Home Health and Hospice

Baptist Health Schools Little Rock
NSG 4027: Professional Roles in Nursing Practice
Home Health and Hospice Nursing in the Community:
The Professional Role
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Lecture Objectives
Define the Following Terms:
- Home Care
- Home Care Nursing
- Home Health Agency
- Hospice Agency
- Governmental Agency
- Voluntary Agency
- Institution Based Agency
- Bereave
- Anticipatory Grieving
- Hospice
- Death
- Mourning
- Dysfunctional Grieving

Lecture Objectives
- Identify and Distinguish the 5 types of Home Health Agencies.
- Identify the criteria for accreditation and reimbursement of Home Health Agencies.
- Summarize the Home Care Nursing Practice Model and its components.
- Outline the advantages and disadvantages of Home Health Nursing as well as the factors which determine its effectiveness.

Lecture Objectives
Recognize the signs of and risk factors for Dysfunctional Grieving.
Describe the physical signs of imminent death.
Discuss the key components of pain assessment for the dying patient.
Differentiate between the types of pain and the treatments specific to each type.

Lecture Objectives
- Discuss the Pain Relief Principles.
- Categorize the levels of pain as they relate to the Pain Ladder and examine the appropriate form of analgesia for the specific levels.
- Discuss the barriers to and side effects of Opioid Analgesia
- Examine the Nursing Implications in caring for the dying patient.

Home Health
- Services provided to clients and families in their place of residence for the purpose of treating illness, restoring health, rehabilitation, promoting health, and palliation.
- Also known as “Home Care”
- Home Care Nursing: Comprehensive, holistic nursing focused on the client and family (or support system) and delivered in the client’s home.
- Home Health Agency: Delivery of services in the home for the purposes of restoring or maintaining the health of clients.
Types of Home Health Agencies

- **Governmental Agency**: governmental bodies that provide home care services.
  - Local Health Department
- **Voluntary Agency**: nonprofit agency that provides home care services.
  - Visiting Nurse Association
- **Proprietary Agency**: agency that provides home health services on a for-profit basis.
- **Institution Based Agency**: home health care agency that is part of a larger institution such as a hospital or managed care organization.
  - Baptist Home Health Care

Accreditation

- Though the purpose is to promote quality, third-party reimbursement has made it mandatory.
- **Accrediting Bodies for Home Health Care**:
  - Joint Commission on Accreditation of Health Care Organizations (JCAHO)
  - Community Health Accrediting Program
  - National Home Caring Council

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**Goal 1**
Improve the accuracy of patient identification.
1A Use at least two patient identifiers when providing care, treatment or services.
1B Prior to the start of any surgical or invasive procedure, conduct a final verification process, (such as a “time out,”) to confirm the correct patient, procedure and site using active—not passive—communication techniques.

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**Goal 2**
Improve the effectiveness of communication among caregivers.
2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and “read-back” the complete order or test result.
2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
2E Implement a standardized approach to “hand off,” communications, including an opportunity to ask and respond to questions.

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**Goal 3**
Improve the safety of using medications.
3B Standardize and limit the number of drug concentrations used by the organization.
3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.

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**Goal 7**
Reduce the risk of health care-associated infections.
7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
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Goal 8
Accurately and completely reconcile medications across the continuum of care.
8A
There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.
8B
A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the organization.

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Goal 9
Reduce the risk of patient harm resulting from falls.
9B
Implement a fall reduction program including an evaluation of the effectiveness of the program.

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Goal 13
Encourage patients’ active involvement in their own care as a patient safety strategy.
13A
Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

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Goal 15
The organization identifies safety risks inherent in its patient population.
15A
The organization identifies risks associated with long-term oxygen therapy such as home fires.

