


HOSPICE PALLIATIVE CARE

The Role of the Volunteer





Module 1:
Introduction to Hospice

Philosophy and Goals

- What is Hospice Palliative Care?
 - Aims to improve quality of living and dying.
 - Focuses on caring, not curing — and on life, not death.
 - Neither hastens nor postpones death.
 - Is for the terminally-ill person him/herself, and for family and friends providing care.
 - Addresses a wide variety of practical issues ranging from physical to spiritual.
 - Uses a team approach, and is only provided when the person and/or family is prepared to accept it.

Philosophy and Goals

- What is the difference between Hospice Palliative Care and Curative Care?
 - Curative care focuses on helping someone recover from an illness by providing active treatment.
 - Hospice Palliative Care focuses on everything else: providing comfort and opportunities for personal and spiritual growth, encouraging open discussions among the person, the family and members of the care team.



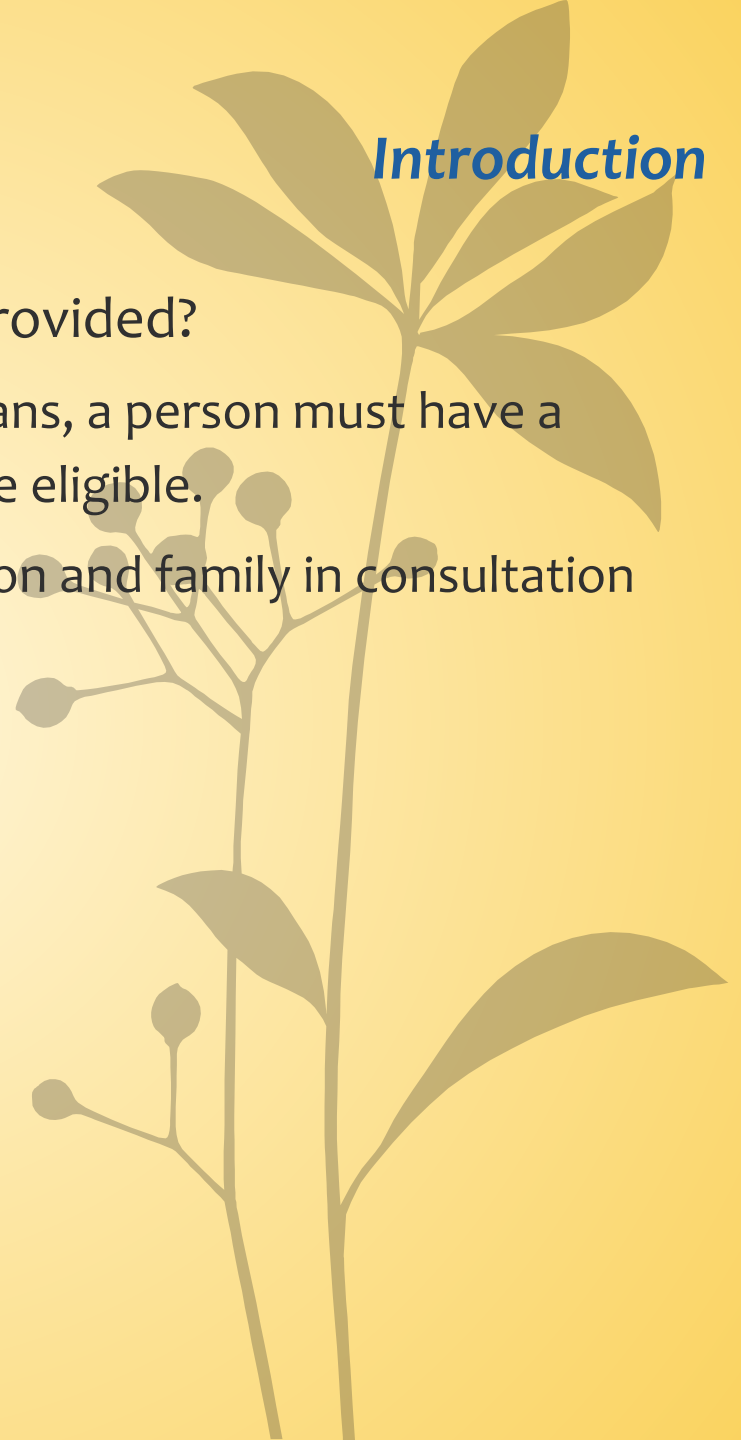
Philosophy and Goals

- Where is Hospice Palliative Care provided?
 - Should be available in any setting where people die; including at home, in hospices, in hospital, in long-term and chronic care settings, in shelters and in prisons.



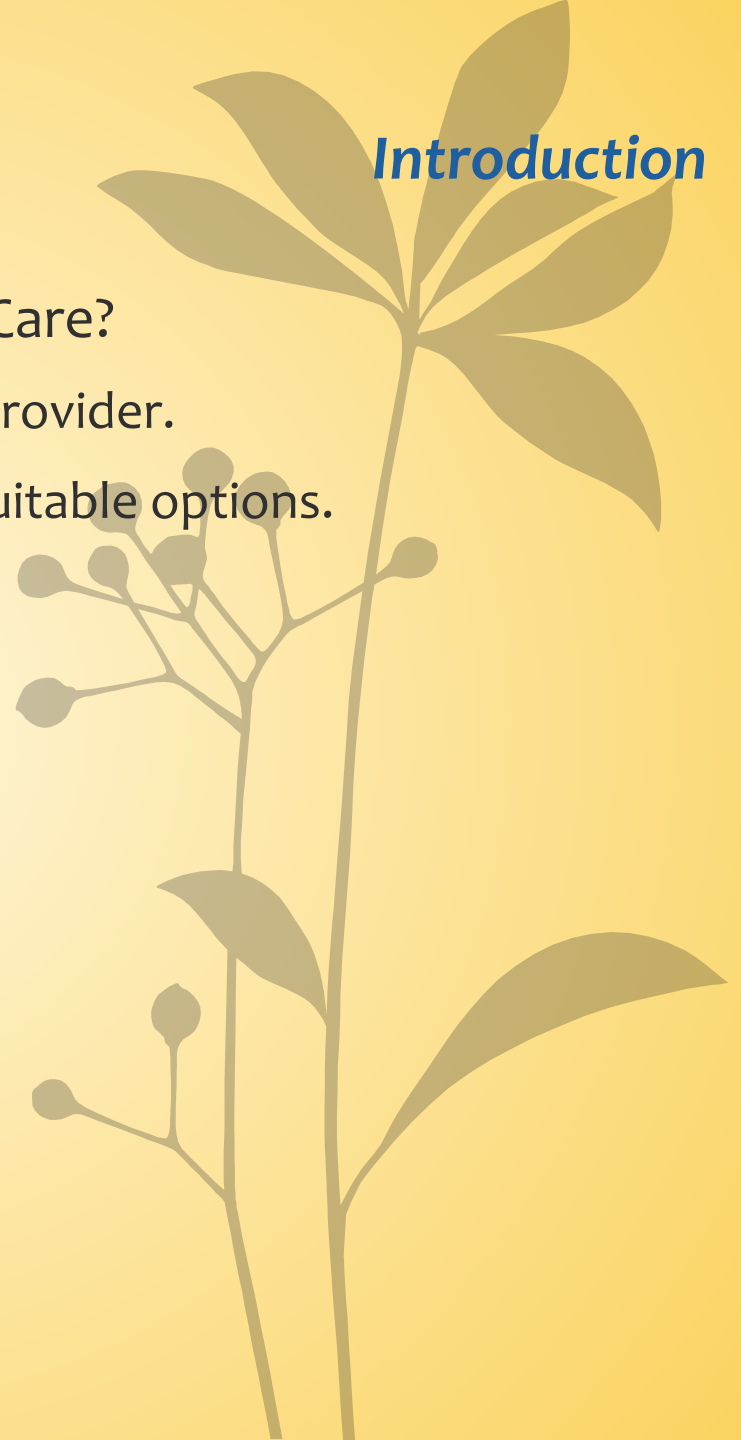
Philosophy and Goals

- When should Hospice Palliative Care be provided?
 - The theory: under many provincial health plans, a person must have a diagnosis of six or fewer months to live to be eligible.
 - In practice: the decision is made by the person and family in consultation with the care team.



