Hudson Valley Hospice
Education Newsletter

Enhancing the quality of living for those at the end of life. January 2022 Volume 6 Issue 1

New Face, New Year!

By Julie Primavera

A new year is always a time for reflection. Looking back on 2021, it almost seems like the entire year was just an extended version of 2020. COVID has become such an integral part of our daily lives, our language (think social distancing), and our behaviors, and it has impacted everyone in some way. I'm an optimistic person by nature, so as we go into this new year, I can only hope that 2022 brings some stabilization and lasting relief from the pandemic.

In November, I joined Hudson Valley Hospice to lead our hospital liaisons and outreach teams in developing and maintaining positive, productive relationships with those who refer to our Hospice and Palliative Care programs. My position was created because our organization has experienced tremendous growth. More and more patients and their families are recognizing and embracing the value of the Medicare hospice benefit and providers, nurses, social workers and case managers are more comfortable having goals of care conversations. Now, more than ever, skilled nursing facilities are leveraging our services and expertise to provide an extra level of care for their residents.

Before joining HVH, I was a regional vice president for Wingate Healthcare where I was responsible for census development and management of the admissions teams in New York and Massachusetts. I know firsthand how difficult and challenging the SNF environment has been during COVID. The pandemic took a toll – and continues to take a toll - not only on your residents and their families, but also on your staffing and overall operations. Life in skilled nursing was never easy, but the past two years have put us all to the test.

Someone recently asked me if hospice in a nursing home wasn't just about withdrawing care. Hospice care is quite the opposite – our interdisciplinary team provides additional support and services to complement the care offered by your staff in the safe and compassionate environment of the nursing home. In fact, our focus of care is not just the resident, but the entire family. While you and your staff are the experts in long-term care, we are the experts in pain control, symptom management and end-of-life care. Additionally, our services are unique in that we provide families with bereavement support for thirteen months after the death of their loved one.

I want to take this time to thank you for referring your residents to us and for collaborating with our team to make sure those who need our services can receive them in the comfort of their home environment – wherever that may be. We appreciate the continued opportunity to serve your residents, their families and to support your staff.

On behalf of the entire Hudson Valley Hospice team, we wish you and your team good health, happiness and peace in the coming year. Stay safe!

Have a Question? Call Us!

Referral Center	Hospice Care	Palliative Care	General Inquiries	Bereavement Center
7 Days a Week	Call Us 24/7	845-240-7557	845-485-2273	845-240-7579
845-240-7555	845-240-7510			

Hudson Valley Hospice
Education Newsletter

Hudson Valley Hospice News

Please join us in welcoming Julie Primavera, RN, Director of Provider Relations. She brings a wide range of experience to Hudson Valley Hospice, having served most recently as the Vice President of Sales and Marketing, Skilled Nursing for Wingate Healthcare. Prior to that she was the Director of Internal Communications and Employee Engagement at Health Quest and the Director of Case Management at Vassar Brothers Medical Center.

In her newly created role, Julie will bring all of her experience and skills to the table to ensure that the needs of our providers and their patients are met .

Julie received her Bachelor of Science in Nursing from Pace University and a Bachelor of Professional Studies from Marist College. She and her husband are long-time residents of Marlboro in Ulster County.

When to Call Hospice

- A patient was recently given a diagnosis of six months or less to live.
- If the patient experiences a change in status physically, emotionally, mentally or socially.
- If there is an increase or change in symptoms requiring a change to the plan of care.
- If the patient is transferred to the hospital setting. Hospice staff will assume care for the patient upon arriving to the ER. ER staff must be informed of Hospice status as we work very closely with hospitalists to ensure patients wishes are carried out.
- If the patient is transitioning or actively dying. Our goal is to send our team members to be at the bedside.
- When the patient dies.

Breaking Down the Myths

MYTH:
Hospice is only for cancer patients.

FACT:
Hospice care is available to individuals with advanced illnesses including pulmonary, lung, neurological and renal disease, COVID, HIV/ AIDS, stroke/coma and many others.

Quote of the Month

You are the sky. Everything else is just weather.

-Pema Chodron

Hudson Valley Hospice
Education Newsletter

Enhancing the quality of living for those at the end of life. February 2022 Volume 6 Issue 2

Skilled Nursing Homes: Developing a Partnership in Collaborative Care Plans

Ingrid Fiege', RN CHPN Senior Director of Patient Services

Nursing Facility residents have the right to elect hospice care and remain in a Skilled Nursing Facility - "their 'home' - if they meet eligibility requirements of a terminal prognosis of six months or less. The resident, their loved ones, the facility staff, a physician or anyone with knowledge of the resident can make the call to ask for a consult with Hudson Valley Hospice.

Once admitted to hospice care, it is imperative that everyone involved with the care of the resident build a collaborative care plan that reflects the resident's goals of care, including interventions and duties to be carried out by Hudson Valley Hospice and Skilled Nursing staff, to ensure that the resident receives the best possible care. It also ensures that, when applicable, both entities are working within Medicare guidelines.

While it starts with administrators and leadership agreements, the experience of the resident and their loved ones will reflect how well each staff member of Hudson Valley Hospice and the Skilled Nursing Facility are able to coordinate, communicate and collaborate on an effective plan of care addressing the needs and concerns of each individual.

It is also important that both the Skilled Nursing Facility and Hudson Valley Hospice educate one another about their specific protocols and practices, providing a foundation for coordination with clarification of staff roles and responsibilities.