Reimbursement

- Medicare and Medicaid are the most used third-party providers. Which means that they set the standards for reimbursement.
- In order for an agency to be reimbursed they must meet the following criteria:
  - Patient be under a physician's care.
  - Physician prove a need for home care and write orders to outline a plan of care, frequency, and duration.
  - Patient must be homebound.
  - Patient must require skilled care.
- As nurses we must be aware of cost and alternative sources for equipment and supplies.

Home Care Nursing Practice Model

- Characteristics of a HH nurse:
  - Cares for clients from birth to death
  - Cares for clients throughout the health-illness continuum.
  - Uses knowledge and skills to care for the following patients:
    - Acute care
    - Chronic illness care
    - Palliation
    - Mental health promotion
    - Rehabilitation
    - Address age-specific problems in the community
    - Number of specialty patients.
Home Care Nursing Practice Model

Skills required of a HH nurse:
- Communication and Family Systems Dynamics
  - Assess interactions among client and family members
  - Identify best methods of teaching and mutual goal setting
  - Establish realistic goals with client and family
- Wound Care
  - Assess wound healing
  - Provide wound care, dressing changes, debridement, and irrigation
  - Teach client and family about wound care

Skills required of a HH nurse:
- IV Therapy
  - Assess and manage fluid balance
  - Placing IV’s and drawing blood
  - Administering medications, blood products, and parenteral nutrition
- Elimination
  - Use enterostomal therapy skills
  - Teach clients/families about special appliances and skin care products
  - Inserting urinary catheter
  - Teaching clients/families about urinary catheter maintenance

Skills required of a HH nurse:
- Rehabilitation
  - Assessing the need for assistive equipment, range-of-motion exercises, and ambulation
  - Instructing clients/families of use of equipment, exercises, and ambulation
- Pediatric/Maternal-Child Health
  - Assessing prenatal and postpartum clients
  - Using fetal monitoring
  - Assessing normal growth and developing
  - Evaluating family system dynamics

Goals of HH nursing:
- Restore health by assisting clients/families to return to an appropriate level of functioning
- Maintain health by preserving functional abilities and independence
- Promote health by minimizing effects of illness
- Improve health by helping clients/families achieve higher levels of functioning than previously existed

Case Management aspect of HH nursing
- Function independently, make decisions, solve problems, and manage emergencies in the home.
- Coordinate, collaborate with, consult with, and direct other health care providers, contracted providers of equipment or services, and community resources, and to decide to contact the physician.
- Develop a plan of care to help the client/family achieve clearly defined, measurable, client-centered outcomes.
- Think in terms of family interaction and dynamics.
- Implement appropriate protocols for all procedures and equipment.
- Communicate with other health care team members through detailed documentation.
- Function cost-effectively through a sound understanding of the economics of health care and the legislation and regulations imposed on it.
Advantages of Home Health Care

- Convenience
  - Many prefer to receive care in the home
  - Services can be integrated around client’s routine
  - No need for transportation
- Access
  - Immobile clients or those who don’t have transportation have access to care
  - Nurses get access to clients who would otherwise not present for services
  - Provide opportunity for nurses to identify other clients in the community in need of services

- Information
  - Nurses can obtain valuable information about the client in the home setting
  - Able to see family interactions, available support, and the ability of family members to provide care
  - Able to assess health hazards and resources present in home
  - Able to accurately assess ADL’s
  - Able to identify minor health changes the client may not address
  - Nurse better able to monitor and evaluate response to interventions

- Relationship
  - Client has more control in the home so a collaborative atmosphere is formed
  - Nurse acts as an enabler, increasing the client’s empowerment.
  - Care in the home increases the client’s sense of privacy and intimacy
  - Many clients enjoy a sense of continuity when care is given by a particular individual or group of individuals.

- Cost
  - Increase in savings compared to services received in hospital.
  - Increase in savings over time due to attention to needs which might not have been managed efficiently and effectively otherwise.

- Outcomes
  - Improvement inpatient outcomes (recover in the same length of time with less cost and greater satisfaction)
  - Decrease rate of accidental injury in children.
  - Decrease rate of child abuse.