Philosophy and Goals

- How do people access Hospice Palliative Care?
 - Usually referred by physician or other care provider.
 - They are then assessed and provided with suitable options.



Principles

- Patient/Family focused care
 - Needs and wishes of patient, caregivers and family guide all planning and decision-making.
 - Based on dignity and integrity.
 - Work with strengths and limitations of patient and family.



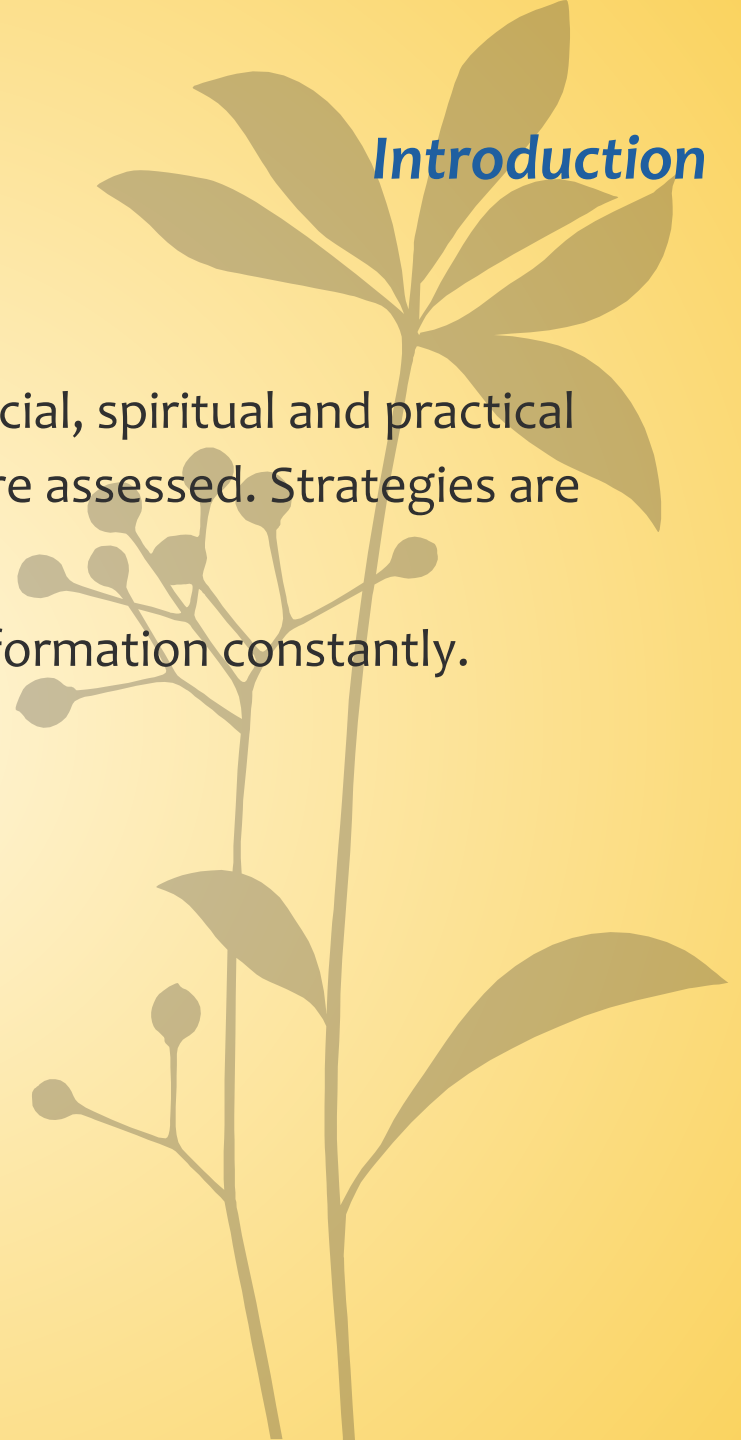
Principles

- Quality Care
 - Based on nationally accepted principles, norms of practice, and standards of professional conduct.
 - Care team is trained and qualified, and receives ongoing education.



Principles

- **Comprehensiveness and Coordination**
 - **Comprehensiveness:** The physical, psychosocial, spiritual and practical needs of the person and caregivers/family are assessed. Strategies are developed to meet those needs.
 - **Coordination:** All members of team share information constantly.



Principles

- Safe and Effective Care
 - All hospice palliative care activities are conducted in a way that is safe, collaborative, accountable and effective; and ensures confidentiality and privacy for the person and his/her caregivers and family.



Principles

- Accessibility
- Advocacy
- Self Care



The Hospice Palliative Care Team: Roles and Responsibilities

Introduction

- The patient – the person who is dying
 - At the center of the team – always
- Family members
 - Help to guide and direct care, making decisions if patient is unable
- Informal caregivers
 - Family members, sometimes – and friends, neighbors, etc.
- Case manager
 - Develops plan of care, initiates services, orders supplies
- Family physician
 - Coordinates medical care, discusses advance directives with family
- Nurse
 - Helps to assess needs and establish goals, performs medical tasks
- Personal support worker
