



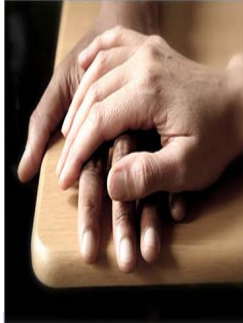
THE BEACON



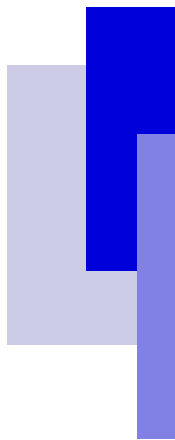
Issue No. 11

A Monthly Newsletter for Physicians and Health Care Professionals from Americare Hospice

Hospice in the Long-Term Care Setting



“To provide care with excellence to anyone experiencing or sharing in an end of life Journey”



We all know that long-term residents of nursing homes view the nursing home as their home, and most people wish to die in their home. Yet studies show that 42% of residents in nursing homes will be admitted to hospitals during the last 30 days of their life. Often, these admissions could have been avoided with the support of hospice care. Residents that receive hospice care during their last 30 days of life, have many fewer hospital visits.

What Do Dying Patients Want?

- Quality of Life
- To die at home (or in the nursing home for long-term patients)
- Control of pain and symptoms
- Avoidance of inappropriate prolongation of the dying process
- A sense of control
- Relief of burdens on family
- Strengthening of relationships with loved ones

Introducing Hospice to Long-term Care Facilities

Physicians and other health care professionals should strive to introduce hospice as a part of what

their long-term care facility simply does when “the time comes.” It should not be a “big deal” or an anxiety provoking-time for staff or residents. People should hear the following message:

“Our extended care facility always provides the best care to our residents, and when certain needs arise we naturally call in the experts. For example, if you need a specialty physician, we will ask him or her to see you. So, it is a part of routine procedure to call hospice for those residents who we know will benefit. We have seen their expertise and care help countless residents and families during this difficult time.”

The following are some more guidelines when patients and families have more specific questions about hospice and may not understand their poor prognosis and limited life expectancy.

1. Establish the setting: Create a comfortable private place. Turn off cell phone and pagers and be sure to allow time. Include everyone (family and friends) whom the patient would want to be there.

2. Find out what the patient understands: Use open-ended questions to encourage the patient

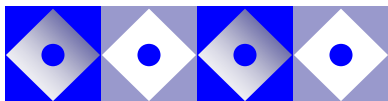
or family to discuss their current medical situation. A key point in starting a discussion about hospice is to fully understand the patient's and family's understanding of their disease and their treatment options. A question like "How do you understand what the doctors have said about your illness?" can be a good starting point.

3. *Uncover the patients expectations:* Make sure that everyone has similar understandings of the prognosis and goals of care. It is important to understand patient's expectations.

4. *Discuss Hospice care in a direct way:* It is helpful to use your insights to address the patients goals and fears when giving information. Listen and clarify misunderstandings. When you explain hospice in the context of the patient's goals, this allows the patients to remain in control over their current situation, while at the same time alleviating any fears and concerns.

5. *Respond to emotions:* A brief emotional response is common at these times, and a sympathetic silence and facial tissues can help. Other times it is useful to acknowledge the sadness, or anger, that is obviously present. This is a difficult time. Patients and families are often grateful for signs that their health professionals care.

6. *Establish a plan:* A well-described and well-understood plan (i.e.. Hospice representative coming to explain more information) is often a reassuring conclusion. Simply call Americare Hospice and we will help make the transition to hospice as smooth as possible. When Hospice is explained to patients and families in a kind, personal way, by a trusted health care professional, it is likely to be well received.



Get to Know Americare...



Left: Beth Berg, BSW —Staci Weisman LMSW

The Social Workers at Americare Home Health and Hospice work with patients by providing needed emotional support and assistance coping with their current situations. They address resource needs and assist with long range planning and financial concerns.

Staci Weisman has served in Home Care and Hospice and has been working with seniors since 1983. She is a graduate of University of Southern Indiana as well as a Masters degree from Indiana University.

"It has been such a privilege to work with this population. There is so much history and a wealth of knowledge that has encouraged me to grow as a social worker. I continue to stand in awe of the life experiences they have so graciously shared."

Beth Berg has served in Home Care and Hospice since 1995 and has been working with seniors since 1991. She is a graduate of Indiana University and is also a certified massage therapist and provides these services for pain control and anxiety when appropriate.

"I am blessed to be in a position to take part in the process of helping. I have found that I take home with me so much more than the technicalities of "the job". Instead it seems that I have become a part of something much larger and special."