Hospice & Palliative Care

Module I

Objectives

- Differentiate between PC and Hospice
- Identify one's own feeling related to death & dying
- Lists benefits of PC & Hospice for patient/family
- Define patient-centered care
- Define the Interdisciplinary Group (IDG)
- Verbalize the role of the Hospice Aide on IDG

Historical Background

- Hospice derived from Latin word :"hospitium"
- 1948: St. Christopher's Hospice
- 1963: Dame Cicely Saunders: Brought modern hospice to United States
- 1973: First Hospice in United States
- 1986: Hospice permanent Medicare benefit

Hospice Concept

- Goal: To promote comfort and prevent suffering
- Maintain quality at the end of life
- Promote dignity & respect
- Affirm life
- Dying is a normal life process
- Does not hasten death
- Support for patient and family
- Care for the whole patient-"holistic approach"

Thoughts about Death and Dying

- Individual thoughts
- Influenced by Society
- Fear most common feeling
- Feelings may change

NHPCO

Important Note for Self-Exploration

What is our own attitude & ability to face terminal illness and death?

Continued

"If this is a big problem in our own life, and death is viewed as a frightening, horrible, taboo topic, we will never be able to face it calmly and helpfully with a patient."

– Kubler-Ross, 1969, p.31

Obstacles that Delay Hospice Care

- Patients believe choosing hospice is giving up hope
- Health care professionals feel like a failure
- Avoidance by health care professionals to talk about end of life
- Avoidance by patient to talk about end of life
- Patient given hope that more treatment will help
- Believe hospice is a place

Some Facts About Hospice

- Hospice is not about losing hope-it is about redefining hope
- Patients are not required to sign a Do Not Resuscitate (DNR) order
- More than half of patients admitted to hospice have diagnosis other than cancer
- Patients do not have to be near death or actively dying to be admitted to hospice

Benefits of Hospice

- Hospice provides:
- An alternative to potential overuse of technology
- Symptom control for dying patients
- The expertise of professionals to provide pain control
- Gives patients more control of their care
- Bereavement services for the family/caregiver for one year after the death of their loved one

Background of Palliative Care

- Used hospice care delivery as its model to treat the "whole person"
  - Physical
  - Psychological
  - Spiritual
  - Social
- Care is provided to the patient / family/caregiver

Why Palliative Care?

- People are living longer
- The majority of these older people have chronic illness, such as:
  - Cancer
  - Heart disease
  - Respiratory disease
  - Kidney disease
- Decreases hospitalizations
- Patient/family satisfaction
- Cost effective

Palliative Care versus Hospice Care

- The two may be described as:
- Hospice is PC intensified as the patient nears death—6 months or less
- Non-hospice PC does not have time limits
- It is the ideal situation when the chronically ill patient has been in a PC program and then as death nears they enter a hospice program

Benefits of Palliative Care for Patient & Family

- Provides support and guidance in goal setting
- The patient & family are central in the care planning process
- Promotes open dialogue related to disease, and end-of–life conversation
- Less hospitalization
- The patient and family have a better understanding the condition and prognosis
- Patient may receive hospice services sooner than later

Benefits of Hospice for Patient & Family

- Management of pain and symptoms
- Emotional, spiritual support
- Relief for the caregiver
- Medications
- Durable Medical Equipment
- Bereavement for family after the death
- Interdisciplinary group of experts delivering care
- Patient Centered

What is Patient Centered Care?

"Care that is respectful of and responsive to individual patient preferences, needs, and values" and that ensures "that patient values guide all clinical decisions."

(Institute of Medicine)

Interdisciplinary Group (IDG)

What is the IDG?

- Interdisciplinary Group: The Interdisciplinary Group (IDG) is the team responsible for the development & delivery of care for the hospice beneficiary. The patient/family are included in this process as well.
- Must review, revise plan of care as often as condition requires but no less than every 15 days.

Hospice Aide

- The need for the Hospice Aide is based on the assessment done when the patient is admitted to the hospice and the care planning by the IDG with the patient/family/caregiver.
- As a patient's condition declines the Hospice Aide may added to the POC to care for the patient. This may be determined at the IDG and the patient/family/caregiver.

Hospice Aide Competencies

- Collaborates with IDG to assist in the individual plan of care
- Collaborates with IDG when educational needs of patient/family identified
- Effective IDG collaboration by demonstrating respect & awareness of diversity

-HPNA

The Aide's Role in the IDG

- Communicate findings to their supervisor
- Share meaningful information with IDG utilizing whatever strategies the agency has found effective for their operations
- Attend IDG according to agency operations
- Recognizing the need for the expertise of someone from the IDG and sharing the information

Hospice Aide & IDG

- Whether the Hospice Aide attends IDG varies from agency to agency.

Factors that influence this are:

- Demand for the Hospice Aide in the organization
- Demands of patient care
- Limited resources
- Time constraints

Hospice Aide's Importance to the IDG

- In most organizations the Hospice Aide spends more time with the patient than anyone else on staff
- They are in a one to one relationship and their work requires some intimacy
- Hospice Aides usually see the hospice patient more frequently than any other discipline in the group