Disadvantages of Home Health Care

- Diversity
- Maintaining Balance
  - Assistance without devaluing
- Obtaining permission to provide services
- Ambiguity of the client situation
- Avoiding abandonment
- Program attrition

Factors Affecting the Outcome of Home Health Care

- Lifestyle Factors
  - Must understand client’s belief about health
- Environmental Factors
  - Not controlled like the hospital setting
  - Must be aware of potentially damaging factors
- Developmental Factors
  - Care and teaching must be tailored to the client’s developmental status.
- Cultural/Religious Factors
  - Pay attention to modesty, personal hygiene, clothing, food beliefs, and rituals
Factors Affecting the Outcome of Home Health Care

- Socioeconomic Factors
  - Assess the cost/benefit ratio
- Psychological Factors
  - Changes in role functioning are particularly disruptive to family routines.
- Physiologic Factors
  - The nature and severity of the disease will effect to outcome.

Hospice

- Philosophical concept of providing palliative or supportive care to dying persons in which the goal of care in the last stages of life is to accentuate living and enhance the quality of life.

Grief

- Emotional, physical, cognitive, and behavioral response to bereavement, separation, or loss.
- Stages of Grief
  - Denial
  - Anger
  - Bargaining
  - Depression
  - Acceptance
- Factors that affect the grieving process:
  - Culture, Religion, Values, and Belief
  - Developmental Factors
  - Situations associated with the time and nature of the death
  - Previous grief experiences
  - Physical condition

Definitions

- Bereave: being deprived through death
- Loss: the removal, change, or reduction in value of something valued or held dear and the feelings that result
- Mourning: social and cultural acts used by a bereaved person to express thoughts and feelings of sorrow.
- Anticipatory Grieving: the intellectual and emotional response and behaviors by which individuals (families, and communities) work through the process of modifying self-concept based on the perception of potential loss.

Dysfunctional Grieving

- Extended, unsuccessful use of intellectual and emotional responses by which individuals (families, and communities) attempt to work through the process of modifying self-concept based on the perception of death.
- Risk Factors for Dysfunctional Grieving:
  - Narcissistic or dependent relationships
  - Uncertain, sudden, or overcomplicated circumstances surrounding the loss.
  - History of depression, low self-esteem, guilt, or previous complicated grief reactions.
  - Socially unspeakable, negated, or disenfranchised losses.
  - History of current or past substance abuse.
  - Decrease or loss of social support system
  - Cumulative grief over multiple unresolved losses.

Physical Signs of Imminent Death

- Musculoskeletal System
  - Loss of overall muscle tone
  - Relaxed facial muscles resulting in sagging jaw and flaccid lips and checks
  - Bladder and bowel incontinence
  - Decreased gag reflex and difficulty swallowing
Physical Signs of Imminent Death

**Gastrointestinal**
- Anorexia
- Dehydration AEB dry mucous membranes and low-grade fever
- Decreased peristalsis AEB decreased nausea, abdominal distention, and constipation
- Possible diarrhea

**Cardiovascular**
- Decreased peripheral circulation AEB cyanotic/mottled extremities which are cold
- Poor skin turgor
- Edema
- Reduced rate of medication absorption
- Decreased urine output
- Widened pulse pressure, meaning hard to take blood pressure

**Respiratory**
- Altered patterns of respiration
  - Slow
  - Labored
  - Irregular
  - Cheyne-Stokes
- Increased secretions AEB adventitious lung sounds or “death rattle”
- Irritation of tracheobronchial airway AEB hiccups, chest pain, fatigue, or exhaustion
- Poor gas exchange AEB hypoxia, dyspnea, or cyanosis

**Neurological**
- Altered levels of alertness
- Periods of mental cloudiness or disorientation
- Variable pain levels
- Possible blurred vision
- Diminished blink reflex
- Accumulation of secretions over eyes
- Dry conjunctiva
- Intact sense of hearing

