

Valor's Specialized Programs for patient's in long term care facilities, augments and enhances care provisions with the hospice benefit

Hospice in the Long Term Care facility, whether adult care homes, assisted living facilities or nursing homes, is designed to optimize palliative services. Hospice services enhance care provided to the resident and the resident's family. Additionally, Hospice is a resource for facility staff in pain & symptom management, addressing complex mind, body and spirit issues and complying with regulatory and facility standards and requirements.

FACILITY		HOSPICE	
SKILLED NURSING (RN OR LPN)			
Recognize the need for hospice services and integrate hospice care into 24-hour care of resident. <input type="checkbox"/> Explore referral to hospice w/MD & patient/family. <input type="checkbox"/> MDS oversight & reporting. <input type="checkbox"/> Call hospice with changes in condition. <input type="checkbox"/> Follow-up with hospice recommendations with MD.		"Value Added" consultation and care management support to enhance comfort care experience for resident and facility staff. <input type="checkbox"/> Available 24/7 with on-call support for pain/symptom consults & visits, including Customer Service/Intake assistance. <input type="checkbox"/> Documentation to support regulatory requirements. <input type="checkbox"/> Integrate facility & hospice plan of care. <input type="checkbox"/> Recommendation to facility MD for pain/symptom mgt. <input type="checkbox"/> Daily visits for patients on emergency inpatient care.	
NURSING ASSISTANT			
Provides physical care, ensures safety and gives loving support within timeframe allowed and according to restrictive guidelines. <input type="checkbox"/> Routine AM/PM care and feeding. <input type="checkbox"/> Notify nurse with changes in condition.		Enhance physical care and resident support through longer, personalized visits and 1:1 contact. <input type="checkbox"/> Enhanced personal care. <input type="checkbox"/> Notify facility and hospice nurse with changes in condition.	
SOCIAL WORK			
Complete paperwork required by state and federal regulations; psychosocial patient/family interventions as time allows. <input type="checkbox"/> Identify psychosocial issues and begin interventions. <input type="checkbox"/> Call hospice to request specific patient/family interventions. <input type="checkbox"/> Ensure that patient and family are responsible for all room and board arrangements.		Seek opportunities to support families and staff in addition to 1:1 life closure intervention with resident. <input type="checkbox"/> In-depth psychosocial interventions. <input type="checkbox"/> Facilitate family meetings/communications. <input type="checkbox"/> Update facility social worker on communications/interventions.	
SPIRITUAL			
If available, provide religious support, often not specific to hospice or end of life. <input type="checkbox"/> Call hospice to request specific spiritual intervention.		Non-denominational 1:1 spiritual support through conversations and resident-directed interventions. <input type="checkbox"/> Spiritual & religious interventions for emotional/symptomatic relief. <input type="checkbox"/> Update facility/hospice with results of intervention.	
BEREAVEMENT			
Not part of general LTC services; provide informally to staff & families as time and priorities permit. <input type="checkbox"/> Call hospice for pre-bereavement counseling needs (family or staff). <input type="checkbox"/> Call hospice for staff bereavement, special memorials, etc.		Specialized bereavement counseling for family and facility staff 12 months after death. <input type="checkbox"/> Update facility & staff, regarding family & grief. <input type="checkbox"/> Conduct memorial services, staff bereavement support, etc.	

FACILITY	HOSPICE
PHYSICIAN	
Traditional medical model focused on routine long term care, geriatric and restorative goals/interventions. <input type="checkbox"/> Attending Physician maintains routine oversight. Can also continue non-hospice diagnosis care. <input type="checkbox"/> Assess hospice recommendations and write orders.	Palliative model focused on comfort care and end-of- life pain and symptom management. <input type="checkbox"/> Hospice MD available for evals & consults to facility MD. <input type="checkbox"/> Bedside consult if requested. <input type="checkbox"/> Nurse Practitioner and palliative care programs for non-hospice pts. available (available from select hospices).
VOLUNTEERS	
Primarily engaged with same 15% of residents who attend activities, in a group setting. <input type="checkbox"/> Call hospice for staff/resident/family miscellaneous needs (practical, supportive, etc.) <input type="checkbox"/> Assess hospice recommendations and write orders.	Address individual resident needs through variety of interventions. <input type="checkbox"/> Provide extended visits, vigils, 1:1 watchful companionship, etc. <input type="checkbox"/> Notify hospice & facility with change in condition.
ADMINISTRATION	
FACILITY ADMINISTRATOR <input type="checkbox"/> Creates a culture that promotes quality end-of-life care and supports facility-based hospice care. <input type="checkbox"/> Oversees and approves hospice contractual relationships. <input type="checkbox"/> Maintains financial integrity of the organization. <input type="checkbox"/> Upholds the facility's mission statement.	PROGRAM DIRECTOR & ADMINISTRATOR <input type="checkbox"/> Creates a culture that embraces the provision of hospice in Long Term Care facilities. <input type="checkbox"/> Ensures that contract agreements with LTC meet the needs of both parties and satisfy all legal parameters. <input type="checkbox"/> Oversees quality and integrity of program. <input type="checkbox"/> Educates LTC industry leaders regarding hospice mission & services available.
DIRECTOR OF NURSING <input type="checkbox"/> Creates a culture that promotes quality end-of-life care and supports facility-based hospice care. <input type="checkbox"/> Oversees and approves hospice contractual relationships. <input type="checkbox"/> Seeks opportunities with hospice to augment care & support to LTC patients, families & staff.	PATIENTCARE COORDINATOR & PATIENTCARE SERVICES DIRECTOR <input type="checkbox"/> Promotes integration and collaboration of hospice services with LTC facility staff. <input type="checkbox"/> Ensures quality and integrity of program. Addresses patient care program processes/service delivery issues. <input type="checkbox"/> Ensures hospice routine plan of care is followed, including emergency continuous or inpatient care, if necessary. <input type="checkbox"/> Works with Community Clinical Liaison and Customer Service/Intake Nurse for quality and continuity of care.
MEDICATIONS, DME, SUPPLIES, LAB WORK	
Not related to terminal diagnosis. Standard room & board and DME/supplies: <input type="checkbox"/> Lotions, dressings not related to terminal diagnosis. <input type="checkbox"/> Lab work not recommended by hospice. <input type="checkbox"/> Over-the-counter medications. <input type="checkbox"/> Dietary supplements.	Related to terminal diagnosis, including items specific to Valor Facility Partnership Arrangement Listing, e.g.: <input type="checkbox"/> O ₂ <input type="checkbox"/> Low loss air mattress, special beds. <input type="checkbox"/> Dressings & lab work related to terminal diagnosis. <input type="checkbox"/> Wheelchairs, walkers.
THERAPIES	
Restorative <input type="checkbox"/> P.T./O.T./Speech not related to terminal diagnosis or recommended by hospice.	Palliative <input type="checkbox"/> P.T./O.T./S.T. to support terminal plan of care.

For details on Valor HospiceCare's emergency Continuous Care Program and Inpatient/Respite Care Program with contracted Skilled Nursing Facilities or Valor Inpatient Centers, please give us a call for hospice eligibility. Please contact us for a free nurse or doctor patient evaluation for hospice benefit eligibility or palliative care consultations. Please also visit www.valorhospicecare.com.