

HOSPICE OF THE WESTERN RESERVE



Hospice and
Palliative Care

*Services for Serious, Chronic
and Terminal Illnesses*



A Tradition of Caring

As a leader in the community, Hospice of the Western Reserve is also the most experienced in northeast Ohio. Established in 1978, we now serve six counties, and thousands of patients and their caregivers annually.

What is Hospice

Hospice is not as much a place, as a concept of compassionate care and support for seriously ill patients and their families. Although Hospice of the Western Reserve was originally called Cancer Family Services, hospice care is not just for those diagnosed with cancer. More than half of our patients have diagnoses other than cancer including pulmonary, renal and liver diseases, Parkinson's and Alzheimer's disease, and degenerative conditions such as ALS or muscular dystrophy.

What is Palliative Care

Palliative care provides many of the same services as hospice, but tailored for someone who may not be ready for hospice care or does not choose it. Patients with chronic pain or debilitating symptoms can find relief from pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. Palliative gives patients and families the support they need to carry on with daily life. Both hospice and palliative care take a comprehensive approach to serious illness that focuses on the physical, psychological, spiritual, and social needs of the patient. Respect for the patient's culture, beliefs and values is an essential component.

Why Choose Hospice of the Western Reserve

We believe the only way to enhance your quality of life is by starting with superior quality of care. Our staff represents the most experienced and well-trained professionals in end-of-life care, with over 3,000 collective years of hospice experience. We employ more nurses who have obtained the distinctive credential as a Certified Hospice and Palliative Care Nurse (CHPN), and more physicians board certified in hospice and palliative care than any other hospice program in Northeast Ohio.

Each specialized team may be comprised of:

- Physicians
- Nurses
- Nursing assistants
- Trained volunteers
- Social workers and counselors
- Massage therapists
- Spiritual care coordinators
- Expressive therapists
- Bereavement coordinators
- 24-hour on-call staff
- Pharmacists

A Team Approach

Paid and non-paid staff members, with experience in a variety of fields, are part of specialized teams. Working closely with our patients, their loved ones, and their doctors, the hospice team develops a care plan that focuses on well-being including:

- Pain management and symptom control
- Medical equipment, tests, procedures, medications and treatments necessary to make our patients comfortable
- Nursing care and instruction for caregiver and family
- 24-hour telephone access to services and support
- Professional counseling and social work services
- Expressive therapies, including art and music therapy for patients and family members
- Massage therapy for patients and family members
- State-tested nursing assistants to help with personal care
- Volunteer supportive visits
- Spiritual care
- Palliative care for those not ready for hospice care
- Bereavement services for more than a year following the loss of a loved one

Care Settings

Hospice of the Western Reserve offers different levels of services to meet the varying needs of our patients and their families. **Most care is provided in the patient's home**, which can include long-term care facilities, assisted living facilities and group homes. If there is a brief, acute episode that requires additional care to manage pain or acute medical symptoms, nursing care can be extended to maintain the patient at home.

Patients with no caregiver, or whose family cannot care for them at home, may have the option to stay in the home-like environment of one of our hospice care settings—David Simpson Hospice House, our residential facility overlooking Lake Erie, or the Hospice Care Center at The Renaissance in Olmsted Township.



David Simpson Hospice House



Hospice Care Center

Specialized Programs

Hospice of the Western Reserve has extensive education in these areas:

AIDS – In addition to managing the physical symptoms of the disease, our collaboration with community resource organizations support the patient and family psychosocially and spiritually. Our residential facility can assist patients with housing needs.

Cardiopulmonary Disease and Heart Failure – COPD and HF can pose difficult symptoms such as shortness of breath, weakness, fatigue and swelling, which can cause emotional challenges. The hospice team can ease the adjustment with comfort care and reassurance.

Dementia – Caring for someone with dementia can be particularly challenging. We are experienced in managing dementia, and can help with creative caregiving, communication, safety, medication and other common concerns.

Geriatrics – With our experience caring for older patients and their loved ones, we understand the special considerations, such as cognitive impairment, memory loss, isolation, and difficulty communicating. Our approach maximizes dignity and respect.

Perinatal and Pediatric Care – As a leader in the community, Hospice of the Western Reserve was the first hospice in greater Cleveland to care for seriously ill children, including unborn infants who are expected to have a life-threatening condition.

Renal and Liver Disease – Patients on dialysis often experience pain, fatigue, sleep problems and other reactions. Our renal care team is skilled in the specific symptoms of dialysis and can partner with dialysis centers to provide symptom control.

Veterans – Military service is a core experience in defining the way veterans live and the way they die. Knowing our patients' military history gives us the tools to provide services tailored to meet their needs.

Seek hospice and/or palliative care upon:

- Frequent hospitalizations in the past six months
- Repeat or multiple infections
- Progressive decline in status despite treatment
- Pain, weakness and/or fatigue
- Shortness of breath
- Difficulty swallowing
- Significant weight loss
- Change in mental status
- Severe nausea and vomiting
- Unmanageable symptoms

When to Call for Hospice or Palliative Care

Hospice does not seek to hasten or postpone death, however studies show that people who receive hospice care live longer, even experiencing joy in the final stage of life. Care should be sought sooner rather than later in the course of a serious or terminal illness—not just that last days or weeks of life—to benefit from the full realm of services.

