Hospice

For

Nursing Students

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Hospice for Nursing Students

Goals:

1. To introduce the philosophy and goals of hospice care.
2. To discuss services provided by Hospice of Napa Valley and introduce the multidisciplinary team members.
3. To discuss how the hospice team collaborates with nurses employed in facilities/hospitals.
4. To teach students how to make a referral for hospice care.

Objectives:

At the conclusion of this class, the student will be able to:

1. Describe the major differences between hospice care and other types of medical care.

2. Discuss the importance of having a multidisciplinary team care for a dying patient.

3. List 4 members of the hospice team and describe one role for each team member.

4. Describe a patient who may benefit from hospice care.

5. State 3 ways that hospice supports the nurses working in a skilled nursing facility.
I. Philosophy of Hospice
   A. Comfort care vs. Curative care
      1. Palliative = "to ease without treating the underlying cause."
      2. Aggressive measures may be used to control uncomfortable symptoms.
   B. Unit of care = patient, family and caregivers.
   C. No patient or family is ever billed for our services.
      -- Hospice Medicare Benefit, insurance companies
   D. Hospice can care for a patient in almost any non-acute care setting:
      1. Private homes
      2. Skilled nursing facilities
      3. Assisted Living facilities
      4. Board & Care homes
      5. Veterans' Home
      6. Napa State Hospital

II. Goals of Hospice Care: Comfort and Support
   A. Focus is on comfort for the patient and support for patient and family by providing:
      1. Physical / Medical Support: controlling pain, nausea, anxiety, etc.
      2. Emotional Support: to patient, family and caregivers
      3. Spiritual Support: for the patient
B. To promote an environment in which the patient and his/her family can accomplish life-closure tasks such as:
   --Mending relationships
   --Resolving unfinished business
   --Saying good-bye

III. The Hospice Team and Services

A. Multidisciplinary team = holistic (whole person) approach
   --The patient/family are multidimensional
   --Team supports the patient and family in order that the last period of the patient's life can be as comfortable as possible.

B. Hospice Team Members and Roles
   1. Patient's Personal Physician
      --Approves of and oversees all orders and care plans

   2. Hospice Medical Director
      --Advises on medications and care plans
      --May give orders when patient's own physician is unavailable.
      --Corby Kessler, M.D.

   3. Hospice Nurse - R.N. - Casemanager
      --Partners with physician to manage symptoms
      --Coordinates care between team members, caregiving staff, the family, and the M.D.
      --On call R.N. - available 24 hrs/day, every day.
      --Visits patient as often as is needed

   4. Hospice Medical Social Worker
      --Supports patient and family by providing emotional counseling and grief support.
--Connects family to community resources, as needed
--Assists with paperwork for Advanced Directives, DNRs
--On request, may assist with funeral arrangements

5. **Hospice Spiritual Care Providers**
   --Non-denominational
   --Provides interfaith spiritual care to patients/families through spiritual counseling, education and ritual.
   --Performs funeral and memorial services, on request

6. **Hospice Home Health Aide/ Homemaker**
   --Provides personal care and homemaking services

7. **Hospice Bereavement Team**
   --Offers support to patient and family before and after the patient's death.
   --Grief support groups - also open to our community

8. **Hospice Volunteers**
   --Given special training
   --Capable of doing many services for patients:

   | Companionship | Reading   |
   | Playing games | Errands   |
   | Special foods | Flowers, treats |
   | Outings with patient | PAWS (Pet Therapy) |

**IV Other Hospice Services**

A. **Dietitian** – for consultations, education
B. **Physical Therapy**
C. Hospice supplies *some* medications:
   - Medications related to the terminal disease
   - "Comfort" medications
D. Hospice supplies *most* medical equipment:
   - Hospital bed
   - Wheelchair, walker, bedside commode
   - Specialized mattresses, as indicated
   - Oxygen (depending on terminal diagnosis)
V The Nurse’s Role in Making a Hospice Referral

A. If you have a patient who continues to decline in spite of medical care, first ask the physician to consider a hospice referral.
   - The physician must be willing to certify in writing that the patient has 6 mos. or less to live if the disease runs its normal course.

B. Then the physician needs to have a conversation with the patient and/or family to inform them about the recommendation for hospice care.

C. Hospice will then evaluate the patient to determine qualification.
   - Each end-stage disease must meet its own set of criteria as specified by Medicare

D. The patient/family must decide that they no longer wish to pursue curative care for the terminal diagnosis and that they desire comfort care.
   - Hospice will meet with patient and family to give them information about hospice care and services.
   - Hospice is always a choice!

VI How the Nurse and Hospice Team Collaborate

A. Skilled Nursing Facility Nurse:

   1. Hospice supplements and supports the care the facility staff are providing – Hospice care does not replace SNF care.

   2. Hospice educates the facility staff on how to care for patients on hospice services:
a. How and when to give medications related to hospice care
b. What medication side effects may occur
c. How to give hospice comfort care
d. Education on pain management
e. What to expect during the dying process
f. How and when to call the hospice nurse
g. How to respond to family needs related to terminal care

3. Hospice assists and supports the facility staff:
   a. Providing training and inservices
   b. Providing emotional and spiritual support
   c. Assisting with dressing changes and other patient care
   d. Facilitating communication between:
      --the nurse and the patient/family
      --the physician and the patient/family
      --the facility staff and the physician

B. The Hospital Staff Nurse:

1. When a hospital staff nurse assesses that a patient is continuing to decline in spite of optimal medical care, it is appropriate to approach the physician and inquire if a referral to hospice care may be beneficial.

2. When the physician has made a referral, the patient/family need to be informed of the referral for hospice care. If the patient/family is interested in hospice services, the hospital's Casemanager/Social Worker contacts hospice.

3. Hospice comes to the hospital to meet with the patient and family to give information and to determine if they now desire comfort care vs further curative care.

4. Hospice may ask the staff nurse for information on the patient's condition to determine qualification.

5. Staff nurse's role is to support the patient/family's decisions.
   --Patient advocate role
Hospice for Nursing Students
Post Test

True or False:

1. The major goal of hospice care is to help the patient live as long as possible.
2. The unit of care for hospice care consists of the patient, the family and the caregivers.
3. Hospice can only care for patients if they are residing in private residences.
4. The primary role of the Hospice Home Health Aide is to provide spiritual care for the patient.
5. If the patient needs a hospital type bed in order to be comfortable, hospice will provide one.
6. No patient or family ever receives a bill for services provided from Hospice of Napa Valley.
7. The R.N./Casemanager is primarily responsible for assisting the patient with making funeral arrangements.
8. Hospice collaborates with facility nurses by training those nurses how to care for dying patients.
9. The first step in making a hospice referral is to ask the patient's physician if he/she feels the patient may benefit from hospice services.