

# Hospice Residences



in Fraser Health



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Better health.  
Best in health care.

As a person's life draws to a close, the time comes when the focus changes from working towards a cure to loving care and comfort. Paying attention to what makes the individual feel better and what causes discomfort enables families and professionals to decide on the most effective way to provide care. As comfort becomes the

primary goal, the patient's care must include active management of pain and other unpleasant symptoms, as well as caring support of the patient and family. Comfort also involves supporting the wishes of the dying patient, her personal values and beliefs, and those of her loved ones.



# comfort

## What is a hospice?

In Fraser Health a hospice, or hospice residence, is a home-like place that provides this specialized comfort care for people living with a life-threatening illness during the last weeks of their lives. Often physically attached to a residential care facility, hospital, or other type of housing, a hospice usually has 10 to 20 patient bedrooms. A hospice is always separate from the rest of the building in which it is situated.



## What kind of care and services are provided in a hospice?

The hospice provides a compassionate environment for the patient, the patient's family, and close friends. The goal of hospice palliative care is always to provide comfort with dignity and to enhance each person's quality of life.



Medical care is focused on reducing pain and other symptoms using medicines and simple, but effective, treatments. Intravenous therapy (not usually helpful at the end of life) is not used in the hospice as fluids can be given in other ways, if needed. Patients who require treatments outside the hospice to manage symptoms travel by

non-emergency ambulance to a hospital for the treatment and return to the hospice the same day.

Hospice care also includes respectful attention to body, mind, and spirit. Dying, death and mourning are seen as normal stages of life. Staff and trained hospice volunteers are comfortable with open discussions of patients' and families' hopes and fears, and the practical things that need to be done to set minds at rest. They also support opportunities for patients to spend time doing what is important to them at this stage of life.

Relaxation therapies are available for patients and their families. Hospice volunteers can assist patients in making memory albums or other meaningful gifts. Families are welcome to gather at the hospice for meals or spend special holidays with their loved one.



## Who provides the care?

Registered nurses and licensed practical nurses provide 24-hour professional care and a hospice palliative care doctor is always available. Doctors and nurses work closely with a team of other specially trained professionals and volunteers who can be involved in the patient's care when needed.

This team includes a social worker or counselor, a clinical nurse specialist, a clinical resource nurse, a doctor, a pharmacist, a volunteer coordinator, a chaplain or spiritual care coordinator, and hospice and pastoral care volunteers. Others who may be called in to enhance end-of-life care include a music therapist, a nutritionist or dietician, an occupational therapist, and a physiotherapist. All work towards an approach to care that is best suited for each individual.



Family doctors often continue to care for their patients at the hospice. When this is not possible, the hospice doctor provides the medical care.

The specially trained hospice volunteers support patients and their families who request their services. Sensitive and caring, these volunteers are skilled listeners and respectful of each person's privacy and beliefs. They can provide emotional and practical support at a time when it is most needed.

*"Although this was a difficult time for us, the hospice staff and volunteers made us feel very comfortable and at ease. They took very good care of my father. They treated him with dignity and respect, like their own father. They gave comfort to our family when we were in need to talk to someone, or just to sit next to us in silence holding our hands."*

# How is a hospice different from other care settings?

## Hospice care

In a hospice, furnishings and decorations are home-like and hallways are uncluttered. A sleeper chair or sofa bed is available in most patient bedrooms so family members can stay overnight. All patient rooms are private or semi-private with a two-piece washroom. There are common spaces for patients and families to eat and relax together; quiet, private areas to sit in for a while; outdoor patios and treed areas in which to breathe fresh air; or sunrooms with views of the outdoors.



*home*

Routines are flexible and the environment is quiet and calm. Family and friends can visit any time of the day or night and pets are welcome during the day. Hospices encourage families to care for their loved ones as appropriate and to look after themselves by helping themselves to refreshments and by providing or preparing their own food.

## Hospital care

Hospitals offer patients tests and procedures to diagnose and treat illnesses. They do not have the comforts of home or a major focus on emotional support with end-of-life issues that hospices provide.

## Residential care

Residential care settings specialize in providing personal care and activities for individuals who are unable to care for themselves. Residents often live there for months or years and become comfortable with their surroundings and caregivers. Most are able to stay in residential care right to the end of their lives.

## Who can be admitted to hospice?

Individuals registered with the Hospice Palliative Care Program can be admitted into hospice if they:

- agree with the goal of care
- have a life expectancy of weeks
- cannot be cared for at home
- require symptom management but not hospital care

*dignity*

## What is the process for hospice admission?

Some people prefer to live in their own home until the last minute of their life, with professional support. Others prefer the alternative of hospice care. If an individual is at home, the home care nurse can assist the patient/family with the choice between staying at home or going to a hospice, as well as selecting the right time to make the move.

For palliative patients in hospital, the doctor decides when the services of the hospital are no longer needed. At that time a nurse or social worker assists patients and families in deciding which type of care will best meet their needs – home, hospice, or residential care. They also help patients move to the care setting they choose.

## Choosing a hospice

There are several hospice residences in Fraser Health, each with similar care and physical environments (see the enclosed list). All offer brief tours, which provide an idea of the look and feel of a hospice and show how it differs from a hospital or residential care. Patients and/or families may request a tour by speaking with a Hospice Palliative Care nurse or social worker, or a homecare nurse.

Patients and families will be asked to choose the geographic area and hospice they prefer. When it is time to leave hospital or when a patient admission is necessary from home, the patient will go to the hospice that has a vacancy in that geographic area. Patients may choose to transfer to their preferred hospice when space becomes available.

There is a small daily charge for staying in hospice, but no person is refused admission because he is unable to pay. Those who have concerns about being able to pay the fee should ask to talk with the Hospice Palliative Care Social Worker.

*quality of life*





[www.fraserhealth.ca](http://www.fraserhealth.ca)

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

Dame Cicely Saunders (1976)  
Founder of modern hospice movement