

# Long Term Care Facility ~ Hospice Collaboration at End of Life

Hospice in the Long-Term Care facility is designed to optimize end-of-life services in the facility. Hospice services enhance care provided to the resident and the resident's family. Additionally, Hospice is a resource for facility staff in pain & symptom management, addressing complex psychosocial issues, and complying with regulatory and facility standards & requirements.

<b>FACILITY</b>	<b>HOSPICE</b>
<b>REGISTERED NURSE</b>	
Recognize the need for hospice services, and integrate hospice care into 24-hour care of resident. ⇒ MDS oversight & reporting ⇒ Explore referral to hospice w/MD & patient/family. ⇒ Call hospice with changes in condition. ⇒ Follow-up with hospice recommendations to MD.	"Value added" consultation and care management support to enhance EOL experience for resident and facility staff. ⇒ Available 24/7 for pain/symptom consults & visits. ⇒ Documentation to support regulatory requirements. ⇒ Integrate facility & hospice plan of care. ⇒ Recommendations to facility MD for pain/symptom mgt.
<b>NURSING ASSISTANT</b>	
Provides physical care, ensures safety, and gives loving support within timeframe allowed and according to restrictive guidelines. ⇒ Routine AM/PM care and feeding. ⇒ Notify RN with changes in condition.	Enhance physical care and resident support through longer, personalized visits and 1:1 contact. ⇒ Enhanced personal care. ⇒ Notify facility and hospice RN with changes in condition.
<b>SOCIAL WORK</b>	
Complete paperwork required by state and federal regulations; psychosocial patient/family interventions as time allows. ⇒ Identify psychosocial issues and begin interventions. ⇒ Call hospice to request specific pt/family interventions.	Seek opportunities to support families and staff in addition to 1:1 life closure intervention with resident. ⇒ In-depth psychosocial interventions. ⇒ Facilitate family meetings/communications. ⇒ Update facility social worker on communications/interventions.
<b>SPIRITUAL</b>	
If available, provide religious ritual support, often not specific to EOL. ⇒ Call hospice to request specific spiritual intervention.	Non-denominational 1:1 spiritual support through conversations and resident-directed interventions. ⇒ Spiritual & religious interventions for emotional/symptomatic relief. ⇒ Update facility/hospice with results of intervention.
<b>BEREAVEMENT</b>	
Not part of general LTC services; provided informally to staff & families as time and priorities permit. ⇒ Call hospice for pre-bereavement counseling needs (family or staff). ⇒ Call hospice for staff bereavement, special memorials, etc.	Specialized bereavement counseling for family and facilities staff 12 months after death. ⇒ Update facility & staff, re: family & grief. ⇒ Conduct memorial services, staff bereavement support, etc.

<b>FACILITY</b>	<b>HOSPICE</b>
<b>PHYSICIAN</b>	
Traditional medical model focused on routine geriatric and restorative goals/interventions ⇒ Attending Physician maintains routine oversight. ⇒ Assess hospice recommendations and write orders.	Palliative model focused on end-of-life pain and symptom management. ⇒ Hospice MD available for consultation to facility MD. ⇒ Bedside consult if requested. ⇒ Nurse practitioner (available from select hospices)
<b>ADMINISTRATION</b>	
<b>FACILITY ADMINISTRATOR</b> ⇒ Creates a culture that promotes quality end-of-life care and supports facility-based hospice care. ⇒ Oversees and approves hospice contractual relationships. ⇒ Maintains financial integrity of the organization. ⇒ Upholds the facility's mission statement.	<b>PRESIDENT/CEO</b> ⇒ Creates a culture that embraces the provision of hospice in Long Term Care facilities. ⇒ Ensures that contract agreements with LTC meet the needs of both parties and satisfy all legal parameters. ⇒ Investigates ways to promote hospice in LTC. ⇒ Educates LTC industry leaders regarding hospice mission & services available.
<b>DIRECTOR OF NURSING</b> ⇒ Overall responsibility for clinical care and services. ⇒ Ensures that the hospice philosophy is communicated and supported in the facility. ⇒ Seeks opportunities with hospice to augment care & support to LTC patients, families & staff.	<b>DIRECTOR OF HOSPICE SERVICES</b> ⇒ Promotes integration and collaboration of hospice services with LTC facility staff. ⇒ Evaluates quality of the program. ⇒ Ensures integrity of the program. ⇒ Addresses programmatic processes/service delivery issues or concerns.
<b>VOLUNTEERS</b>	
Primarily engaged with same 15% of residents who attend activities, in a group setting. ⇒ Call hospice for staff/resident/family misc. needs (practical, supportive, etc.)	Address individual resident needs through variety of interventions. ⇒ Provide lengthy visits, vigils, transportation, 1:1 watchful companionship, etc. ⇒ Notify hospice & facility with change in condition.
<b>MEDICATIONS, DME, SUPPLIES, LAB WORK</b>	
Not related to terminal diagnosis. Standard room & board and DME/ Supplies: <ul style="list-style-type: none"> <li>• Lotions, Chux</li> <li>• Dressings not related to terminal diagnosis</li> <li>• Lab work not recommended by hospice.</li> <li>• Over-the-counter meds.</li> <li>• Dietary supplements.</li> </ul>	Related to terminal diagnosis, e.g.: <ul style="list-style-type: none"> <li>• O<sub>2</sub></li> <li>• Low air loss mattress</li> <li>• Dressings &amp; lab work related to terminal dx.</li> <li>• Cardiac chair.</li> <li>• Electric low beds.</li> </ul>
<b>THERAPIES</b>	
<b>Restorative</b> ⇒ P.T./O.T./Speech not related to terminal dx or recommended by hospice.	<b>Palliative</b> ⇒ P.T./O.T./Speech to support terminal plan of care.

### **State Hospice Alliance of Rhode Island (SHARI)**

Hospice of Nursing Placement  
401-728-6500

VNS of Greater Rhode Island  
401-769-5670

VNS of Newport and Bristol Counties  
401-682-2100

VNA of Rhode Island  
401-335-2613

VNA of Care New England  
401-737-6050

Home & Hospice Care of Rhode Island  
401-727-7070