 - Assists with daily living activities, reports changes to caregivers
- Volunteer
 - Provides companionship, emotional support, practical assistance
- Spiritual advisor
 - Assesses patient's and family's spiritual needs, provides counseling, etc.
- Social worker
 - Assesses psychosocial needs, assists with practical matters, provides counseling



The Hospice Palliative Care Team: Roles and Responsibilities

Introduction

- Pain and symptom management program director
 - Provides telephone support for caregivers re. pain and symptom control
- Palliative care physician
 - A consultant who works with but does not replace family physician
- Pharmacist
 - Prepares medications, completes an assessment and pharmacy care plan
- Dietician
 - Assesses patient's needs and develops nutritional care plan
- Naturopathic doctor
 - Assesses patient's needs and develops naturopathic care plan
- Occupational therapist
 - Helps patient maintain quality of life through daily self-care and leisure activities
- Physiotherapist
 - Provides pain management, improves mobility, helps with wound management
- Respiratory therapist
 - Addresses difficulty with breathing, oversees use of respiratory equipment
- Speech-Language pathologist
 - Develops a plan to assist patient with communication and swallowing needs
- Complementary and Alternative Medicine therapist
 - Therapies may include: massage, aromatherapy, reflexology, etc.



The Role of the Volunteer

- Companionship and emotional support
- Comfort
- Encouragement
- Practical assistance
- Informational support
- Respite care
- Spiritual/religious support
- Grief and bereavement support
- Advocacy



Who Makes a Good Hospice Palliative Care Volunteer?

Introduction

- Effective volunteers are:
 - Good listeners
 - Empathetic
 - Understanding
 - Agreeable
 - Open and non-judgmental
 - Culturally sensitive
 - Trustworthy
 - Calm