To access hospice care, the patient's primary care physician must believe his or her life expectancy is months rather than years. The doctor may continue to assume responsibility for medical care. Hospice team members work with the doctor, serving as liaisons for our patients and families.

Who Should Call for Hospice or Palliative Care

Anyone with knowledge of a patient's condition may make a referral for hospice and palliative care.

Advance Care Planning

Anyone 18 or older should complete their advance directives. It is an opportunity to make your wishes known, and remove the burden from loved ones. Some questions to consider are:

- If given a choice, would you prefer to die at home or in a hospital?
- Could a loved one correctly describe how you'd like to be treated in the case of a terminal illness?
- Is there someone you trust whom you've appointed to **advocate** on your behalf when the time is near? (From the Engage with Grace website, www.engagewithgrace.org)

Advocates may be family members, friends or professionals such as attorneys or health care providers. Advocates should be identified in and authorized through the advance directives. While not required, you might consider consulting with an attorney as part of the process.

Hospice of the Western Reserve can provide assistance in completing these forms. More information can be found at hospicewr.org/planning.

Community Outreach Representatives

Through the Speakers Program, qualified professionals and volunteers welcome the opportunity to speak to organizations about issues related to hospice care such as advance care planning.

To request a speaker or hospice display, please call the Community Relations Coordinator at 216.383.3728.

Bereavement in the Community

The Elisabeth Severance Prentiss Bereavement Center of Hospice of the Western Reserve provides grief counseling, support, education, consultation services and crisis response to the Northern Ohio community. Our services are available to anyone who has had a loss due to death, and to those who provide support to the bereaved, such as healthcare professionals, employers, schools, and emergency and safety forces.

Services include:

- Grief counseling for adults, children and teens
- School outreach
- Workplace programs
- Crisis response
- Art and music therapy, yoga and massage
- Children's camp and adult retreats
- Professional support for care providers working with those who are grieving
- Community presentations

Participation in hospice is not required to access the center. For more information or to schedule an appointment, call The Elisabeth Severance Prentiss Bereavement Center at 216.486.6838.

Special Support Groups

In addition to general monthly and six-week support groups, the bereavement center also offers specialized groups for widows and widowers, older adults, young adults, men, parents who've experienced the death of an adult child, death of a young child, orphaned adults and school or work-related deaths. All groups are free and open to the community.

Navigator Program

While under the compassionate care of hospice, some patients improve to the point where they no longer fit into hospice or palliative care guidelines. We stay connected with them through our Navigator Program. Social workers, advance care nurses and trained volunteers provide assistance with community resources, caregiver support, pain and symptom management and supportive social visits.

Assuring Care for All

Hospice of the Western Reserve is a non-profit organization and a Certified Medicare/Medicaid Hospice licensed in Ohio. With most services covered by private medical insurance, Medicare and Medicaid, hospice care is a right of every citizen who is facing a serious illness.

It is *Our Care Promise* to provide comfort care to seriously ill people regardless of their ability to pay, and a Financial Resource Advocate can help patients and families discuss financial options. To set up an appointment with a Financial Resource Advocate, please call 216.383.2222, ext. 2290, or click the “Contact Us” option on our website at hospicewr.org.

Memorial gifts and private donations from the community, as well as grants, and United Way funding, help us to care for patients and their families regardless of ability to pay.

If you would like more information on giving opportunities, including Planned Gifting, call 216.383.3715.

Live Life to the Fullest

Studies show that people who receive hospice care live longer, even experiencing joy in the final stage of life. Care should be sought sooner rather than later in the course of a serious or terminal illness—not just the last days or weeks of life—to benefit from the full realm of services.

A Teaching Hospice

The Hospice Institute educates internal staff, medical students, physicians, nurses, social workers, counselors, nursing home administrators, funeral home directors, students, residents and fellows about hospice and palliative care. In addition, Hospice of the Western Reserve serves as a clinical site for students in various disciplines.

By collaborating with universities—teaching students not just in the traditional classroom setting, but also in settings such as our residential hospice—we’re providing important hands-on opportunities.

You Can Be a Hospice Volunteer

Volunteers are a vital part of the Hospice of the Western Reserve team. Opportunities abound:

- Supportive visits
- Bereavement
- Assistance with direct patient care
- Spiritual care
- Fundraising
- Office assistance
- Beautician and barber services
- Errands and special projects
- Hospice Resale Shop
- Veteran-to-veteran visits
- Professional services: lawyers, clergy, physicians and accountants

To Learn More About Hospice Care

Hospice of the Western Reserve will make arrangements for hospice or palliative care with the patient’s physician and family. A visit from one of our nurses will help determine how Hospice of the Western Reserve can best fulfill the needs and wishes of the patient and family.

Resale Shop

5139 Mayfield Road
Lyndhurst, Ohio 44124
216.442.2621

Store shopping hours:

Monday–Saturday: 10:00 a.m.–5:00 p.m.

