

HOSPICE ORIENTATION FOR SKILLED NURSING FACILITIES

(2008 Medicare Conditions of Participation for Hospice Care 418.122 (f))

Hospice Philosophy

Hospice is a unique concept of care designed to provide comfort and support to patients and their families during the final phase of a terminal illness.

Hospice care neither prolongs life nor hastens death. It focuses on comfort and quality of life rather than cure.

Hospice deals with the emotional, social and spiritual impact of the disease on both the patient and the family.

Hospice addresses all symptoms of a terminal illness, with special emphasis on controlling a patient's pain and discomfort.

The goal of hospice care is to enable the patient to continue an alert, pain-free life for as long as possible and to manage other symptoms so that the patient's last days can be spent with quality and dignity, surrounded by family and friends.

Your facility staff can join together with the hospice team, which specializes in the dying process, to make this goal a reality for your residents on Hospice.

Hospice Interdisciplinary Team members include:

- Hospice RN Case Manager
- Medical Social Worker
- Spiritual Counselor
- Hospice Aide - trained in comfort measures and death/dying.
- Bereavement counselor
- Physician specializing in Hospice
- Trained Hospice Volunteer
- Other Therapy as needed

Methods of Comfort

Hospice implements a variety of comfort methods for both the patient and family. Nurses, physicians, medical social workers and spiritual counselors each complete an assessment used to identify appropriate interventions. These interventions are then implemented as needed to help bring added comfort to both patient and family.

Additional comfort care measures are encouraged for use by all caregivers, including those caring for patients in facilities.

Comfort Care Measures

Offer a quiet, private environment for residents and families that supports the intimate process of dying.

Support personal rituals used to honor the dying resident.

Provide emotional, spiritual and bereavement care.

Offer food and fluids only as the dying person desires and is able to take.

Reposition at frequent intervals to ensure comfort.

Offer frequent oral care.

Instill artificial tears or eye lubricant for increased comfort when needed.

Limit vital signs to respirations and pulse when appropriate.

Stop medications that are not essential to promoting comfort (including antibiotics if the patient and family so choose).

Stop needle sticks for blood draws, including finger sticks for blood sugars.

Remove nonessential equipment that may distract care providers and family from focusing on their loved one who is dying.

Pain Control

Medication dosages used in hospice patients may be *higher* and/or given *more frequently* than those routinely used for skilled nursing facility patients.

This allows for optimal pain & symptom control.

Pain medications in hospice may be administered in a variety of ways, including:

Patches

Creams/gels

Infusion Pumps

Tablets

Liquids

Sublingual meds

Suppositories

Spiritual and emotional pain is also addressed by the hospice team. Methods used to address these types of pain may include:

Bereavement Counseling

Spiritual Counseling

Music therapy

Aroma therapy

Relaxation

Massage

Symptom Management

One goal of the hospice team is to initiate a quick response to any symptom that causes the patient discomfort.

For this reason, the hospice staff is available 24 hours/day and should be called by facility staff when symptoms arise.

Symptoms that are managed by hospice may include, but are not limited to:

- Pain
- Anxiety
- Nausea and vomiting
- Constipation
- Restlessness or agitation
- Shortness of breath
- Depression

Principles of Death and Dying

Hospice provides support, reassurance and information about grief, bereavement and the dying process.

Emotional & Spiritual signs of approaching death:

- Withdrawal
- Vision-like Experiences
- Restlessness
- Decreased Socialization
- Needing permission from loved ones to go
- Saying Good-bye

Physical signs of approaching death:

- Increased amount of time sleeping
- Coolness of arms & legs
- Skin color changes
- Bowel and/or bladder incontinence
- Decreased urinary output
- Decreased appetite & thirst, may want little or no food or fluid
- Breathing pattern changes
- Congestion, gurgling sounds with respirations

Individual Responses to Death

FIVE REACTIONS TO TERMINAL ILLNESS as identified by Elizabeth Kubler-Ross:

1 - Denial and Isolation Avoiding all discussion about the illness. Discussion focuses instead on the future, as if the illness doesn't exist.

2 - Anger about reality Expressing anger when the reality of the illness is recognized and no longer can be avoided; posing the questions: 'Why me? What have I done to deserve this?'

3 - Bargaining Making promises to a higher power to change one's life or do special good works in exchange for a cure or a longer life.

4 - Depression Becoming too weakened by the illness and/or feeling a deep sadness about the inability to perform simple tasks or function in the way to which one has been accustomed. Awareness of the approaching end of life.

5 - Acceptance If time permits, preparing for death from a religious, philosophical, social or emotional standpoint – almost becoming detached from the terminal illness.

** Dying patients and their family members may follow these stages in sequence or, more frequently, may revert back and forth between stages.*

Patient Rights

Patients have the right to be notified of their rights and responsibilities:

Verbally and in writing

In a language and manner that the patient /family understands

During the hospice assessment visit in advance of hospice care being furnished

Including information about advance directives

Patients have the right to:

Exercise his or her rights as a patient

Have his or her property and person treated with respect

Voice grievances

Be protected from discrimination or reprisal for exercising their rights.

Receive effective pain management and symptom control

Be involved in developing his or her plan of care

Refuse care or treatment

Choose his or her attending physician

Have a confidential clinical record/HIPAA

Be free from mistreatment or any type of abuse

Receive information about their hospice benefit

Receive information about the scope and limitations of hospice services

Documentation Provided by Hospice

When a Hospice patient is admitted to a facility, the hospice will provide the facility with the following information:

- Patient's most recent Plan of Care
- Copy of patient's Hospice election form
- Patient's advanced directives
- Physician certification/recertification of terminal illness
- Names and contact information for hospice personnel
- Instructions on how to access the hospice's 24-hour on call system
- Hospice medication information
- Hospice physician/attending physician orders

Record Keeping Requirements

In keeping with the 2008 Conditions of Participation for Hospice:

The hospice patient's facility clinical record will include a record of all inpatient services furnished and all events regarding care that occurred at the facility.

A copy of the facility's discharge summary will be provided to the hospice at the time of discharge.

A copy of the patient's inpatient clinical record is available for review upon request of the hospice at the time of discharge.

Comments or Questions:

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