Avera @ Home