Tuesday and Thursday: 10:00 a.m.–8:00 p.m.

Donations accepted:

Monday–Saturday: 10:30 a.m.–3:00 p.m.

Thursday: 10:30 a.m.–7:00 p.m.

The Resale Shop is an on-going fundraiser for Hospice of the Western Reserve. You can benefit from the many bargains you'll find here or by making donations of gently-used clothing, furniture and household items.

Associations and Accreditations

- Hospice Alliance of Ohio
- National Hospice & Palliative Care Organization
- Ohio Hospice & Palliative Care Organization
- Association of Ohio Philanthropic Homes and Services for the Aging
- Ohio Health Care Association
- HPNCA
- ELREC
- EPEC
- American Academy of Pain Management
- Academy of Palliative Care Physicians

What Does it Mean

Common Terms Used In Talking About End-Of-Life Care

Advance Directive: A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow you to give instructions about future medical care and appoint a person to make healthcare decisions if you are unable to make them yourself. Each state regulates the use of advance directives differently.

Benefits and Burdens: A commonly used guideline for deciding whether or not to begin or stop medical treatments. A benefit can refer to the successful outcome of a medical procedure or treatment. Outcomes can be medical (e.g., the heart beats again) or functional (e.g., the person is able to walk to the bathroom after being incapacitated by a stroke), or it supports the patient's values (e.g., the patient is able to die at home as wished). However, a benefit from one point of view can be experienced as a burden from another and might be viewed differently by doctors, patients and families. For example, if a patient's heart stops, is resuscitated and starts beating again, this is a successful outcome from a medical point of view, and a doctor may consider it a benefit. To the patient who is dying from a serious illness or disease, resuscitation may cause further injury and only contribute to the overall experience of suffering. This success, from the doctor's point of view, might actually be experienced as an additional burden by the patient. Discussions of the benefits and burdens of medical treatments should occur within the framework of the patient's overall goals for care.

Capacity: In the healthcare context, the ability of the patient to understand and appreciate the nature and consequences of healthcare decisions and to make an informed decision. The term "competent" is also used to indicate ability to make informed decisions.

Cardiopulmonary Resuscitation (CPR): A group of treatments, any or all of which are given to support or restore breathing and circulation if the heart or lungs stop working.

Do-Not-Resuscitate (DNR) Order: A DNR order is a physician's written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) if the patient stops breathing or the heart stops beating. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of the patient or the person speaking on behalf of the patient, it must be signed by a physician to be valid.

Double Effect: According to the ethical principle known as the "rule of double effect," the result of an action that would be morally wrong if done intentionally is acceptable if it is expected but not intended. An example is giving medication to relieve severe pain even though there is the unlikely possibility that it might unintentionally hasten death.

Euthanasia: The term traditionally has been used to refer to the hastening of a suffering person's death or "mercy killing." Voluntary active euthanasia involves an intervention requested by a competent individual that is administered to that person to cause death, for example, if a physician gives a lethal injection with the patient's full informed consent. Involuntary or non-voluntary active euthanasia involves a physician engaging in an act to end a patient's life without that patient's full informed consent. See also Physician-Hastened Death (sometimes referred to as Physician-Assisted Suicide).

Incompetent: See "Capacity."

Life-Sustaining Treatment: Treatments (medical procedures) that replace or support an essential bodily function (may also be called life-support treatments). Life-sustaining treatments include cardio-pulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and certain other treatments.

Living Will: A type of advance directive in which people document their wishes about future medical treatment if they are at the end of life and unable to communicate. It may also be called a "directive to physicians," "healthcare declaration," or "medical directive." The purpose of a living will is to guide family members and doctors in deciding how aggressively to use medical treatments.

Medical Power of Attorney: A document that allows individuals to appoint someone else to make decisions about their medical care if they are unable to communicate. It may also be called a "health care proxy," "durable power of attorney for health care," or "appointment of a health care agent or surrogate." The person appointed may be called a health care agent, surrogate, attorney-in-fact, or proxy.

Palliative Care: A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and social needs of the patient. Respect for the patient's culture, beliefs and values is an essential component.

Physician-Hastened Death (Sometimes referred to as Physician-Assisted Suicide): A physician supplies the means, usually a prescription for a lethal dose of medication, which a terminally ill individual can use to end his or her own life.

Withholding or Withdrawing Treatment: Not beginning life-sustaining measures or stopping them after they have been used for a certain period of time.

**These definitions have been adapted from the Partnership for Caring website, www.partnershipforcaring.org*



OUR MISSION

Hospice of the Western Reserve provides palliative and end-of-life care, caregiver support, and bereavement services throughout Northern Ohio.

In celebration of the individual worth of each life, we strive to relieve suffering, enhance comfort, promote quality of life, foster choice in end-of-life care, and support effective grieving.



HOSPICE
OF THE
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17876 St. Clair Avenue
Cleveland, OH 44110-2602

*Serving Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Summit Counties
with offices throughout.*

Hospice Resale Shop in Lyndhurst

800.707.8922 | hospicewr.org