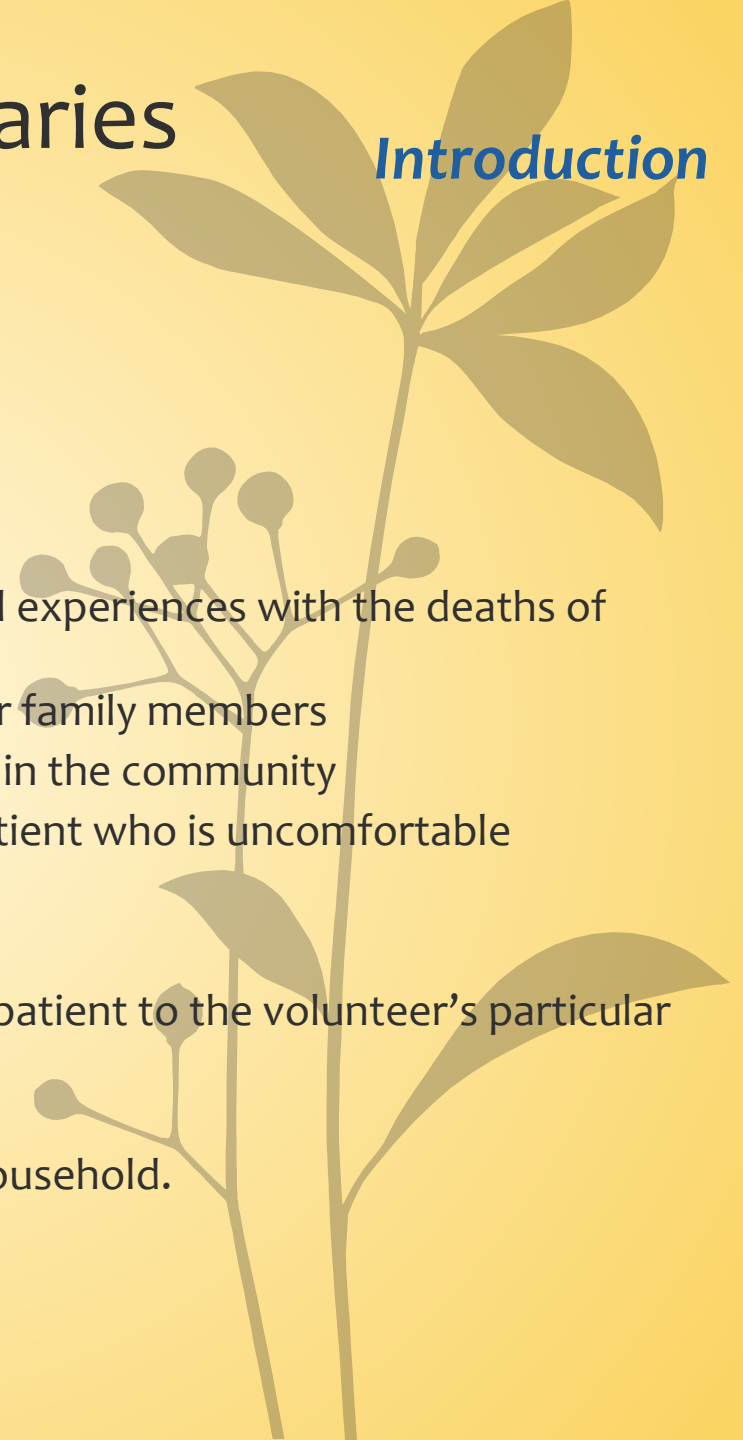


Understanding the Boundaries

Introduction

• Do not:

- Accept money from a patient or family
- Lend money to a patient or family
- Do the person's banking
- Agree to be a person's power of attorney
- Agree to witness a patient's will
- Share personal information about previous personal experiences with the deaths of other patients
- Discuss a patient's diagnosis or prognosis with other family members
- Discuss or talk about a patient or family with others in the community
- Provide medical care (e.g. give medications) to a patient who is uncomfortable
- Discuss assisted suicide with a patient
- Gossip about other members of the care team
- Preach, proselytize or attempt to save or convert a patient to the volunteer's particular religious beliefs
- Counsel or advise the person or family member
- Become romantically involved with anyone in the household.



