HOSPICE
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Hospice and Palliative Care

A national organization of Hospice and Palliative Care Institutions

Standards and Guidelines

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1. Standards and Guidelines

Implementation and Development of Hospice and Palliative Care in Nursing Homes

For many Austrians a nursing home is their last home. Here they live - and here they die. The goal of the project 'Hospice and Palliative Care in Nursing Homes' is to ensure a sustainable and competent hospice and palliative care in all Austrian nursing homes.

Fundamental principles for the implementation and development of hospice and palliative care in nursing homes:[1]

- Providing holistic care, treatment, and support for all dying people who need it enabling them to live and die with dignity and offering support for their family/loved ones.
- Identifying and easing physical, psychological, social, and spiritual pain with special consideration of the specific needs of residents with dementia.
- Interdisciplinary cooperation of all carers (medicine, care, social care, medical technician and psychological professions, spiritual care).
- Respecting the autonomy of all people concerned.
- Regarding dying and grieving as an integral part of life.
- Involving qualified volunteers for support and assistance.
- Offering support and assistance instead of euthanasia

Hospice Austria recommends to consider the following for the implementation in Austria (source Hospice Austria):

- Create a network of all relevant partners on a federal level (umbrella organizations, Ministries, Institutions and Research institutes...).
- Ensure all levels of care and management involved have a gender sensitive approach determining their actions.
- Ensure all levels of care and management involved have cross cultural competence.
- Get to an agreement on a common concept of implementation and development.
- Initiate a survey of the state of palliative care in all of the federal states and adapt the general and advanced training and education of the employees in the nursing homes accordingly.

[1] Vgl. Bundesarbeitsgemeinschaft Hospiz (D) / Fachgruppe Hospizarbeit in Einrichtungen / Arbeitspapier Stationäre Altenhilfe (September 2005)

- Ensure necessary decisions are made on a political and institutional level among others raising the number of nursing staff per palliative patient, providing palliative medical care.
- Begin with a test run of model nursing homes with the subsequent goal of implementing and developing palliative care in all nursing homes.

The standards presented above and below serve as a guideline. The following steps are recommended for the implementation process:

1. Appoint an authorised palliative care representative for each nursing home, who has attended at least one interdisciplinary basic course in palliative care and has specialized training in geriatric palliative care.

2. Analyze the current practice and adapt current practice step by step to the standards in a guided process.

3. Create measures and structures to ensure sustainability of palliative care in the nursing home.

Target Group / Dimensions	Residents/ Patients	Family/ Loved ones	Care Personnel	Doctors
Medical Treatment and Care (by Doctors)	** Are informed in detail and in an understandable manner ** The special communication needs of people suffering from dementia are met accordingly ** Have the right to choose their doctor freely ** Receive adequate relief from pain ** Are asked about their wishes for the case of not being able to articulate them anymore ** Can rely on the fulfillment of their probable wishes	** Get the information they need ** Are integrated in the decision making process accordingly if patient/resident has consented and clearly expressed his/her wish for it	** Are integrated in the decision making and information process taking into account all applicable legal regulations ** Are participating in doctors' meetings regarding their patients ** Individual caregivers are trained in attending to the medical needs of the residents in order to support the doctors ** Develop individual emergency strategies in cooperation with doctors ("What if" scenarios)	** Provide relief from pain and other distressing symptoms ** Involve patients, families, loved ones and care personnel in the decision making ** Are well trained in palliative medicine and palliative geriatric medicine and/or take advice from peers with palliative/geriatric expertise ** Ensure continuity in medical care (adequate and good information flow to locum/ replacement persons)
Care	** Can rely on their individual needs being registered and met as well as possible ** Know their contact person within the care team ** Receive adequate care	** Are motivated to take an active role in the care ** Are informed about care procedures	** Have additional training in palliative care and palliative geriatric care ** At least one member of the care-team has attended at least one interdisciplinary basic course in palliative care and has specialized training in palliative geriatric care, ¾ of the care team has received training in palliative geriatric care ** Receive regular training in palliative care and geriatric care in order to provide quality care	** Are part of the interdisciplinary team ** Are informed of relevant observations by the care team