Pain Management of the Dying Patient

“You matter because you are you. You matter to the last moment of your life, and we will do all we can not only to help you die peacefully but to live until you die”

Cicely Saunders

“I found that when I didn’t have pain, I could forget I had cancer”
A Terminal Cancer Patient

Assessment of Pain

**Guidelines to pain assessment:**
- Pain is whatever the patient says it is.
- Assess, Assess, and re-assess
- Holistic assessment (physical, psychological, spiritual, and practical pain)
- What is the impact of the pain on the patient’s functioning?
- Respond quickly
- Include the patient in the plan of treatment.
- Pain should be considered the “fifth vital sign”
- Do not ignore pain in the unresponsive patient.
- Understand the medical reason for the pain (trauma, surgery, cancer, etc.)
- Keep in mind some underlying causes of pain (UTI, fecal impaction, DVT, distended bladder)
Assessment of Pain

Key Components of Pain Assessment:
- Detailed history
- Physical and neurological exam
- Psychosocial assessment, patient and family
- Use a easy-to-administer pain rating scale
- Assess the intensity and character of the pain
  • Onset
  • Location—more than one site?
  • Description—what does it feel like?
  • Aggravating and relieving factors
  • Previous treatment
  • Effect on patient
- Assess for past or present substance abuse as it might inhibit opiod analgesia.
- Teach family members about pain and how to monitor it.

Types of Pain
- Neuropathic Pain: burning, tingling, numbness, shooting, stabbing, or electric-like feelings, results from disordered function of the peripheral or central nervous system, painful neuroma, phantom pain, reflex sympathetic dystrophies, postherpetic neuralgia.
- Nociceptive Pain: pain transmitted from a site of injury to the higher brain centers via an intact nervous system often described as aching, gnawing, pounding, and dull.
- Somatic Pain: well-localized pain, usually from bone or spinal metastases or from injury to cutaneous or deep tissues.
- Visceral Pain: poorly localized pain, occurs as a result of nociceptor activation from stretching, distention, or contraction of smooth muscle walls. Often described as squeezing pressure, cramping, distention, deep stretching.
- Referred Pain: pain experienced at a site distant from the injured tissue.

Types of Pain: Acute Pain can last up to six months, typically of short onset, predictable course, caused by tissue damage, surgery, or injury.
- Chronic Pain: less predictable and can change at any time, lasts for greater than six months, results from a long term medical illness.

Assessment of Pain

Assessment of Pain

Treatment of Pain

Pain relief principles:
- Individualize treatment
- Least invasive method first
- Achieve the most pain relief while minimizing side effects
- Medicate around the clock (moderate-severe or chronic pain should never be treated on an “as needed” basis).
- Treatments for breakthrough should be readily available

Pain Ladder

WHO Pain Ladder

Step One:
- Mild Pain
- Treatment:
  - NSAIDs
  - Acetaminophen
  - ASA
- Examples:
  - Ibuprofen
  - Indomethacin (Indocin)
  - Celecoxib (Celebrex)
  - Diclofenac (Cataflam)
  - Ketorolac (Toradol)
- Limited Use
  - Hepatotoxic
  - Upper limit
  - Toradol should never be used for longer than 5 days!!!
- If pain persists increase to step two
### WHO Pain Ladder

**Step Two**
- Moderate pain level
- Weak Opioids
- Coanalgesic: Combining Opioid and NSAID
- **Examples**
  - Tramadol (Ultram)
  - Codeine
  - Oxycodone
  - Hydrocodone
  - Percocet
  - Darvocet

