



The Hospice at May Court

114 Cameron Avenue, Ottawa, ON K1S 0X1

DAY HOSPICE PROGRAM MANUAL



The Hospice at May Court

DAY HOSPICE PROGRAM MANUAL

TABLE OF CONTENTS

SECTION: 1 – GENERAL POLICIES

01/02/03	Assessment Process.....	DHP 1-100
01/02/05	Complementary Therapies and Activities.....	DHP 1-108
01/02/03	Confidentiality.....	DHP 1-110
01/02/03	Criteria for Admission.....	DHP 1-115
01/02/03	Objectives.....	DHP 1-150
01/02/03	Policy Statement.....	DHP 1-160
01/02/03	Referrals.....	DHP 1-170
01/02/03	Utilizing Family, Friends and Neighbours.....	DHP 1-190

SECTION: 2 – ADMINISTRATIVE POLICIES AND PROCEDURES

19/05/05	Day Hospice Program Coordinator – Role and Responsibilities	DHP 2-120
01/02/03	Day Hospice Program Policies.....	DHP 2-125
01/02/03	Day Hospice Program Procedures.....	DHP 2-127
01/02/03	Fire Safety Plan.....	DHP 2-140
01/02/03	Record Keeping.....	DHP 2-160
01/02/03	Volunteers – Role and Responsibilities.....	DHP 2-190



DAY HOSPICE PROGRAM MANUAL

SECTION: 1 – General Policies

NUMBER: DHP 1-100

AUTHORIZED BY: Executive Director

DATE: 01/02/03

PAGE: 1 of 1

Assessment Process

Once a referral is considered appropriate, the Coordinator will visit the patient at home or in hospital to complete The Hospice at May Court Assessment.

If the patient/caregiver has not been accepted for admission to the program at the time of assessment, the reasons are explained and alternate recommendations made. The patient may, of course, reapply if circumstances change.

If the patient is accepted, the referee and other relevant service providers are notified, and a plan of care set in place.



DAY HOSPICE PROGRAM MANUAL

SECTION: 1 – General Policies

NUMBER: DHP 1-108

DATE: 01/02/05

AUTHORIZED BY: Executive Director

PAGE: 1 of 1

Complementary Therapies and Activities

The Hospice at May Court recognizes the therapeutic value in certain complementary treatments and activities, especially reflexology, reiki, therapeutic touch, yoga, meditation/relaxation, gentle massage, foot massage and artwork. As possible, the Hospice offers these treatments and activities to patients and families at day hospice, caregiver support evenings, and the Residence.

- People offering these services are volunteers of the Hospice, have taken the Hospice Orientation Course, have provided appropriate documentation and have been approved as a volunteer provider of a particular complementary therapy or particular therapies.
- The therapies and activities are subject to approval by the Executive Director and must be in keeping with recognized guidelines and appropriateness to a palliative care setting. Volunteer providers must meet basic standards of training as specified by the Complementary Therapy
- GUIDELINES
 - Complementary therapies are to be done in a private room.
 - The acceptable Complementary Therapies for use at Hospice are reflexology, meditation/relaxation, yoga, therapeutic touch, reiki, gentle massage and body scan (bringing awareness to a particular body area and simply noticing any tension with no instruction from the volunteer for the participant to change anything)
 - Music is not used in conjunction with these techniques.
 - Guided visualizations/imagery may be used if participants are guided to go to a place of their choice, rather than that of the group leader. However because not everyone can visualize, it is not a preferred method.
 - Autogenic training and progressive relaxation are not used because of their potential to increase swelling and cause discomfort in edematous areas.
 - Toe nails are not to be cut by volunteers, when doing foot care or foot massage.

- All Complementary therapies have the potential to stimulate emotions to arise. The volunteer provider should begin sessions by informing people of this possibility, letting them know that it is normal and to let the volunteer know if this happens. The volunteer should notify the Coordinator, should this happen.
- Most of these services are offered on a volunteer basis but there is a limited budget approved by the Hospice Board that can be used to purchase services at the discretion of the Executive Director, when the service is seen as essential, and in consultation with the care team.



