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40 YEARS

Clinical connections

A PUBLICATION FROM HOSPICE OF THE WESTERN RESERVE
SUMMER/FALL 2019

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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 Western Reserve Earns **2019 Circle of Life® Award**

Palliative Care Program Deemed a Model for Others


Family support and education are included in the circle of care.

Western Reserve Navigator (WRN), the community palliative care program offered by Hospice of the Western Reserve since 2002, is one of three programs nationwide to earn a 2019 Circle of Life Award® from the American Hospital Association. Two hospital palliative care programs joined HWR as award recipients: UC Health University of Colorado Hospital, Aurora, Colo., and the University Health System Palliative Care Team, San Antonio, Texas.

Now in its 20th year, Circle of Life celebrates innovative organizations across the nation that have made great strides in palliative care. The award shines a light on programs judged to serve as models or inspiration for other providers.

"The work of this year's honorees represents the most innovative and creative thinking in end-of-life care," said AHA President and CEO Rick Pollack. "Through the use of technology, integrated systems of care and community support, these programs have raised the bar for meeting the needs of patients and their families."

"When we launched the program 17 years ago, it one of the first of its type in the country," said Bill Finn, President and CEO. "We identified an unmet need in our community for more upstream management of symptoms in the patient's own home. The program improves life quality, fosters greater independence and eliminates or reduces re-hospitalizations and ER visits."

"Our team approach is unique in Northern Ohio," said Joan Hanson, RN, Director of WRN. "The program utilizes home visits from advanced practice registered nurses and social workers. Patients and family caregivers have 24/7 phone access to nursing staff. Trained volunteers provide companionship and serve as a 'second set of eyes and ears' for the team in between visits."

Patients keep their own doctors and can continue to receive curative treatments if they choose. The WRN team collaborates with family physicians on the plan of care.

see "Circle," on page 4

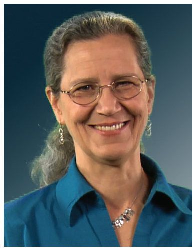
Q&A

Teepa Snow, MS, OTR/L, FOTA

The *Positive* Approach to *Care*

As part of its two-year educational collaborative, "Changing the Lens on Dementia," Hospice of the Western Reserve's clinical teams are participating in a web-based educational series called the Positive Approach® to Care (PAC).

Developed by ***Teepa Snow, MS, OTR/L, FOTA****, the innovative skills and training place the person living with dementia in a pivotal role as a partner in their care. Clinical Connections interviewed Teepa Snow to learn more about the some of the key tenets of the program.*



Snow

Q: How does your Positive Approach to Care methodology shift the focus of care from the task to the relationship?

A: The techniques and strategies in Positive Approach to Care (PAC) seek a connection and permission as a critical part of offering support and care. The human being dwelling inside the body and the brain is still present and must be included in all that is done in the name of care. The person is changing and will continue to change as the condition advances. These changes alter the brain's and body's ability to take in, process, and react or respond to what is happening, but do not consistently make the person insensate. We should never assume the person is unable to feel, see, hear or experience what is happening. It is highly probable that he or she is simply unable to figure things out or use accurate words or polite behaviors to express preferences, needs or emotions.

Q: How do you view the role of professional healthcare providers?

A: When it comes to dementia care, our goal is to offer care and support that help each person live life as well as possible. We must provide a safety net that is acceptable and care that is respectful and involves the person as a full partner, not a recipient.

We have a responsibility to provide input or data to help the person "get it." By adapting our own communication skills and techniques, we provide options for the person to consider. We can better assess their willingness to allow us into their space, time and situation. Establishing a friendly, familiar, functional and forgiving connection encourages the person to attempt, and then complete, tasks with less distress and more participation.

Q: How does this approach change the care partner's behavior rather than the behavior of the person living with dementia?