Role delineation is addressed in the Medicare guidelines (Conditions of Participation): the Skilled Nursing Facility has "... responsibility to continue to furnish 24 hour room and board care, meeting the personal care and nursing needs that would have been provided by the primary caregiver at home at the same level of care provided before hospice care was elected. " and the hospice must, "... provide services at the same level and to the same extent as those services would be provided if the [facility] resident were in his or her own home." (CMS/Dept of HHS (2008), Title 42-Public Health, Chapter IV, Subpart D, ¶ 418.112)

Every time a Hudson Valley Hospice staff member visits a hospice patient residing in a facility, there is an opportunity to learn from one another about specific duties and protocols, as well as to collaborate on care plans that are customized and reflective of our partnership in patient/resident care. Our Hudson Valley Hospice team is available to answer any questions or concerns our Skilled Nursing Facility partners may have regarding the collaborative care plan. Working together, we can ensure that the best care is given to every resident on hospice.

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Hudson Valley Hospice

Education Newsletter

Is it Time for Hospice?

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Basic questions to ask yourself:

- Does the resident have a life-limiting illness?
- Would you be surprised if the resident died within 6 months?

Disease-specific criteria for heart disease:

- Dyspnea or angina at rest, or with minimal activity, in spite of optimal treatment (or not a candidate for optimal treatment)
- CHF due to cardiomyopathy or severe diastolic dysfunction
- Critical valvular disease or advanced inoperable coronary artery disease
- Serious arrhythmias, syncope, previous arrest, and/or ejection fraction of < 20%

American Heart Month

Hudson Valley Hospice is observing American Heart Month this February.

American Heart Month is observed to raise awareness on the importance of a healthy heart and to encourage healthy habits that help reduce the risk of heart disease.

Why is it important? More that 600,000 Americans die every year from heart disease making it the leading cause of death for most groups. It affects all genders, ages and ethnicities.

How to keep your heart healthy? You can take an active role in reducing your risk for heart disease by eating a healthy diet, engaging in physical activity, and managing your cholesterol and blood pressure.

Breaking Down the Myths

MYTH: *Hospice patients must sign a Do Not Resuscitate form (DNR) to receive care.*

FACT: There is no requirement for patients to complete a Do Not Resuscitate (DNR) to receive hospice services.

Quote of the Month

We have more possibilities in each moment than we realize

Thich Nhat Hanh

Hudson Valley Hospice
Education Newsletter

Enhancing the quality of living for those at the end of life. March 2022 Volume 6 Issue 3

Never Give Fall Prevention a Day Off

Hudson Valley Hospice Education Department

A fall is defined as an event which results in a person coming to rest inadvertently on the ground, floor or other lower level with or without injury. While all people who fall are at risk of injury, age and health of the individual can affect the type and severity of injury. Individuals over the age of 65 have the highest risk of serious injury or death. This risk increases as age increases. The CDC reports an estimated 1 out of 4 adults over the age of 65 will experience a fall in a hospital, nursing home or community setting. Of these falls, 37% will require some form of medical attention. The CDC estimates each year about $50 billion is spent on medical costs related to non-fatal fall injuries and $754 million is spent related to fatal falls. What are some of the steps we, as healthcare providers. can take together to decrease the likelihood of falls?

An effective Fall Management Program is the first step in avoiding patient falls. The Joint Commission's 2022 National Patient Safety Goals provides a helpful framework to include in organization's Fall Management Program for both Hospice and Nursing Care Centers. "The organization should evaluate the patient's risk for falls and take action to reduce the risk of falling as well as the risk of injury, should a fall occur." (NPGS.09.02.01)

They go on to identify the following elements to include:

1. Assess the patient's or resident's risk for falls.
2. Implement interventions to reduce falls based on the patient's or resident's assessed risk.
3. Educate staff on the fall reduction program in time frames determined by the organization.
4. Educate the patient or resident and, as needed, the family on any individualized fall reduction strategies.
5. Evaluate the effectiveness of all fall reduction activities, including assessment, interventions, and education.

Communication and collaboration are other integral parts of the Fall Management Program; especially when caring for hospice patients residing in long-term care settings. The hospice and nursing home teams communicate with each other any changes in the resident's needs that may be contributing to falls. This process starts with a call to hospice letting us know the resident has had a fall. From there, the hospice and nursing home teams develop and implement a patient centered fall reduction plan. Collaboration with the nursing home on the best plan to address safety, comfort and dignity of the resident receiving hospice services is the ultimate goal.

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Hudson Valley Hospice

Education Newsletter

Is it Time for Hospice?

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Basic questions to ask yourself:

- Does the resident have a life-limiting illness?
- Would you be surprised if the resident died within 6 months?

Clues to a six months or less life expectancy:

- Rapid decline in function
- Multiple hospitalizations or ER visits in the past 6 or 12 months

Disease-specific criteria for renal disease:

- Creatinine > 8mg/dl (6mg/dl if diabetic) or increasing rapidly
- No plans for transplant or dialysis, or patient is stopping dialysis

National Kidney Month

Hudson Valley Hospice is observing National Kidney Month this March. National Kidney Month is observed to raise awareness of kidney disease, empowering those at risk to prevent it, and educating people with kidney disease on how they can manage it.

Did you know 1 in 3 American adults are at risk for kidney disease? Kidney disease often develops slowly with few symptoms. Many people don't realize they have it until the disease is advanced. Major risk factors include diabetes, high blood pressure, a family history of kidney failure, and being 60 or older. Kidney disease causes more than 590,000 cases of kidney failure throughout the nation, putting nearly 100,000 people in need of kidney transplants.

You can take an active role in reducing your risk for kidney disease by staying physically active, eating healthy, regularly drinking plenty of fluids and managing your blood pressure and blood sugar levels. Awareness of kidney disease, especially for those at risk, is the first step to preventing, or slowing the progression of kidney disease.

Breaking Down the Myths

MYTH: *Hospice is only for cancer patients.*

FACT: Hospice care is available to individuals with advanced illnesses including end-stage renal disease, heart disease, lung disease, ALS, Alzheimer's, AIDs and severe birth defects.

Quote of the Month

Life is a journey to be experienced,
not a problem to be solved.