DAY HOSPICE PROGRAM MANUAL

SECTION: 1 – General Policies

NUMBER: DHP 1-110

AUTHORIZED BY: Executive Director

DATE: 01/02/03

PAGE: 1 of 1

Confidentiality

All records and information relating to patients and their families are the property of The Hospice at May Court and may not be released without the permission of the patient. In the event that the patient cannot consent, their designated representative may consent to release of information.



DAY HOSPICE PROGRAM MANUAL

SECTION: 1 – General Policies

NUMBER: DHP 1-115

DATE: 01/02/03

AUTHORIZED BY: Executive Director

PAGE: 1 of 2

Criteria for Admission

Anyone who has been diagnosed as having a terminal illness, regardless of age, sex, race or creed may qualify to receive the services of The Hospice at May Court.

The following criteria will be used to determine admission to the program.

1. Diagnosis and Prognosis

Priority is given to patients with a life threatening illness and a prognosis of six months or less.

However, consideration will also be given to other special cases, such as patients in end stage Cardiac Failure, Pulmonary Disease or Motor Neuron Disease, or patients with Cancer who have an indefinite prognosis, but who are in need of services which The Hospice can provide.

2. Priorities for Admission

The Hospice at May Court reserves the right to prioritize referrals received. Priorities are determined by the Coordinator in consultation with the Interdisciplinary Team, and will be dependent upon assessment by the Coordinator, availability of appropriate Volunteers, and need of the patient and family.

3. Geographic Area

The program is offered to patients living in the Ottawa-Carleton Region and in the Outaouais. Admission will be determined by availability of Volunteers able to travel to the area in which the patient is located.

4. Agreement Form Signature

The patient and family is informed of the philosophy and objectives of The Hospice at May Court and agree to its involvement in their care. In addition, the patient or next of kin signs the agreement form as attached.

5. Condition of the Patient

The Hospice at May Court will admit to Hospice Programs patients in any condition - depending on the availability of suitable Volunteers.

6. Volunteer Safety

The physical setting must be appropriately safe for the volunteer. Refer to:

- Guidelines for Volunteers
- Completed Referral Form.



DAY HOSPICE PROGRAM MANUAL

SECTION: 1 – General Policies

NUMBER: DHP 1-150

AUTHORIZED BY: Executive Director

DATE: 01/02/03

PAGE: 1 of 1

Objectives

- To improve pain and symptom control.
- To improve the quality of life for terminally ill patients.
- To provide respite.
- To monitor the ongoing condition of the patient.



DAY HOSPICE PROGRAM MANUAL

SECTION: 1 – General Policies

NUMBER: DHP 1-160

AUTHORIZED BY: Executive Director

DATE: 01/02/03

PAGE: 1 of 1

Policy Statement

The primary purpose of Day Hospice is to provide diversion, support and respite to patients and their families, as well as access to care and assessment.

This service is available to individuals and families admitted to the Hospice programs.



DAY HOSPICE PROGRAM MANUAL

SECTION: 1 – General Policies

NUMBER: DHP 1-170

AUTHORIZED BY: Executive Director

DATE: 01/02/03

PAGE: 1 of 1

Referrals

Anyone may make a referral to The Hospice at May Court by calling 260-2906.

The patient must be informed that a referral is being made and agree to it. Information required at the time of referral will be the patient's name, address, telephone number, age, diagnosis, physician's name and telephone number, next of kin, and reasons for referral.

A registration form will be filled out with the information and given to the Home Support Coordinator for assessment.



DAY HOSPICE PROGRAM MANUAL

SECTION: 1 – General Policies

NUMBER: DHP 1-190

AUTHORIZED BY: Executive Director

DATE: 01/02/03

PAGE: 1 of 1

Utilizing Family, Friends and Neighbours

Wherever possible, in consultation with the patient's family, The Hospice involves relatives, neighbours and friends, in the plan of care.



DAY HOSPICE PROGRAM MANUAL

SECTION: 2 – Administrative Policies and Procedures

NUMBER: DHP 2-120

DATE: 19/05/05

AUTHORIZED BY: Executive Director

PAGE: 1 of 2

Day Hospice Program Coordinator – Role and Responsibilities

PLANNING: Tuesday, Wednesday and Thursday. Day hospice sheets are to be prepared two weeks in advance, on Friday afternoon. Assign and organize drives. Call drivers for Tuesday, Wednesday and Thursday on Monday morning. When the Day Hospice Coordinator is off, Monday morning calls are done by the Admissions Coordinator.