A: One of my key messages is: "Do with, not to, people living with dementia." My teaching focuses on increasing the care partner's awareness about dementia, knowledge about the symptoms and impact of dementia on the brain and on the behavior of the person living with the condition. When someone is living with dementia, it is more important than ever to determine what is okay with the them and what is not. Specific skills and tools help guide and direct behavior into better actions and responses. By forming new synaptic patterns and pathways of firing, the care partner is able to implement the new behaviors into routines and habits that reduce distress for all concerned and support the person living with dementia.

EDITOR'S NOTE

Teepa Snow, MS, OTR/L, FOTA, is a leading advocate for those living with dementia. Her career spans a variety of settings, including Duke University Medical Center's Neuro-Rehabilitation Team, University of North Carolina at Chapel Hill's Geriatric Clinic, OT director in a head injury facility and clinical specialist in Geriatrics for a Veterans Administration Medical Center. She founded Positive Approach® to Care (PAC) to provide dementia care training, services and products for professionals and families.

Care provision is like learning to dance with a partner. As their brain abilities vary second by second and over time, we must constantly adjust and adapt so that we are in sync and working together to get what is needed completed. Dementia does ultimately rob the person of abilities. As care partners, we do not have to participate in the theft.

Q: What does joy looks like for someone living with dementia at the end of life?

A: The response may be large or quite small; it may last through an entire visit or only for a brief moment. It could be a hand grasping yours, eyes looking clearly at you or a huge smile. Whatever it is, it signals, "I am here, and I like something or someone." It also is a gift that is one of the absolutely best in the world. It is a thank you for being with me and for loving me home.

Q: What are the advantages for clinicians and clinical staff?

A: Staff report feeling empowered and finding a sense of control and knowledge that is helpful and effective in reducing distress and improving job satisfaction.

Benefits include:

- Reduced turnover and call-offs and improved retention
- A decreased number of significant incidents and discharges to hospital or hospital admissions
- Improved staff satisfaction and a sense of value and worth
- Improved family satisfaction
- Increased engagement through more effective communications skills results in fewer staff injuries

Virtual Tours Provide Inside Look at Hospice Inpatient Units

For patients and their families, coming to terms with the idea of a referral to a hospice inpatient unit can be a difficult and emotional transition. Now there is another tool to help allay fears and misconceptions and provide an advance look at the homelike environment, private patient suites, family amenities and beautifully landscaped grounds of our three facilities.

Brief video tours of our three hospice inpatient are available on Hospice of the Western Reserve's website. The videos can be viewed by patients and their families on a laptop, tablet or mobile device at the bedside prior to admission. Family members can also share the links with cross-country relatives to provide a reassuring look at where their loved one will be receiving care.

◆ TAKE A VIRTUAL TOUR ◆

Ames Family Hospice House:
hospicewr.org/ames

David Simpson Hospice House
hospicewr.org/DSHH

Medina Hospice Inpatient Care Unit
hospicewr.org/hmc

Dr. Kevin Dieter Earns 2019 Josefina B. Magno Distinguished Physician Award

Congratulations to Dr. Kevin Dieter, M.D., FAAHPM, recipient of the 2019 Josefina B. Magno Distinguished Hospice Physician Award from the American Academy of Hospice and Palliative Medicine (AAHPM). Dr. Dieter, an Associate Medical Director, oversees the medical care provided at David Simpson Hospice House, HWR's inpatient care unit in Cleveland, as well as the medical care for hospice home care patients in Lake, Geauga and portions of eastern Cuyahoga County.

The award recognizes a hospice physician who provides the highest quality services and innovative programs and demonstrates exemplary dedication to the practice of palliative medicine. AAHPM's membership includes more than 5,000 physicians and other healthcare professionals committed to improving the care of patients with serious illness.

Dr. Dieter earned his Medical Degree at Northeastern Ohio Universities College of Medicine (NEOMED) in Rootstown, Ohio. He is Board Certified in Hospice and Palliative Medicine and Family Medicine and is a Fellow of the American Academy of Hospice and Palliative Medicine (FAAHPM).