Winnie the Pooh

Hudson Valley Hospice
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Enhancing the quality of living for those at the end of life. April 2022 Volume 6 Issue 4

Pain Management at End of Life

Hudson Valley Hospice Education Department

Introduction:
At Hudson Valley Hospice, pain management is a team effort to relieve an individual's discomfort and distress by using the science of palliative care and the art of assessment.

Pain:
Pain is a subjective symptom - only the person knows what they are truly feeling - so it's important that we believe the patient's report about pain. The hospice nurse will do a thorough pain assessment, in collaboration with nursing home staff, patient and family. The pain assessment must also include a patient's cognitive or language ability, cultural beliefs, and psychosocial stressors. Physical pain may have an emotional component in advanced illness when pain may signal a worsening of disease or nearing the end of life. Doing a good pain assessment is key to developing a good pain management care plan.

Ideas, Myths, Facts:
Based on cultural, religious, or social norms an individual may hold specific beliefs about pain. Some may feel their pain is part of their spiritual growth, or they are stoic and will not admit to discomfort. Concerns about addiction may lead to under-prescribing, under-reporting, or under-medicating despite severe discomfort. Addiction is NOT the correct word for people who take opioid medications for persistent uncontrolled pain, particularly in advanced illness or near the end of life. An opioid pain medication, like morphine, may be the best medication for comfort and symptom management. Concerns about opiate addiction or misuse will be addressed by hospice clinicians experienced in educating on safe medication storage, use, and disposal, and safe prescribing, administering, and management of pain medication side effects.

Pain Assessment Tools:
Pain assessment includes location, onset, quality (shooting, burning, throbbing, etc.), timing or duration, what makes it better or worse, and severity of the pain. The most reliable report of pain severity is from the patient's own report and a common pain severity assessment tool is asking the patient to rate their pain (before and after medication) on a numeric scale of 0 –10, with zero meaning no pain and ten as the worst. The Wong-Baker Faces scale is useful for cognitively intact adults with limited language ability. Patients with cognitive impairment like Alzheimer's Disease can be assessed using the Pain Assessment in Advanced Dementia Scale (PAIN-AD scale) where non-verbal indicators such as pulling away from care, repeated calling out, or rapid respirations can indicate measurable severity.

Pain Management Care Plan:
A pain management plan is developed jointly between the hospice team, patient, family/caregiver, nursing home staff, and physician through ongoing assessments of the patient's pain and effectiveness of current interventions. Measurable pain management goals (including the patient's unique goals when they are able to articulate) should also reflect the patient's cultural, psychosocial, and spiritual preferences. In addition to using medications, non-pharmacological interventions should always be included in a pain management plan of care. When we all work together, we can improve function and quality of life for people living with serious illness and help them reach their comfort goals in the nursing home.

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Hudson Valley Hospice

Education Newsletter

Is it Time for Hospice? Tips for the Parkinson's Patient

This information is intended to help you identify patients who may be ready for hospice care. Each month, we will highlight disease-specific guidelines. There are many paths to hospice, so please call us with any questions.

Basic questions to ask yourself:

- Does the resident have a life-limiting illness?
- Would you be surprised if the resident died within 6 months?

Disease-specific criteria for Parkinson's disease:

- Evidence of severely impaired nutrition
- Dysphagia, aspiration, recent weight loss , serious infection, or skin breakdown > stage II
- Significant co-morbid conditions
- Inability to perform ADLs
- Decline in cognition

Parkinson's Awareness Month

Hudson Valley Hospice is observing Parkinson's Awareness Month this April. This month brings an opportunity to increase awareness about Parkinson's disease and its symptoms as well as support to those living with the disease and their loved ones.

Nearly 1 million people in the U.S. are living with Parkinson's. Common symptoms include tremors, limb stiffness and impaired coordination and balance. Symptoms usually begin gradually and advance over time. Currently there are no definitive causes identified for Parkinson's. However, there are several risk factors that make it more likely to occur. These include age, gender, genetics, head trauma history and environmental factors.

Staying physically active, eating healthy and avoiding toxic chemicals are some ways an individual can reduce their risk of Parkinson's. With increased awareness for Parkinson's comes a better understanding how to better manage disease symptoms for individuals and their families. It also provides opportunities that donation research programs can draw upon in their push towards a cure.

Breaking Down the Myths

MYTH: *Once you're on hospice you can't get off.*

FACT: You can discontinue hospice anytime you want, no penalty, no hard feelings. There is no limit to the number of times a person can be admitted to hospice.

Quote of the Month

Our strength grows out of our weaknesses.

Ralph Waldo Emerson

Hudson Valley Hospice
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Enhancing the quality of living for those at the end of life. May 2022 Volume 6 Issue 5

Approaching Goals of Care Conversations

Hudson Valley Hospice Education Department

As clinicians, we often need to have discussions about health care goals, end-of-life planning, and the focus of future care. These aren't generally quick or simple conversations, and often, multiple discussions are needed to get all parties in agreement. Family dynamics can be challenging, and frequently an individual will tell you one thing when meeting privately, but then change course or defer to a spouse or child in group discussions.

The same challenges apply with nursing home residents. Effective goals of care conversations involve exploring what is most important to the resident, ensuring their values and preferences for health care are communicated, and gaining family acceptance. Whether you are planning for your resident's discharge home, or the resident is with your facility long-term, it is critical to define and document goals of care on a MOLST (Medical Order for Life Sustaining Treatment). Beyond code status, a detailed MOLST becomes the roadmap for future care and can prevent unnecessary hospitalizations and unwanted treatments. But getting to that point is often challenging – staff pressures, time restraints - and that's where we can help.

Our team has extensive experience working with individuals to identify what is important to them at their stage of life and make sure their wishes are documented. We start with an assessment of the individual's current clinical situation and discharge plan, if appropriate. We also explore what the individual and their family understands about their condition and expected disease progression.