Understanding the Boundaries

- Think twice about:
 - Buying a gift for a patient or family member
 - Lending things to the person or family
 - Sharing personal information about one's self that is unrelated to previous experiences with death and dying
 - Giving a business card to a patient or family
 - Inviting a patient or family to join in an activity or party outside the volunteer assignment
 - Breaking down emotionally in front of a patient or family (It's okay to be human but the patient and family should not be comforting the volunteer.)
 - Attending a patient's medical appointment
 - Providing opinions or advice to a patient/family.

Understanding the Boundaries

- Gray areas. Be aware of any possible harm in:
 - Sharing personal information about a previous personal experience with a loved one's death and dying
 - Giving one's phone number to a patient or family member
 - Staying with a patient/family for longer than the agreed time
 - Accepting an invitation from a patient/family to a family activity/party
 - Doing jobs around the patient's home
 - Providing clothes, toys or meals to a patient/family
 - Continuing to visit with a family after a patient's death

Responsibilities of the Organization and the Volunteer

Introduction

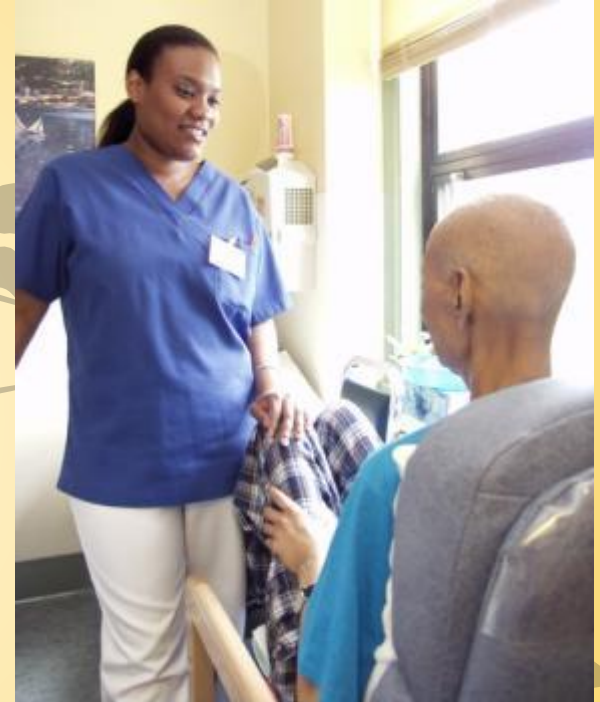
- The organization will:
 - Treat all volunteers fairly
 - Have up-to date procedures
 - Provide an orientation
 - Give volunteers meaningful assignments
 - Ensure volunteers have adequate information and support
 - Provide someone to answer questions or discuss issues
 - Provide constructive supervision and feedback
 - Recognize volunteers' contributions
 - Organize events to help volunteers with loss




Responsibilities of the Organization and the Volunteer

Introduction

- Volunteers are expected to:
 - Commit enough time
 - Be dependable and flexible
 - Work as part of a team
 - Complete all required training and demonstrate competency
 - Be open to supervision and feedback
 - Adhere to organization's policies (e.g. confidentiality)
 - Assert their rights, if necessary — including the right to refuse assignments



Structure of Services

1. Referral received from:
 - Nursing home facility staff, families of residents, etc.
 - Hospice employees
 - Hospitals
 - Snowballing—word of mouth from previous clients' loved ones
 - Flyers and community involvement
 - Other marketing strategies
 2. After referral is received staff in office check for eligibility of services
 3. Patient is admitted into hospice care
 4. Services begin
 5. Nurses, aides, social workers and chaplains identify volunteering need
 - Typically patient is lonely has few visitors and staff reaches out to Volunteer Coordinator
 - Volunteer Coordinator then reaches out to volunteers in area and then volunteer begins meeting with patient
 6. Patient passes and bereavement services begin and remain for 13 months
 7. After 13 months bereaved clients are “released from BV service,” however if they are ever in need of grief counseling they are always welcomed to contact us and we will help them
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Next Steps?

- Click on the link below to take you to the *Module 1: Intro to Hospice* quiz section
 - [Module 1 Quiz](#)