Monday AM

- Call all new patients to remind them of day hospice and answer any questions; also remind the patient and family that this call is usually only done the first time. Remind patients to bring any medications and glucometer if used and to wear comfortable clothing.
- Call any patients where there is a question of whether they will be coming to day hospice, being careful not to set up a reliance on "reminder phone calls".

Monday AM for Tuesday, Wednesday and Thursday Day Hospice

- Call all drivers to inform them about patients they will be picking up. When there are new patients, drivers need to have more information about the condition of the patient and how much help they need. Put a pencil tick mark beside patients' names when drive has been confirmed.
- Try to insure that there are four volunteers for the full day and, if possible, another volunteer for the morning who could help with extra functions.

Friday PM

- List all patients registered for day hospice on the appropriate worksheet for that day, putting unlikely patients at the bottom of the list, and a pencil stroke through patients who are definitely not coming in.
- List all the volunteers for the day and all the drivers who are available.

- Organize drives on the sheet, being careful to give drivers a route which is workable, and not asking drivers with vans to take more disabled or weak patients. Drivers should take no more than three patients. Also, if someone is taking oxygen or a walker consideration has to be given for carrying those items in the vehicle. Oxygen cannot be stored in the trunk, but must be secured by a seatbelt. Drivers are never asked to carry wheelchairs or walkers. These are provided at the Hospice.

DAY HOSPICE DAY

- Take out muffins from freezer and leave for volunteer to arrange.
- At 9:15 meet with volunteers to discuss patients who are coming for the day, beginning with new patients and giving an update on each patient and pointing out any special needs or problems. Ensure that a volunteer is assigned to be at the door to greet people coming in, as well as a volunteer helping with getting patients ready to go home.
- Assign a volunteer to each new patient to give them a tour of the Hospice and ensure that they are comfortable.
- Greet patients as they arrive and assess who might need some extra time.
- Try to make rounds of patients and be available to direct volunteers if needed or to spend extra time with a patient who needs care in some way.
- When Reflexologist arrives at 10:30 am give her a report from Kardex and decide with her who needs treatments.
- Once table is set for lunch decide where people will be sitting and put name cards at places.
- When everyone is seated for lunch say a word of thanksgiving, welcoming new patients and any guests
- Make sure there is some appropriate music on for the lunchtime.
- If drivers arrive before 2:30 invite them in for a cup of tea; departures should not begin before 2:30, and patients are encouraged to remain in the activity room or living room until they are called to get ready; volunteers who are not helping at the door should stay with those patients.
- Accompany each patient to the car and help with seatbelt if necessary.

STATS AND CHARTING

- Make brief notes on charts for all new patients and any patients who had problems that day.
- Prepare letter to GP for any patient who has come at least twice. Leave the letter in the yellow folder for completion by the Office Assistant. Tick off "Doctor Letter sent" on the Day Hospice sheet and on the Patient Profile and Care Plan.
- Complete worksheet with hours for volunteers, including drivers, and transfer numbers to appropriate stats sheet.
- Enter name of any new patient on appropriate sheet.



DAY HOSPICE PROGRAM MANUAL

SECTION: 2 – Administrative Policies and Procedures

NUMBER: DHP 2-125

DATE: 19/05/05

AUTHORIZED BY: Executive Director

PAGE: 1 of 2

Day Hospice Program Policies

The Goals of Day Hospice

- To support and provide respite to oncology patients as they receive active treatment;
- To support and provide respite to terminally ill patients as their condition deteriorates, and through the final phases of their illness.