Asking open-ended, probative questions is one of the techniques our team uses to help individuals clarify and express their wishes, for example, "*Tell me what matters most to you as you think about your health and the future?" or "Suppose your condition were to worsen, what concerns would you have or what medical treatments would you want or not want?".* After we understand more about the individual's wishes and preferences, we work to ensure the family is supportive of the plan and then create the MOLST.

We know that everyone is on a different journey, and we acknowledge and respect all individual's decisions and plans. Our goal is to make a difficult time as easy as possible. If your team needs help with goals of care conversations, please call us at 845-240-7555 and tell us about your resident. As your partner, we are always available to assist your team, your residents, and their families in developing the plan for future care.

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Hudson Valley Hospice

Education Newsletter

Is it Time for Hospice? Tips for the Stroke Patient

This information is intended to help you identify patients who may be ready for hospice care. Each month, we will highlight disease-specific guidelines. There are many paths to hospice, so please call us with any questions.

Basic questions to ask yourself:

- Does the resident have a life-limiting illness?
- Would you be surprised if the resident died within 6 months?

Disease-specific criteria for a Stroke patients:

- Karnofsky Performance Status (KPS) or Palliative Performance Scale (PPS) of <40
- Inability to maintain hydration and caloric intake with one of the following:
    - Dysphasia; unable to take adequate food orally and no artificial nutrition planned
    - Serum albumin <2.5 gm/dl
    - Weight loss > 10% in the last 6 months or > 7.5% in the last 3 months

Stroke Awareness Month

Hudson Valley Hospice is observing Stroke Awareness Month during May. This brings an opportunity to increase awareness regarding strokes, their signs and symptoms and encourage methods of prevention.

Every year, more than 795,000 people in the U.S. experience a stroke. Strokes are the leading cause of serious long-term disability. Common stroke symptoms include, but are not limited to, sudden numbness in the face, arms and legs typically to one side of body; sudden severe headache, difficulty walking, seeing and speaking. It is important to seek emergent medical attention as the treatment for a stroke is most effective for a short window of time. There are several risk factors that contribute to the possibility of experiencing a stroke. These include age, genetics, heart disease, diabetes, high blood pressure, smoking, and drug/alcohol usage.

Staying physically active, eating healthy and avoiding smoking, drug and excessive alcohol usage are some ways an individual can reduce their risk of experiencing a stroke. With increased stroke awareness comes a better understanding of how to minimize the risk of experiencing one.

Breaking Down the Myths

MYTH: *Patients can't go to the hospital once on hospice.*

FACT: While the goal of hospice is for the patient to remain in the home, hospice has four levels of care. One of these levels provides for patients to be cared for in a hospital, if acute symptoms require around the clock clinical monitoring while receiving hospice care.

Quote of the Month

The goal is not to be better than the other person, but your previous self.

- The XIV Dalai Lama

Hudson Valley Hospice
Education Newsletter

Enhancing the quality of living for those at the end of life. June 2022 Volume 6 Issue 6

Palliative Care vs. Hospice Care – which is best for my patient?

Julie Primavera , RN Director of Provider Relations

Both palliative and hospice care focus on caring for individuals with serious illness. Sometimes, you may hear the terms used interchangeably, however, there are distinct differences and indicators to help you determine the appropriate service for your patient.

Palliative care is a medical specialty focused on providing relief from symptoms and stresses that accompany a serious or life-limiting illness. In some facilities, putting a patient on 'palliative' simply means starting to withdraw care such as lab tests, treatments, and vital signs. But true palliative care is the addition of specialized support and services for a patient who may be struggling with symptoms or decisions related to their care.

Palliative care specialists make recommendations for symptom management when pain, nausea, constipation, fatigue, shortness of breath, anxiety, or other symptoms are present. Providers also support discussions regarding treatment options and preferences, advance care planning, and advance directives. Palliative care is based on the needs of the patient, not the patient's prognosis, and patients may still pursue aggressive or curative treatments.

Hudson Valley Medical Health Choices, P.C., (HVMHC) is the palliative care affiliate of Hudson Valley Hospice. Your team can make referrals to HVMHC for patients who are discharging home if you have concerns about symptom management or the patient needs assistance with goals of care or advance care planning. Our team makes house calls in Dutchess, Ulster, Orange, Putnam and northern Westchester counties. In addition, HVMHC providers can provide on-site consultations in nursing homes where they are credentialed.

Hospice care is the most comprehensive form of palliative care. The primary goal of hospice is to provide care and services to address the physical, psychological, and spiritual needs of individuals with a life expectancy of 6 months or less. In a nursing home, the hospice team collaborates with the interdisciplinary team of the nursing home to develop the plan of care for hospice patients. Hospice services complement the care you provide and add an additional layer of support for residents with a serious, life-limiting illness and their families. Hospice is also unique in that we provide bereavement support for families for 13 months after the death of a loved-one.

Both palliative and hospice care add services and support for patients to ensure comfort and quality of life. Both services are provided by specially trained professionals. The main differences are around prognosis and goals of care. If your patient is struggling with symptom management but is pursuing curative treatments, consider a referral to our palliative care team. If your patient has a disease or condition with a limited life expectancy and is no longer seeking a cure, our hospice team can help. Still unsure? Call us at 845-240-7555 and we can discuss the patient in more detail. To learn more about HVMHC or to make a palliative care referral, please call us at 845-240-7557.

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Hudson Valley Hospice

Education Newsletter

Is it Time for Hospice? Tips for the Alzheimer's Dementia Patient

This information is intended to help you identify patients who may be ready for hospice care. Each month, we will highlight disease-specific guidelines. There are many paths to hospice, so please call us with any questions.

