



Long Term Care Partner Newsletter

March 2009

I am very pleased to introduce the first electronic communication to long term care partners from Hospice & Palliative Care Charlotte Region (HPCCR). From time to time, I will send out this e-newsletter as I find interesting articles to share with you and as I receive requests from colleagues for information about our services. I welcome your [feedback](#) and your [suggestions](#) as to how we can make this e-newsletter a more valuable resource for you and your staff.

Within this issue, I have touched on several topics: how the Levine & Dickson Hospice House can be a valuable resource for you, resource notebooks that help you to meet the conditions for participation, information about the Medical Orders for Scope of Treatment (MOST), information about our dementia care program, and a listing of our CEU approved education topics.

I hope you enjoy this first e-newsletter and I sincerely thank you for the opportunity to work together to improve the lives of your residents and their families.

Sincerely,

Sharon Moore, MSW
Senior Director of Clinical Services

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Levine & Dickson Hospice House: acute care partner for your patients

Sometimes a situation arises where one of your residents needs additional medical attention, and the level of care required to take care of that resident can only be found in a hospital. The goal, of course, is for the resident to return home to you where they can be in their familiar environment and cared for by the ones they know.

The [Levine & Dickson Hospice House](#) (LDHH) is another inpatient option available for your residents. LDHH provides acute care for individuals who need pain management or chronic symptom relief that is best managed in a specialized inpatient hospice facility. The level of care provided at LDHH is on par with that of a hospital intensive care unit. Patients usually stay between four to seven days and are then discharged back to their regular care setting. The goal at the Levine & Dickson Hospice House is to return your residents back to you. Please think of LDHH as your partner in end-of-life care. We know that you consider your residents family. Let us help you care for your family.

Resource notebooks: a useful tool

On June 5, 2008, the Centers for Medicare and Medicaid Services (CMS) released revised *Medicare Conditions of Participation (CoPs) for Hospice Care* that became effective in December 2008. In the revised CoPs, CMS added a condition of participation specific to hospices that serve residents of a skilled nursing facility or ICF/MR facility. It is now required that hospice providers ensure orientation of the nursing facility staff on the hospice philosophy, policies and procedures, palliation measures, patient rights, record-keeping, and general principles related to death and dying.

In an effort to remain compliant to the new CoPs, Hospice & Palliative Care Charlotte Region created an *Orientation and Education for Hospice* notebook which contains helpful information for your staff about hospice and end-of-life care. Topics included within the notebook are pain management, symptom management, fears of dying, individual responses to death and dying, resident's rights, important forms, policies and procedures, and more. The notebook also contains a short DVD that provides an overview of hospice.

We hope you have become familiar with the information in the *Orientation and Education for Hospice* notebook and that it continues to be a valuable tool for your community. **Additionally, we welcome the opportunity to participate in your orientation.** We are available as a periodic or regular participant in your orientation process. Please call us at 704.375.0100 to request our help.

We are in the process of developing a similar notebook for assisted living communities and will provide details soon about the availability of that resource. In the meantime, please feel free to [contact us](#) with any questions you have about hospice care.

The MOST effective way to plan

We are all familiar with the Do Not Resuscitate Order (DNR), Living Will, and Health Care Power of Attorney (HCPOA). However, these documents remain voluntary and are completed by fewer than 20% of patients. Perhaps even more problematic, when they *are* completed, the documents are often not followed. That's why, in 2007, North Carolina incorporated the Medical Orders for Scope of Treatment (MOST) into the advance directives legislation.

The MOST is a physician order, issued by a physician, physician assistant, or nurse practitioner. It covers a range of treatments from antibiotics, artificial nutrition, and attempted resuscitation, to full comfort measures. The MOST is signed by both the patient (or patient representative) and the health care professional preparing it. Since it is a comprehensive directive prepared by a health care professional, it is easily interpreted by another physician should the patient be transported to a different facility, or if the patient can no longer communicate effectively.

The MOST is reviewed annually by the patient or patient representative and the current health care provider. Easily recognizable, the MOST is a bright pink form that should be kept either at the front of the patient chart or near the bed. If the patient is at home, the MOST should be posted in an obvious and visible location. If other advance directives have been created, those should be attached to the MOST if possible.

As caregivers of individuals with life-limiting illnesses, we should all become familiar with the MOST and encourage our residents and their families to learn about it as well. By doing so, we help ensure that their wishes are fulfilled throughout their course of treatment. Ultimately, it allows residents and families to make educated decisions, which in turn, allows them to regain a measure of control that their current circumstances have often stolen from them.

If you would like more information about advance directives and the MOST, please consider attending the [MOST conference](#) at UNCC on April 17. HPCCR is hosting the conference, along with AHEC and the NC Medical Society, and CEUs will be offered. Please visit our [website](#) for more details about the conference and for [registration information](#).

Progress in dementia care

Today, over five million people have been diagnosed with some form of dementia. It is the seventh leading cause of death in the United States, and the sixth in North Carolina. Approximately one in eight individuals over the age of 65 are afflicted.

As experts in end-of-life care, Hospice & Palliative Care Charlotte Region is responding to the prevalence of dementia-related deaths in our community with a dementia-specific initiative. With training provided by the local Alzheimer's Association for each care team member that sees our patients, our new dementia care program addresses the unique end-of-life needs of those with advanced dementia. The extensive training includes instruction on increasing or maintaining a patient's quality of life, appropriate pain and symptom management, and advance care planning.

Our clinical staff has been trained to understand the symptoms of dementia and we have introduced a pain assessment tool specifically designed for patients with impaired communication. We have also begun using therapeutic sensory kits containing aromatherapy scents and tactile stimuli, which incorporate items reminiscent of their childhood or career, music from their youth, and more. These kits are designed to encourage cognitive stimulation and communication with both the care team and also with family members. Because communication can be difficult, these tools help our staff and volunteers connect with patients through non-verbal means. We believe that this new program will make a significant impact in the end-of-life care provided to our patients who have advanced dementia. For more information about our dementia care program, please contact [Sharon Moore](#).

CEU approved education

Please let us know if you are interested in any of the following educational opportunities. We would be happy to offer any of these programs to your staff and we can also create a program to your specific needs. To read a description of any of these presentations, please click [here](#).

- End-of-life care in America
- Hospice essentials for health care providers
- The role of hospice in the long term care setting
- Advance care planning
- Respecting Choices®
- Pain and symptom management
- Reimbursement for hospice care
- Ethical issues and chronic pain management
- Palliative care in the long term setting

If you are interested in scheduling any of these presentations, please contact [Marilyn Morenz](#) at 704.335.3579 or [Paula Byrd](#) at 704.335.6443.