Policies

- Patients are admitted to the Day Hospice program after assessment by a Coordinator of the Hospice.
- The Day Hospice Nurse will notify the patient's attending physician by letter that this person is attending the Day Hospice and indicate this on the profile.
- There are 20 openings available in the Day Hospice for each day. Where there is more than one patient applying for one vacancy the interdisciplinary team will decide on the most suitable person for admission.
- If a patient consistently fails to come to the Day Hospice a Coordinator will reassess suitability and discuss other options with the patient.
- A staff Nurse will be present and available at all times when the patients are at the Day Hospice.
- Emergency drugs will be available and administered by the Day Hospice Nurse on the orders of a patient's attending physician.
- A suction machine and CPR mask will also be available.
- In the case of a medical emergency such as seizure, the Day Hospice Nurse will notify the patient's family and/or the patient's physician at her discretion, and will call 911 if emergency medical attention is required. If the attending physician is not available the coordinator may call the Hospice Medical Consultant or backup.
- In the case of the death of a patient the Day Hospice Nurse will immediately notify that person's attending physician and family, and will provide a private place such as the quiet room for the body to remain until it can be removed.

- The cook and other persons involved in food preparations will observe standards set out by the Department of Health, including washing all dishes in the dishwasher and wiping the counter and sink with a javex solution after use.
- All Volunteers involved in Day Hospice must have taken the Hospice Orientation Course.



DAY HOSPICE PROGRAM MANUAL

SECTION: 2 – Administrative Policies and Procedures

NUMBER: DHP 2-127

DATE: 19/05/05

AUTHORIZED BY: Executive Director

PAGE: 1 of 1

Day Hospice Program Procedures

- Patients are usually transported by Volunteers who pick them up around 9:30 AM. If the patient is disabled arrangements are made with Paratranspo.
- Family members may also wish to bring patients themselves, but it is made clear from the beginning that family members do not stay for the day.
- Coffee, tea and morning snacks are served and socializing takes place until around 11:00 AM when the group usually disperses for reflexology/massage, relaxation, card playing, hairdressing, bath, art, rest or just sitting and reading.
- At 12:30 there is a re-gathering of the group for “Happy Hour” when wine and juice are served, followed by lunch at around 1:00 PM.
- When someone from the group has died a special candle is lit and a photo of the person is placed on the circle if available.
- People begin to go home usually around 2:30, again transported by Volunteer drivers, families and Paratranspo. Where there is a need, patients may stay until 4:00 PM.



DAY HOSPICE PROGRAM MANUAL

SECTION: 2 – Administrative Policies and Procedures

NUMBER: DHP 2-140

AUTHORIZED BY: Executive Director

DATE: 19/05/05

PAGE: 1 of 1

Fire Safety Plan – Day Hospice

When the fire alarm sounds and there is *no evidence of fire in your area*:

- all individuals including staff, volunteers and patients should gather in the RECEPTION AREA
- before leaving the kitchen, turn off all electrical appliances and then proceed to the RECEPTION AREA
- the *senior staff person* in the building will go to the closest fire panel, determine the location of the fire and take appropriate action as follows:
 - If it is obvious that there is no immediate danger to patients, staff and volunteers, then the *senior staff person* will direct the others to remain calm and stay in the reception area until the Fire Department arrives.
 - If the fire is located inside the Day Hospice/Office Area and poses a threat to patients, staff and volunteers, then *the senior staff person* will direct everyone to be evacuated from the danger zone to a safe zone, in the quickest and safest manner.



DAY HOSPICE PROGRAM MANUAL

SECTION: 2 – Administrative Policies and Procedures

NUMBER: DHP 2-160

DATE: 01/02/03

AUTHORIZED BY: Executive Director

PAGE: 1 of 1

Record Keeping

A patient file is opened at the time of admission to The Hospice at May Court, and kept in the Coordinators' office.

The Referral Sheet and Assessment Tool will become part of this file, as well as an ongoing record of the patient's progress and condition. The keeping of these records is the responsibility of the Coordinator who will chart any significant events and any meetings with patients and families, or communications on their behalf.

A Volunteer's Log may be kept in the patient's home when necessary for the use of Volunteers and any other caregivers. The purpose of the log is to pass on pertinent information from one Volunteer to another to ensure continuity.

A patient profile is printed from the patient database program and copies given to members of the interdisciplinary team.

When a patient dies the chart is filed in closed files or under "Bereavement Follow-up", and all contacts made with the family following the death are charted on a bereavement follow-up form which is kept on the patient's chart.

When appropriate, the patient's record is closed and kept under a separate file for five years, when it may be destroyed.