Basic questions to ask yourself:

- Does the resident have a life-limiting illness?
- Would you be surprised if the resident died within 6 months?

Disease-specific criteria for a Alzheimer's Dementia patient:

- FAST score beyond 7: incontinence, dysphagia, weight loss, falls and decrease in ambulation
- Unable to ambulate without assistance and dependent for most ADLs
- Evidence of severely impaired nutrition, recent serious infection or aspiration.
- No consistently meaningful verbal communication: stereotypical phrases only or the ability to speak is limited to six or fewer words.

Alzheimer's Awareness Month

Hudson Valley Hospice is observing Alzheimer's and Brain Awareness Month during June. This brings an opportunity to increase awareness regarding Alzheimer's signs and symptoms, possible intervention and erode stigmas attached to the diagnosis. This month also honors the millions of loved ones serving as Alzheimer's caregivers.

Alzheimer's, the most common type of Dementia, is a progressive disease affecting nearly 6 million people in the U.S. The disease involves parts of the brain that control thought, memory and language. It can seriously affect a person's ability to carry out activities of daily living. It begins with mild memory loss and can lead to the loss of the ability to carry a conversation and respond to the environment. There is currently no cure for the disease. However, care for the disease includes maintaining brain health, managing behavioral symptoms and delaying the symptoms of the disease. The two most common known risk factors are age and family history.

Some ways an individual can reduce their Alzheimer's risk are exercising physically, mentally and socially. Eating healthy and avoiding smoking, drug and excessive alcohol usage are also ways to reduce risk.

Breaking Down the Myths

MYTH: *Hospice is only focused on the patient and pain control.*

FACT: Hospice care is a holistic approach, designed to care for the patient by providing expert pain and symptom management, as well as emotional spiritual support delivered by a care team of a physician, nurse, social worker, chaplain, home health aide and other professionals.

Quote of the Month

The two hardest things to say in life are hello for the first time and goodbye for the last.

- Moira Rogers

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Enhancing the quality of living for those at the end of life. July 2022 Volume 6 Issue 7

Hospice Aides: Help for Your Patient, Help for Your Team

By Hudson Valley Hospice Staff Contribution

One way for hospice and palliative care professionals to develop specialty skills and expertise is by becoming certified by the Hospice and Palliative Credentialing Center (HPCC). HPCC offers specialty certification to nurses and other members of the interdisciplinary team including Home Health Aides (HHAs).

At Hudson Valley Hospice, we are fortunate to have a dedicated team of HHAs who have become certified as Hospice & Palliative Nursing Assistants (CHPNA). Through the certification process, our team ensures that our HHAs are equipped with the knowledge, skills, and resources to assist our patients efficiently and effectively at home or in nursing homes.

Hospice HHAs provide hands-on care, support, and comfort to patients at the final stage of life. Aides receive training in palliative care techniques, pain and symptom management, communicating with patients and families, and care at the time of dying. In the nursing home, HHAs perform personal hygiene duties, including bathing, dressing, feeding, incontinence care, and oral care for patients. They ensure that patients are comfortable and spend time talking and listening during bedside visits.

The individualized care plan for hospice patients defines the patient's needs and role of the HHA in the nursing home setting. The number of HHA hours is also defined in the care plan, which is developed by our Nurse Case Manager in conjunction with the hospice interdisciplinary team and nursing home team.

The effective collaboration between the Hospice Nurse Case Manager, HHA and the nursing home team is vital in ensuring the patient's needs are met. Fostering healthy working relationships with nursing home staff benefits the patient and provides much needed support for our HHAs. Choosing hospice care brings overwhelming changes to the lives of patients and their families. It is incumbent on us all to strive for authentic, compassionate, and consistent care for all patients.

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Hudson Valley Hospice Education Newsletter

Hudson Valley Hospice News

July: Self-Awareness Month

Social awareness can be defined as creating and maintaining positive connections with those around you, including friends, family, co-workers, supervisors…and even your local hospice team!

Creating sincere connections and building healthy, nurturing, and supportive relationships has many benefits. When you maintain healthy relationships with others, you create supportive.

Healthy social awareness also combines a good balance of the unique needs of work and home. Let's continue to work together to strengthen our social awareness as we provide care to our patients at the end of their lives.

Tips to build and strengthen your self-awareness:

-Get involved in your community -Volunteer -Participate in town activities/trips -Join group fitness classes

-Participate in social gatherings/events -Form and maintain personal relationships

When to Call Hospice

- A patient was recently given a prognosis of six months or less to live.
- If the patient experiences a change in status physically, emotionally, mentally or socially.
- If there is an increase or change in symptoms requiring a change to the plan of care.
- If the patient is transferred to the hospital setting. Hospice staff will assume care for the patient upon arriving to the ER. ER staff must be informed of Hospice status as we work very closely with hospitalists to ensure patients wishes are carried out.
- If the patient is transitioning or actively dying. Our goal is to send our team members to be at the bedside.
- When the patient dies.

Breaking Down the Myths

MYTH:

Patients can't go to the hospital while on hospice.

FACT:

While the goal of hospice is for patients to be able to remain in their home, hospice has four levels of care. One of these levels provides for patients to be cared for in the hospital, if acute symptoms require around the clock clinical monitoring while receiving hospice.

Quote of the Month

It is health that is real wealth

and not

pieces of gold and silver.

-Mahatma Gandhi

Hudson Valley Hospice
Education Newsletter

Enhancing the quality of living for those at the end of life. August 2022 Volume 6 Issue 8

The Concept of a 'Good Death'

By Hudson Valley Hospice Staff

Most of us rarely give much thought to death until it is upon us or until a loved one is approaching the end of life. Because death isn't something that we like to ponder, we don't spend much time thinking about how we would want to experience our final days. And when a loved one is dying, our own emotions and values can sometimes overtake the wishes of the dying individual.