Target Group / Dimensions	Residents/ Patients	Family/ Loved ones	Care Personnel	Doctors
Psychological and Social Care	** All interested residents have access to a social care and hospice team volunteer ** Determine themselves on the amount of social contact and withdrawal ** Do not have to die alone, but are also allowed to do so ** Receive competent support ** Experience their personal boundaries being respected	** All members of the family and loved ones receive (external) support by a hospice team of volunteers on request ** Are integrated in the care process ** Are supported by professionals in case of need (time for conversations) ** Are informed about the professional support system and services available to meet their needs ** Are informed about the possibilities of bereavement counseling	** Have time and resources for conversations to relieve residents, family members and loved ones or coordinate psychological and social care services ** Respond to the residents' individual needs of residents or get outside support accordingly ** Sufficient time, facilities and finances are provided for the psychological support of the personnel (for example: counseling, team meetings, case meetings)	** Strive to build a relationship of trust with the residents, their family and loved ones ** Consider the residents' psychological and social needs in making decisions of treatment ** See themselves as part of an interdisciplinary/cross-functional care team and support dialogue
Spiritual Care	** Are encouraged to live their own spirituality and have access to religious rituals ** Receive visits of spiritual caregivers of their own confession, if requested ** Are asked about their wishes concerning dying and the funeral arrangements	** Are invited to rituals, celebrations (mass, anointing of the sick, commemoration) ** Are encouraged to invite children, grandchildren and friends	** The care team speaks about their grieving rituals and allows time and space for them	** Are informed about the culture of parting in the nursing homes (specific rituals of farewell)

Target Group / Dimensions	Spiritual caregivers (all religions)	Hospice Team Volunteers	Nursing Home Environment
Medical Treatment and Care (by Doctors)	** Spiritual caregivers of all religions can be involved in ethical decisions	** Get the information relevant to their work	** Medical specialists are consulted if necessary ** Palliative medical experts are integrated (for example a mobile palliative team)
Care	** Various ways of spiritual support are offered to the personnel of the nursing home ** Care personnel contacts a spiritual caregiver of the respective confession on demand	** Are acquainted with the ward, participate in team meetings at least once a year ** Know their contact person and their tasks	** External therapists (such as physiotherapists) are involved when needed
Psychological and Social Care	** Spiritual caregivers take part in the interdisciplinary dialogue	** Have successfully completed the training for hospice volunteers	** External psychological and social services (f. ex. hospice teams of volunteers, social workers) are approached when needed ** A meeting room is available offering a safe environment for conversations and retreat ** The nursing home encourages visits offered by volunteers and cooperates with the hospice movement ** The nursing home encourages visits of the resident‘s family, friends and loved ones ** Staying in contact during a resident’s stay in hospital is ensured (for ex. by a member of the hospice team of volunteers)
Spiritual Care	** Spiritual caregivers are called when needed ** Spiritual caregivers are also available for personnel when needed	** Are allowed to participate in grieving rituals of the team (service, commemoration service) ** Can be integrated in spiritual care	** The nursing home supports the individual’s contact to their religious community ** Religious texts and symbols are available ** The nursing home provides a contact list of spiritual caregivers

Target Group / Dimensions	During Dying And After Death
Medical Treatment and Care (by doctors)	** Display sensitivity in dealing with the family and loved ones ** The doctor and care personnel are available for information and conversations ** Bereaved are informed of the possibilities of support for the process of grieving
Care	** Personnel provides a dignified atmosphere ** Personnel informs the family/loved ones when dying is foreseeable ** Personnel informs the family/ loved ones immediately in case of death ** Personnel has the possibility to take leave from the deseased in a dignified manner ** Personnel decides together with the family/loved one where and how the body is laid out in the nursing home
Psychological and Social Care	** The dead body is laid out in a dignified manner ** The family/loved ones are invited to take an active part in the washing, dressing and laying out of the dead body ** The family/loved ones and residents have the possibility and enough time to take leave of the deceased in the nursing home ** The nursing home follows rituals for a dignified parting ** Care personnel takes time for conversations with the family/loved ones
Spiritual Care	** A resident's or an employee's death is indicated by a designated sign or symbol (f.ex. burning candle) ** The nursing home offers rituals honouring the deceased resident ** Religious symbols (f.ex. cross) and texts (prayers, songs) are available in the nursing home

Nursing home Management
The nursing home management approves of and ensures the development and implementation of a culture of hospice and palliative care und their sustainability.
The nursing home director ensures the implementation of the goals named above in the medical, care related, spiritual, social and psychological areas.
The nursing home management develops their ethical mission statement further stating their fundamental orientation with regards to central themes and provides counseling in ethical issues when needed.

Palliative Care Representative
In order to develop, support and keep alive a culture of hospice and palliative care within the nursing home, each home appoints a representative, who acts as a contact person and has attended at least one interdisciplinary basic course in palliative care and has specialized training in geriatric palliative care.
His or her responsibilities range from developing guidelines for the culture of hospice and palliative care in the nursing home, which are continuously monitored and improved, to recommending additional courses for palliative and geriatric care, initiating team meetings, promoting interdisciplinary cooperation, and counseling the nursing home management with regards to palliative care. The representative is supported by a team. At least one person (1 FTE) in every ward (equaling about 25-30 residents) has attended one interdisciplinary basic course in palliative care and has specialized training in geriatric palliative care.

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