"Circle"

from page 1

The extra layer of palliative support is effective in managing the side effects of chemo and other curative treatments and in controlling pain, edema and other recurring symptoms. The social worker helps with advance care planning, communicates with insurance companies or the VA about benefits and facilitates access to community services.

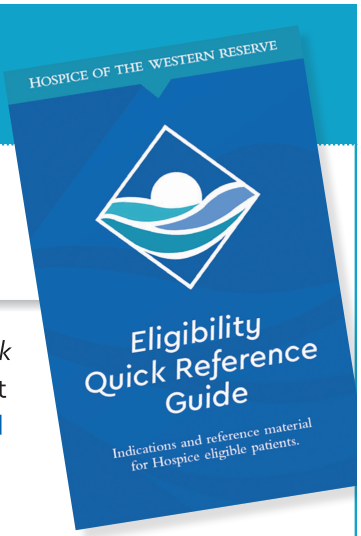
In-house developed software and analytics inform the organization's strategic plan and innovative care. The prevention of employee burnout and compassion fatigue is a top priority reducing turnover and improving continuity of care.

Your Partner in Care

With **40 years experience** in Hospice and Palliative Medicine, Hospice of the Western Reserve shares your commitment to delivering the **highest quality of care to your patients**.

Explore our professional caregiver online resources: **hospicewr.org/resources**.

Download a copy of our *Hospice Eligibility Quick Reference Guide*: **hospicewr.org/eligibility**. To request a pocket-sized print copy of the guide, contact **Cheryl Strang**: **cstrang@hospicewr.org**, **216.430.0955**.



HOSPICE OF THE WESTERN RESERVE

NORTHERN OHIO'S HOSPICE OF CHOICE

REFERRALS: 800.707.8921

Life review can trigger traumatic stress symptoms. Education helps HWR staff identify potential triggers to prevent re-traumatization.

Building a trauma informed *organization*

By Diane Snyder Cowan, MA, MT-BC, CHPCA

Individual trauma results from an event, series of events or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening that has lasting adverse effects on functioning and mental, physical, social, emotional, or spiritual wellbeing. (1)

The end-of-life care experience is especially susceptible to re-traumatization. Education on trauma informed care, including the prevalence of trauma and trauma symptoms, has been provided to all staff of Hospice of the Western Reserve.

There are multiple triggers at the end of life. What triggers a person is unique to each individual. Triggers can be multi-sensory (sight, sound, smell, taste, touch), inner and outer physical sensations (e.g., heat, pressure, constriction), memories, thoughts or images, emotional states (e.g., fear or helplessness) or situations, being crowded or immobilized, for instance.

What factors make the end-of-life care experience especially susceptible to re-traumatization?

Adverse Childhood Experiences (ACES), traumas accumulating over the life span, being old and medical care (e.g., second cancer diagnosis, intensive medical treatment, delirium, hospice diagnosis) contribute to the increased risk.

In addition to abuse, neglect and dysfunction in childhood, traumas accumulate over a person's lifespan. These include bullying, rape, accidents, military combat, personal deaths, financial catastrophes, natural catastrophes, etc.

The natural process of life review that occurs at the end of life can trigger traumatic stress symptomology. Trauma informed care education teaches our staff to identify what could be a trigger so re-traumatization can be prevented and/or addressed.

To assist in this effort, Hospice of the Western Reserve developed a transdisciplinary team of "Trauma Champions." These champions, who understand the impact of psychological trauma on the lives of patients, caregivers and themselves, are available to all staff. While the champions are there to do the job specific to their discipline, they also recognize the role trauma plays at the end of life. They can identify trauma symptoms and advocate for patients and families.

(1) *Substance Abuse and Mental Health Services Administration (samhsa.gov)*

A trauma-informed program, organization, or system:

Realizes
the widespread impact of trauma and understands potential paths for recovery.

Recognizes
the signs and symptoms of trauma in clients, families, staff and others involved within the system.

Responds
by fully integrating knowledge about trauma into policies, procedures and practices.