For many people, a 'good death' means being free from pain and peaceful. Some, for personal or spiritual reasons, feel they need to experience pain, or they prefer to avoid medications. Some individuals want to be alert to engage with family and friends and will accept more discomfort for this purpose. Others want to have no pain even if medications make them sleepy.

The hospice team can assist the resident if there is "unfinished business." Does the person need to reunite or make amends with an estranged family member or friend? Does he or she need help finding closure with loved ones? Having closure and resolution can contribute to dying peacefully. Often, people are fearful of dying. Will it hurt? What happens after I die? The hospice social worker and chaplain can provide emotional and spiritual support, help explore these fears, and offer reassurance.

When they are able, many people want to help plan their final arrangements. Burial (if so, where?), cremation (if so, how should cremains be handled?), or anatomical gift (donating one's body to science)? Religious or non-religious service, celebration of life, or no service at all? We can help the resident and family with these decisions.

The hospice social worker or our end-of-life doula can help put plans in place and provide increased support to residents and their families for the last days and hours of someone's life. Does the resident envision dying privately or with certain people around? Do they want music playing, or the lights dimmed?

When the resident is actively dying and can no longer make their wishes known, the goal then become optimal symptom management that reflects the resident's previously stated preferences and values.

Have a Question? Call Us!

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845-240-7555	845-240-7510			

Hudson Valley Hospice House to Open in Early 2023!

In case you haven't heard, we have exciting news! Not only are we growing, caring for more than 600 patients wherever they call home, including your nursing home, but we are also building a Hospice House, which will be dedicated and admitting its first patients in early 2023!

Located in Hyde Park, our spacious home-like Hospice House will have 14 private suites that will serve our Dutchess and Ulster County patients with all the levels of hospice care that are needed at the end of life, including inpatient care, for patients who have pain management and symptoms relief needs that would otherwise require a hospital admission. Each private suite will be approximately 400 square feet and have a large private bathroom, individual control of the room temperature, and convertible chairs and sofas allowing loved ones to stay overnight. The suites will be tastefully decorated and encourage the display of personal items, photos, art, books, and other life-enriching mementos to add to the homelike environment, while doors in each room will open onto a Meditative Garden, offering patients and their loved ones the opportunity to enjoy a peaceful and tranquil outdoor environment. Two suites will be convertible to pediatric care to meet the extraordinary needs of our youngest patients and their loved ones.

Spacious dining, family and patient lounges and gathering rooms will offer places for small and large groups to come together in an elegant and sophisticated, yet warm and friendly atmosphere. The dining room kitchen will provide meals for patients and their loved ones, in addition to coffee stations with microwaves and refrigerators available for family use. Follow us on Facebook and Social Media to watch the progress and learn more.

When to Call Hospice

- A patient was recently given a diagnosis of six months or less to live.
- If the patient experiences a change in status physically, emotionally, mentally or socially.
- If there is an increase or change in symptoms requiring a change to the plan of care.
- If the patient is transferred to the hospital setting. Hospice staff will assume care for the patient upon arriving to the ER. ER staff must be informed of Hospice status as we work very closely with hospitalists to ensure patients wishes are carried out.
- If the patient is transitioning or actively dying. Our goal is to send our team members to be at the bedside.
- When the patient dies.

Breaking Down the Myths

MYTH:

Hospice is a place, so you must leave home to receive hospice care.

FACT:

Hospice is a philosophy of care provided in the patient's home or wherever the patient calls home, including residential, skilled nursing and assisted living facilities. Homeless people, as well as people who live alone, can qualify for hospice.

Quote of the Month

"When someone is going through a storm, your presence is more powerful than a million empty words."

-Mahatma Ghandi

Hudson Valley Hospice
Education Newsletter

Enhancing the quality of living for those at the end of life. September 2022 Volume 8 Issue 1

Creating a Goal-Based Pain Management Plan

What is your pain tolerance? Mine, I thought, was relatively high until I was introduced to a small but mighty kidney stone. When the ED nurse assessed me, he asked me to provide a score – zero to ten, describe the pain, and what my pain goal was (zero please!). I was able to answer his questions, we discussed medication which I gratefully accepted, and I found relief. A repeat assessment put me at my goal of 'zero.' This was a classic case of assess the pain, treat based on the patient's goal and preferences, and evaluate the outcome.

Most cases involving a patient in pain are not so straightforward. Not all patients are able to communicate their pain or express their goals and preferences. Some patients refuse pain medications for many reasons and some families may not want their loved one to be less alert or communicative. Pain is subjective and we all experience pain differently. Managing pain can be extraordinarily complex and requires ongoing communication, assessment and adjustment.

For patients at the end of life, pain can be the result of many things - the disease process, immobility, even treatments. One of the core goals of hospice care is to *reduce pain to a level that is acceptable to the patient*. To do so, we work with the patient and their caregivers to identify not only the patient's pain but their goals and treatment preferences.

Pain management helps the hospice team decrease psychological, spiritual, and physical stress and allow for a more comfortable death. We educate patients and their families about the dying process and discuss end-of-life goals and preferences. Probative questions like, 'what pain level is acceptable to you?,' 'how important is staying mentally alert in the final days before death?' and 'what concerns do you have about pain medications?' are used to help create each patient's individualized pain management plan. Within their care plan. Our team provides education on both pharmacological and non-pharmacological pain management.

As part of care planning, the patient's hospice care team identifies and discusses pain management goals interventions with input from the patient, caregiver, family, nursing home staff and physician. The plan includes measurable goals incorporating interventions based on the patient's goals and preferences. Working together, we can provide pain relief and optimal care to our patients at the end of their lives.

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Hudson Valley Hospice

Education Newsletter

Is it Time for Hospice? Tips for People Living with Cancer

This information is intended to help you identify patients who may be ready for hospice care. Each month, we will highlight disease-specific guidelines. There are many paths to hospice, so please call us with any questions.

