

WALLA WALLA COMMUNITY HOSPICE

*When there isn't a cure . . .
There's the miracle of care.*



Hospice Nurse, Kimberly Zora with patient, Jack.

WHAT IS HOSPICE?

A Different Kind of Healthcare

Hospice is a different kind of health care. It is about focusing on the quality of life and giving the patient dignity until the end.

With Hospice, the focus of care shifts from aggressive treatment to maximizing the patient's comfort. An individualized plan of care, with comfort as a goal, is directed by the patient and family, and supported by the hospice team.

A Holistic Approach

An Interdisciplinary Team address the needs of the patient in a holistic way. They help meet the needs of the patient as they relate to comfort, spirituality and emotional support. Furthermore, the team offers support to the family and/or caretakers of the patient.

THE MYTHS OF HOSPICE

Myth #1 – Enrolling in hospice means “giving up” on life

Enrolling in hospice care is choosing to focus on quality of life, patient dignity, and comfort management.

We have a team of professionals available to support our hospice patients and their loved ones.

Myth #2 – To receive hospice care, I will have to give up my primary care physician

The primary care doctor is part of the patient care team and is regularly kept up-to-date.

Myth #3 – To receive hospice care, I will have to leave my home

Hospice isn't a “place”. We meet our patients wherever they call home. Approximately half of our patients are in group living facilities.

THE MYTHS OF HOSPICE

Myth #4 – Hospice care is expensive and my family won't be able to afford it

Hospice is a covered benefit under Medicare as well as many private insurances. WWCH provides services to patients regardless of ability to pay. We have experts on our team that help answer any questions by our patients and their loved ones.

Myth #5 – Hospice care is just for old people with cancer

Hospice care is appropriate for patients of any age living with an incurable life-limiting illness, with a prognosis of less than six months to live.

Myth #6 – When it's time for hospice, my doctor will talk to me about it

This is not always the case and can lead to late enrollment. Many families and patients often wish they had enrolled in hospice care sooner. Families and patients should discuss end-of-life care sooner than later and should feel empowered to bring up the topic with their physician[s].

THE MYTHS OF HOSPICE

Myth #7 – Once enrolled in hospice, you are not able to opt out

Our patients are in the driver's seat. Some patients get better and “graduate” from hospice services. Others may change their mind and pursue new treatment. If eligible, patients may re-enroll in hospice care.

Myth #8 – Hospice uses drugs to hasten death

The goal of hospice is neither to prolong life nor hasten death, but to make the quality of the patient's life the best it can be in their final months, weeks and days. There are no studies that indicate that hospice can hasten death, but there have been studies showing that some patients live longer when receiving hospice services.

Hospice takes advantage of state-of-the-art medications and palliative treatments to relieve pain and symptoms to keep patients comfortable.

WHO WORKS AT HOSPICE

The members of the Interdisciplinary Team which may work with each patient are:

- *Medical Director*
- *Registered Nurse*
- *Certified Nursing Assistant*
- *Social Worker*
- *Spiritual Support Counselor*
- *On-Call RN*
- *Hospice Volunteer*

WHAT HOSPICE EMPLOYEES DO

The **Medical Director** is responsible for assessing each patient for their eligibility for hospice service. With the input from the RN and other interdisciplinary team members, the MD develops a comprehensive medical care plan for every patient. The Medical Director reassesses patients every six months for continued eligibility for hospice services.

The **Social Worker** helps clients and their families navigate planning for end-of-life care; understand their treatment plan and be vocal about their needs; manage the stresses of debilitating physical illnesses, including emotional, familial and financial; overcome crisis situations; and connect to other support services. Hospice workers are advocates for patients and their families, and know what their clients need and what resources are available within and outside of hospice settings to help them.

Spiritual Support Counselors are also known as “Chaplains”. A patient may choose to receive support from a SSC who help patients spiritually prepare for the end of life. Their role is to help guide patients to a place of spiritual health by helping them see the value of their life and its positive impact. Hospice has no religious affiliation. They respect all cultures and points of view and are there to lend support and discuss the patient’s and the family’s feelings and beliefs.

Patient Care Registered Nurse

The Hospice RN provides direct care for patients. Whether administering medications, providing ongoing wound care, or carefully documenting patient vital signs, nurses play a first-hand role in ensuring their patients are as pain-free and symptom-free as possible.

Our patient care nurses work normal business hours and manage their schedules based on the needs of their patients. They administer care in the patient's home or facility.

RNs are assigned patients by a Triage Nurse. Their patients are determined by a geographical territory and/or equitable distribution of patients on census.



[View full job description](#)

Typical Day Of A Patient Care RN

- Check messages on secure text app to see if there is any time-sensitive information from the on-call RN.
- Check with Triage Nurse regarding any potential new patients in your “territory”.
- Call the patients for which you have pre-scheduled visits for the day (typically you will visit no less than 3 patients per day).
- Charting thoroughly about each patient and visit occurs throughout the day and needs to be complete by midnight the following day.
- Throughout the day, an RN prioritizes schedule based on the needs of patients who may have fallen or maybe actively passing.
- Though there is a designated Admit RN, occasionally a Patient Care RN will need to admit new patients which can last up to two hours.
- RNs attend bi-weekly Interdisciplinary Group meetings with entire clinical staff to review current patients on census and reevaluate plan of care.

On-Call RN

The Hospice On-Call RN works evenings, weekends and holidays responding to after hour calls and providing care for patients as needed. They perform all the duties of a patient care RN. They are an integral part of the Interdisciplinary Team offering insight from their patient and caretaker interactions.



[View full job description](#)

Certified Nursing Assistant

Hospice Aides are often considered the “unsung heroes” of hospice care. A CNA assists with various personal care issues including changing bedding, changing clothing, bathing hospice patients and helping with hygienic routines such as brushing teeth, washing hair and keeping wounds and dressings cleaned.

Our CNAs work normal business hours and manage their schedules in conjunction with the RN and based on the needs of their patients.



[View full job description](#)

Videos

The following videos were created to communicate some of the “messages” we consistently try to convey regarding hospice. These are actual employees, patients, and their loved ones.

Click on images to watch video.



The importance of Early Admission



The value of remaining in your own home



The relationships developed during care

“

If you knew how in awe I am of what you're doing for me. Some of the stuff I didn't even dream would happen. Hospice is making this possible.”

- Edward Moore, Patient

Visit Us

If you think that you might have “the hospice heart” and hospice may be a career choice you would enjoy, we wholeheartedly welcome you to visit our office for a tour and to meet some of the staff.

Please contact:

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