DAY HOSPICE PROGRAM MANUAL

SECTION: 2 – Administrative Policies and Procedures

NUMBER: DHP 2-190

AUTHORIZED BY: Executive Director

DATE: 01/02/03

PAGE: 1 of 1

Volunteers – Role and Responsibilities

The role of the day hospice volunteer is to assist the coordinator in providing care and support to patients coming to the day hospice.

The day begins with a meeting at 9:15 AM between the volunteers and the coordinator so that patients who are coming that day are reviewed and special needs identified.

Under the direction of the coordinator, the volunteer:

- greets and assists patients arriving at the hospice for the day
- provides hands on care including gentle massage, manicure, shampoo
- is aware of patients needing extra help in walking or transferring, and ensures that patients who are very ill or require supervision are not left alone
- sits with patients who appear to be distressed or needing to talk
- assists with tasks of coffee, happy hour, and lunch according to the schedule
- ensures that patients are not left unattended at the end of the day when the coordinator is occupied with getting people into cars going home.

ORIENTATIONS CHECK LIST:

- description of tasks
- location of suction machine
- review of routine for setting happy hour cart and lunch table including location of all supplies.



DAY HOSPICE PROGRAM MANUAL

SECTION: 3 – FORMS

NUMBER: DHP 3

DATE: 01/02/03

AUTHORIZED BY: Executive Director

APPENDIX: 1 – DAY HOSPICE PROGRAM FORMS

01/01/00	Acute Problem Report.....	DHP 3-105
15/11/02	Advance Directives.....	DHP 3-160
01/03/02	Agreement.....	DHP 3-110
15/11/02	Dear Doctor Letter.....	DHP 3-160
15/11/02	Driver Information Sheets.....	DHP 3-160
15/11/02	Drivers' Schedule.....	DHP 3-160
15/11/02	Follow-Up Interview.....	DHP 3-160
15/11/02	Medical Information Release.....	DHP 3-160
15/11/02	New Patient Information.....	DHP 3-160
15/11/02	Patient List.....	DHP 3-160
15/11/02	Patient Orientation to Day Hospice.....	DHP 3-160
26/02/02	Patient Profile and Care Plan.....	DHP 3-170
15/11/02	Referral.....	DHP 3-180



The Hospice at May Court

DAY HOSPICE DRIVERS' INFORMATION SHEET

- Purpose of Day Hospice
 - a day away for the patient
 - respite for the caregiver
- Our patients have all been diagnosed with a life-threatening illness so that they are often fragile physically and emotionally. They may need your assistance to the car, help with the seat belt – and a listening ear.
- We advise patients that our volunteer driver will pick them up between 9:30 – 9:45am and they will leave the Hospice at 2:30 to return home. It is important not to arrive before 9:30am, as for many this is quite early enough. Often a family member will be there to help but not always. It may be necessary for you to assist with outer clothing and help settle the patient on return home.
- The nurse coordinator who organizes the Day Hospice transportation will inform you of the patient's diagnosis, limitations and special needs.
- We may ask you to drive up to three patients, but we try as much as possible to give you a route which is workable -- keeping in mind any limitations and the type of vehicle used (vans, 2-door cars).
- Drivers are **never asked to carry wheelchairs or walkers**– these are available at the Hospice and the nurse will meet you at the car. It may be necessary to transport oxygen – these are light portable units which must be secured by a seat belt – the nurse will advise. **Do not store oxygen in the trunk of your car.**
- When coming to pick up patients for the return home we ask that you park and come into Day Hospice. You are welcome to join the patients and Day Hospice volunteers for tea – this allows time for the nurse coordinator to arrange the “going home” so that it is safe, unhurried and orderly. It is an opportunity for you to get to know us all and become a part of our team.
- Please keep in mind that our patients are going through a great deal of loss at this time – we hope to make Day Hospice from door to door a safe and happy time for them. We can help most by listening.
- Very often your passengers will talk very openly in the privacy of your car – we respect confidentiality and their choices. Should you feel you wish to talk or feel you have information you need to share please do not hesitate to call the Hospice to talk with Barbara, Susan Smith, Susan Taylor, Marg Jones or Sandra Young.
- You are a valued member of the Hospice team. We thank you for your help.
- Mileage may be paid to volunteers who submit a claim.

HOSPICE 260-2906 ext 225 PAGER 260-9407 (call if needing immediate assistance)