Basic questions to ask yourself:

- Does the resident have a life-limiting illness?
- Would you be surprised if the resident died within 6 months?

Disease-specific criteria for cancer

- Known metastases, weight loss, systemic symptoms or declining functional status
- A continued decline in spite of therapy
- Patient may decline further curative directed therapy

September: Pain Awareness Month

Chronic pain directly impacts millions of people in the United States. Understanding more about the underlying causes of pain can help improve treatments and alleviate suffering.

- Pain is an alerts signal that directs us to a problem that needs attention.
- Pain starts in receptor nerve cells located beneath the skin and in organs throughout the body.
- Living with pain can be debilitating and negatively affect daily routines

Breaking Down the Myths

MYTH:
Pain is just a part of dying

FACT:
Some people never experience physical pain at the end of life. For those that do, a team of professionals work together with the patient to decrease pain to a tolerable level to the patient.

Quote of the Month

Out of the mountain of despair,
a stone of hope.

- Martin Luther King Jr.

Hudson Valley Hospice
Education Newsletter

Enhancing the quality of living for those at the end of life. October 2022 Volume 6 Issue 10

Transitioning from Rehab to Home with Hospice

By Theresa Jennings PT, Director of Therapeutic Services

The transition from "short-term rehab" to home with hospice is the right decision for some patients. A family member may go to subacute rehabilitation after a hospitalization expecting to return home to function as they did previously. Doctors cannot always tell if a patient's health is going to improve until rehabilitation is tried. Unfortunately, your family member may not be strong enough to fully benefit from rehabilitation, or their illness may have progressed. When there are no more treatment options or when the decision is made that the treatment meant to cure is not worth its side effects, pain, or suffering, a hospice referral should be offered.

Once the decision to pursue hospice care has been made, a hospice nurse will set up a meeting to ask questions to confirm if hospice is the right choice. If so, the hospice team will begin to work with the patient and family. Services that are available include:

- Care from an interdisciplinary team of doctors, nurses, social workers, chaplains, home health aides, physical therapists, occupational therapists, speech therapists, respiratory therapists, dieticians, music therapists, pet therapy coordinators and volunteers.
- Access to the hospice team 24-hours a day, 7-days per week.
- Medication to relieve pain, shortness of breath, nausea, agitation, and other symptoms.
- Medical supplies and equipment, such as a hospital beds, appropriate mattresses, wheelchairs, wheelchair cushions, bedside commodes, mechanical lifts.
- Caregiver/family support - emotional support as well as education on how to perform certain health care tasks: pressure management, wound management, O2 management, giving injections.
- A short stay in the hospital if the patient's symptoms are too difficult to manage at home.
- Short-term respite care – time off for family caregivers.
- Volunteers to provide companionship for the patient.
- Bereavement counseling to family caregivers for a year after the patient's death.

The hospice team works with the patient to develop the plan of care. The patient will be asked questions about what matters to them; their goals, what a good day looks like, how they want to spend their energy. The hospice rehab team members will guide the rest of the team to work to maximize functional ability and comfort and assure patient and caregiver safety. They will encourage continued participation in daily activities as a means of self-expression and engagement. Hospice is about living and making the best of all the days that are left.

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Hudson Valley Hospice

Education Newsletter

October: Liver Disease Awareness Month

About one in ten Americans is diagnosed with liver disease. The most common symptoms of liver disease can be vague.

Symptoms of liver disease include:

- fatigue/excessive fatigue
- itching (puritis)
- abdominal pian/swelling (ascites)
- yellowing of the skin/eyes (jaundice)

Up to half of those living with liver disease will not experience any symptoms.

Conditions that effect the liver include:

- include cancer

Hospice Eligibility Criteria :

Liver Disease

- Serum albumin <2.5 gm/dl
- INR >1.5 or prothrombin time >5 seconds over control
- Ascites, jaundice, encephalopathy or hepatorenal syndrome
- Impaired nutrition
- Declining treatment
- Hepatitis B positive, Hepatitis C refractory to interferon treatment
- Recurrent variceal bleeding

Breaking Down the Myths

MYTH:

Only my doctor can refer me to hospice.

FACT:

Anyone, including yourself, can refer a person to hospice.

Quote of the Month

Your present circumstances don't determine where you go, they merely determine where you start

-Nido Qubein

Hudson Valley Hospice
Education Newsletter

Enhancing the quality of living for those at the end of life. November 2022 Volume 6 Issue 11

Palliative Care Versus Hospice Care Models

Palliative care and hospice care both focus on caring for individuals with serious illness. However, there are some clear differences in when services are best offered to patients. One easy way to remember the difference between palliative care and hospice care is 'all hospice care is palliative care, but not all palliative care is hospice care'.

What is Palliative Care?

The primary goal of palliative care is to improve the quality of life for both patients and their family based on need rather than a limited prognosis. The palliative team focuses on providing symptom management and advance care planning for those living with serious or chronic illness at any stage of the illness. Patients on palliative care can continue to receive curative treatments while on palliative care.

What is Hospice Care?

The primary goal of hospice care is to address physical, psychological and spiritual pain associated with the last few months of life for those with a prognosis of 6 months or less to live. Using evidence-based comfort measures, hospice follows the natural progression of the disease without seeking to hasten nor postpone death. The hospice interdisciplinary team is comprised of clinicians specially trained in end of life care under the direction of a hospice medical director. In the nursing home, this interdisciplinary team collaborates and works in conjunction with the interdisciplinary team of the nursing home to provide care to hospice patients. Hospice services never takes the place of staff in the nursing home but instead add an additional layer of support to assist with caring for terminally ill residents. With added services during their last months of life, residents have the opportunity for a better quality of life.