Seeks to actively resist
Re-traumatization

Source: Substance Abuse and Mental Health Services Administration (samhsa.gov)

◆ ◆ ◆

Continuing Education Available

An hour-long CE program, "Trauma Informed End-of-Life Care," is available to healthcare professionals. To request this presentation for your organization, contact **Cheryl Strang**: **cstrang@hospicewr.org**, or **216.430.0955**.

EDITOR'S NOTE

Diane Snyder Cowan, MA, MT-BC, CHPCA, Director of Western Reserve Grief Services, Hospice of the Western Reserve, is the community leader for the Bereavement Professionals Community of the myNHCPO community, National Hospice and Palliative Care Organization. She is a Certified Hospice and Palliative Care Administrator and Board Certified Music Therapist.

Profiles from the *Heart of Hospice*

In this recurring feature, *Clinical Connections* interviews members of Hospice of the Western Reserve's transdisciplinary care teams to provide their unique perspectives on end-of-life care.

Name/Title:
June Olson, RN
hospice nurse, Warrensville Home Care Team
Years at HWR: 17

What do you enjoy most about your role? ▸ I love working so closely with patients and their family members and getting everyone comfortable with this phase in their lives. There is a strong psychosocial dynamic to what we do for not only the patients, but their entire circle.

What we do is very intimate. I compare it to someone having a baby–all that preparation for the birth. We are doing the same amount of work for the death. That means it's very intense, powerful work. We get very close with these families very quickly. Seeing the impact that we make is incredibly rewarding.

I also enjoy the education and one-on-one interactions with the patients. I have a lot of autonomy in my role. It takes strong time management, good organizational skills and the ability to think on your feet. You are never bored and always challenged.

What's most important to you in your work? ▸ The most important thing to me is for every patient – and their loved ones – to experience a peaceful passing. That takes a lot of communicating, education and imagination to utilize a variety of tools.

We deal with a lot of fear. Patients and their loved ones don't know what to expect. I'm here to clear up the fear of the unknown and help them get as comfortable as possible with the path that is before them.

When a patient is dying, their support system is still in action mode. I help them understand that hospice care is giving their loved one everything they need at the time. Symptom management, important conversations, making memories and providing the highest level of comfort is what the patient needs, not trips to the ED. When death is inevitable you want to make sure their loved ones have no regret about those last days and give them everything they can to really make the most of their time together and provide the best quality of life.

What are the most common misconceptions? ▸ That hospice means giving people drugs to die. In reality, hospice is all about making the most of the time we have, preparing the patient and family and providing care that many times extends and enriches their lives. Late referrals can cause frustration for our patients. A few days is not enough time to properly manage and do our good work to get people and their loved ones where they need to be at end of life – in mind, body and spirit. This isn't something that should be rushed or feared. The earlier we can enter a patient's life, the more we can do to truly make the most of their time.

How is HWR leading the way in patient satisfaction? ▸ A strong focus on team approach at HWR really helps support our plan of care. Collaborating with social workers, spiritual care coordinators, volunteers and clinical staff really helps elevate the services we can deliver. Compassion and doing whatever it takes to fulfill final wishes or to help a patient are top priorities.

NEW!

Community Physician Access Phone Line

Speak Directly with the Physician or Nurse Practitioner on Duty

HOSPICE OF THE WESTERN RESERVE values the trust of our community's physicians. We are available for around-the-clock collaboration whenever needed. Our Community Physician Access Line is accessible 24/7. Call 216.255.9077 to speak directly with the hospice and palliative care physician or nurse practitioner on duty about:

- Complicated cases
- Difficult patient transfers
- Intubation/Extubation
- Symptom management for patients with comorbidities
- General Inpatient (GIP) criteria and services
- Hospice eligibility
- Challenging goals of care conversations

COMMUNITY PHYSICIAN ACCESS LINE:
216.255.9077

FOR PATIENT REFERRALS:
Please continue to call us at **216.383.3700** *or* **800.707.8921**.

HOSPICE OF THE WESTERN RESERVE

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