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**WHO Pain Ladder**

**Adjuvant:** enhance the effects of Opioids or ASA-like drugs, have independent analgesic activity, or counteract the side effects of analgesics.
- **Tricyclic Antidepressants** (Elavil): pain related to diabetic neuropathy, post herpetic neuralgia, neuropathic pain caused by surgical trauma, radiation therapy, chemotherapy, or malignant nerve infiltration.
- **Benzodiazepines** (Valium, Ativan): effective for the treatment of acute anxiety or muscle spasm associated with acute pain.
- **Steroids**: can suppress painful nerve or spinal cord compression by reducing tumor and nervous tissue, provide euphoria and increase appetite.
- **Anticonvulsants** (Tegretol, Neurontin, Lioresol): effective with severe nerve pain arising from the peripheral nerve syndromes - post traumatic neuralgia, trigeminal neuralgia and nervous tic.
- **Clonidine** via epidural is used to treat neuropathic pain.

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**WHO Pain Ladder**

**Step Three**
- Severe pain
- Strong Opioids
- No Upper Limit
- **Examples:**
  - Hydrocodone
  - Morphine Sustained Release (SR)
  - Codeine
  - Oxycodone/Oxycodone SR
  - Hydromorphone (Dilaudid)
  - Transdermal Fentanyl (Duragesic)
  - Levorphanol (Levo-Dromoran)
  - Meperidine (Demerol)
  - Methadone

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**WHO Pain Ladder**

**Barriers to Opioid Use**
- “Will I get addicted?”
- Pseudoaddiction: characterized by drug-seeking behaviors in individuals who have been inadequately treated with opioids.
- Tolerance: concept that increasing doses of opioids are required to achieve the same amount of pain relief.
  - Is it tolerance or a worsening in their condition?
- Dependence: Physical dependence is certain when someone has been on opioids for 7-10 days. They will suffer withdrawal symptoms when the opioid is stopped but will not suffer Psychological dependence.

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**WHO Pain Ladder**

**Side Effects of Opioid Analgesics**
- Constipation
  - Start them on a mild stimulant and/or stool softener
  - Good hydration
  - Fiber
  - Encourage activity
- Respiratory Depression
  - Not very common at the doses these patients are receiving
  - Respiratory depression can help with dyspnea
  - Apnea is rare
  - Respiratory depression is also a sign of imminent death

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**WHO Pain Ladder**

**Side Effects of Opioid Analgesics**
- Sedation
  - Often a great concern for the dying patient.
  - Tolerance develops quickly and sedation will decrease with tolerance.
  - Reduce dose if possible
  - Caffeine
- Nausea/Vomiting
  - Occurs in 1/3 of patients
  - Usually resolves after 72 hours
  - Change Opioids
  - Prochlorperazine (Compazine)
  - Metoclopramide (Reglan)
WHO Pain Ladder

- Side Effects of Opioid Analgesics
  - Urinary Retention
    - Most common with epidural
    - Tricyclic antidepressants can exacerbate this
    - Switch Opioid
  - Pruritis
    - Most common with IV Opioids
    - Diphenhydramine (Benadryl)

Nursing Implications for Care of the Dying Patient

- Cautions
  - Meperidine (Demerol)
  - Propoxyphene (Darvocet)
  - Are for acute exacerbation of pain.
  - Because of their toxic metabolites there are severe side effects of long term use.
  - In high demand for drug addicts and it is better to not use them if possible

- Dehydration
  - "Do they feel hungry?"
  - Dehydrated patients rarely complain of thirst
  - Thirst can be satisfied by proper oral care
  - Advantages:
    - Decrease urine output means less need for bedpan
    - Decreases incontinence
    - Respiratory secretions decline relieving coughing and congestion
    - Respiratory secretions enhance swallowing and decreases choking/drowning sensations
  - Timing should be examined closely sometimes dehydration can worsen their condition
  - Studies have shown a high comfort level of severely dehydrated patient near death.

- Communication
  - Be honest and upfront about the physical signs of dying
  - Use words like dead, death, dying
  - Listen
  - Family and patient education is a must especially as death nears.
    - Death rattle
    - Dyspnea
    - Dehydration

References