Additionally, our bereavement social workers offer bereavement services for family and other involved individuals up to 13 months after the resident's death.

How Can Hudson Valley Hospice Help?

Hudson Valley Hospice's specially trained staff of Registered Nurses, Medical Social Workers, Spiritual Counselors and Hospice Aides help with distressing symptoms and progressive care needs experienced by residents as they near the end of their life, and with their families' concerns and grief. Hospice staff can assist nursing home staff with difficult goals of care discussions and assist in the development of a comprehensive plan of care. Research has shown nursing homes with hospice care have higher satisfaction rating, reduce hospitalizations of residents and some have noticed an improvement in their star ratings.

Please feel free to reach out to Hudson Valley Hospice with any questions. We are happy to help!

Have a Question? Call Us!

Referral Center
7 Days a Week
845-240-7555

Hospice Care
Call Us 24/7
845-240-7510

Palliative Care
845-240-7557

General Inquiries
845-485-2273

Bereavement Center
845-240-7579

Hudson Valley Hospice
Education Newsletter

Hospice and Palliative Care Month

November is Hospice and Palliative care awareness month. Hospices and palliative care providers across the nation, celebrate caregivers and their patients and help raise awareness about advanced illness and end-of-life care. Hospice and palliative care are available to people of all ages with any serious or life-limiting illness. Hospice and palliative care combine the highest level of quality medical care with the emotional and spiritual support for patients and family caregivers. Hospice and palliative care can make a profound difference and help maximize the quality of life for all those they care for. To learn more about hospice and palliative care, visit our website at hvhospice.org.

When to Call Hospice: Pulmonary Disease

- Fatigue
- Shortness of Breath/ Hypoxia (O2 sat <88%)
- Increased O2 needs
- Activity severely limited by dyspnea or cough
- Poor response to bronchodilators
- Weight loss (unintentional)
- Worsening right sided heart failure or symptomatic pulmonary hypertension
- Tachycardia at rest
- Unacceptable quality of life for the patient with no desire for life prolonging treatment, such as artificial ventilation

Breaking Down the Myths

MYTH: Hospice only lasts for six months

FACT:
Hospice is provided for a person with a terminal illness whose doctor believes he or she has six months or less to live if the illness runs its natural course. If after six months, however, the person is still in need of hospice services, they can continue to receive the hospice benefit if a hospice medical director or hospice physician recertifies that they are terminally ill. The reason many patients only receive hospice care for short periods of time is because many people who could benefit are not referred. There is no definitive time limit to receiving hospice care.

Quote of the Month

You matter because you are you. And you matter to the end of your life.
We will do all we can, not only to help you die peace-fully, but to live until you die.
Dame Cicely Saunders
Founder of the modern hospice movement

Hudson Valley Hospice
Education Newsletter

Enhancing the quality of living for those at the end of life. December 2022 Volume 6 Issue 12

Emotional First A.I.D. for Handling Difficult Emotions

By Elizabeth Jonson LMSW Bereavement Team Coordinator and Social Worker

It is important to recognize the continued collective heaviness around the world due to COVID-19, and for some, this is paired with the intense layers of holiday and grief related stress this time of year brings. You may be confronted with unfamiliar or overwhelming emotions in times of high stress. A natural response may be to try to suppress these reactions. However, doing so can take a toll on your physical and mental health. Below are tips for applying **Emotional First A.I.D.**

Accept *whatever you are feeling! There is nothing wrong about experiencing any emotion (relief, envy, contentment, guilt, anger, joy, etc.) or any other feeling that occurs. Not accepting your feelings, however, creates tension and an inner tug of war. Notice physical cues which are often the first sign of suppressed feelings, such as a lump in the throat, a knot in the stomach, a tensed jaw, etc.*

Identify *your feelings. Try to be specific! "I feel bad" is fairly vague, whereas "I feel angry that our normal holiday routine is disrupted" is more helpful. When you name your feelings, you are less likely to feel overwhelmed by them.*

Do *something! Cry, walk, run, beat a pillow, tear up an old magazine, talk to someone who can listen without judging, make an excuse to laugh, use art supplies to express your feelings, write about your feelings, or listen to music. Allowing yourself to pair your feelings with an activity can help you release the tension from your body and make you feel more in control.*

It may help you make space for patience and self- kindness if you let go of expectations that things "be normal" this year. Practice Emotional First A.I.D. when you have any intense emotional reaction, and most of all, try to be gentle with yourself and others.

From the Bereavement staff at Hudson Valley Hospice, we wish everyone a peaceful holiday.

Try it out! *Take a moment to recall one recent overwhelming emotion you had. Who was there, where were you, what happened?* ***Accept*** *the emotions by saying aloud "I accept I had strong feelings!"* ***Identify*** *what feelings were present and try to name them as specifically as possible. Finally, what did you* ***do*** *in that moment? Could there have been another action to take?*

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Hudson Valley Hospice
Education Newsletter

Hudson Valley Hospice Bereavement Center

Hudson Valley Hospice's Bereavement Center offers grief counseling provided by trained social workers. Grieving family members can call to learn about services, which may often include individual and group counseling. Services are offered virtually and in person throughout Ulster and Dutchess Counties. For more information, call the Bereavement Center directly, at (845) 240-7579.

There is no right or wrong way to handle the holidays!

Plan ahead when possible. Check in with yourself, family and friends. Everyone may need different things!

Set limitations. Know that it is OK to say no! You also can give yourself permission to say yes.

Try to avoid "should," and release feeling guilty for trying to do what is best for you and your family!

Take care of yourself physically, mentally, and emotionally! Ask for help when you need it.

Breaking Down the Myths

MYTH: Hospice care ends when a patient dies.

FACT: Hospice services include grief support.

Quote of the Month

What we once enjoyed and deeply loved we can never lose, for all that we love deeply becomes part of us. -Hellen Keller