Working with a

Nurse

on the ISP team

&

Hospice Considerations

For individuals receiving 24-hour residential services

Presented by
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with Alan Lytle, Project Specialist/OTAC

Hosted by

- If you have any questions after hearing any of the information presented today, please contact the PCP/ISP team at OTAC.

www.otac.org/isp/support

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Guest Speaker today

Teresa Ritner,RN

Licensing Specialist

Seniors and People with Disabilities

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Agenda today

- Introduction & Welcome from OTAC staff
- Working with a nurse on the ISP team
- Hospice Considerations
- Wrap-up by 11:30 a.m.

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Key points we'll cover today

- What's Important **TO** the person
- Reflecting Nursing Services on ISPs
- Documentation from the Nurse
- Risk Tracking Record (RTR)
- Support Documents & Changes
- The ISP Professional Services page
- Training for Direct Support Staff
- Hospice Services & The ISP

Important TO The Person

- Our goal is to give the person opportunities to have their wishes honored, while minimizing risks.
- Everyone has a certain element of risk in his or her life.

Important TO The Person

- Seek to learn and understand what is Important **TO** the person: things that make the person happy.

Important TO The Person

- In this ISP process, information describing what is important TO and important FOR the person is gathered and recorded on the Personal Focus Worksheet (PFW).

4. Describe what Susan wants to accomplish in the future:
What places do I want to go? Where is some place I would like to go?
What is something I would like to be able to do?
What kind of job would I want or like to do?

OAR 411-325-0120 (11) (a) & (b) : Direct Nursing Services

- When direct nursing services are provided to an individual the program must:
  - Coordinate with the nurse or nursing service and the ISP team to ensure that the services being provided are sufficient to meet the individual's health needs; and
  - Implement the Nursing Care Plan, or appropriate portions therein, as agreed upon by the ISP team and the registered nurse.

Documentation from the Nurse: Nursing Assessment

- Based on Oregon Board of Nursing "Standards and Scope of Practice" for Registered Nurses, which includes collecting information from the person, family, direct support professionals, and records including the person's history
- Do not have to be given to the ISP team (but is part of the individual's record)

Nursing Care Plan (NCP)

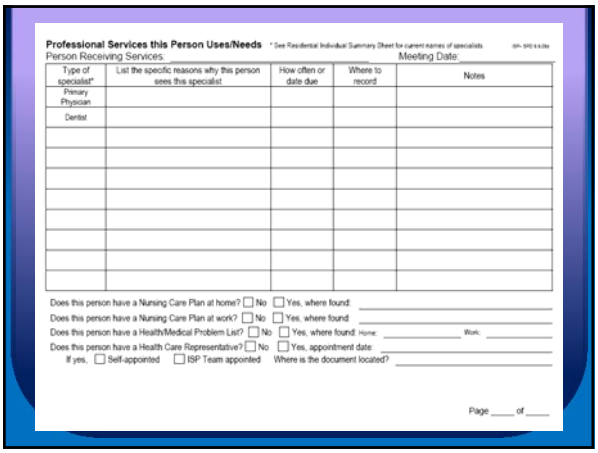
- NCPs must address the current needs of the person, as identified in the assessment
- Can be limited to a specific issue/problem or address all issue/problems based on what nursing services have been identified for the person
- NCPs must be shared with the team in advance of the ISP meeting

Documentation from the Nurse: Nursing Care Plan (NCP)

- There may be more than one NCP if there is a separate RN involved at work/ATE & home

Nursing Care Plan (NCP)

- The ISP team agrees to the NCP(s) when the team checks the appropriate box on the Professional Services page of the ISP indicating there is a NCP



Professional Services this Person Uses/Needs * See Residential Individual Summary Sheet for current names of specialists

Person Receiving Services: _____ Meeting Date: _____

Type of specialist*	List the specific reasons why this person sees this specialist	How often or date due	Where to record	Notes
Primary Physician				
Dentist				

Does this person have a Nursing Care Plan at home? ☐ No ☐ Yes, where found: _____

Does this person have a Nursing Care Plan at work? ☐ No ☐ Yes, where found: _____

Does this person have a Health/Medical Problem List? ☐ No ☐ Yes, where found: Home: _____ Work: _____

Does this person have a Health Care Representative? ☐ No ☐ Yes, appointment date: _____

If yes, ☐ Self-appointed ☐ ISP Team appointed Where is the document located? _____

Page ____ of ____

Nursing Care Plan (NCP)

- The nurse is responsible to ensure staff understand the NCP and that it is being followed

Risk Tracking Record

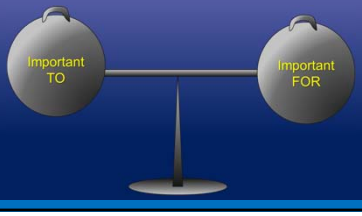
- An ISP process document that identifies serious and significant risks in three general areas:
  - Health/Medical
  - Safety/Financial
  - Behavior/Mental Health

Risk Tracking Record

- The RN should be familiar with the person's Risk Tracking Record (RTR) and ensure that all serious and significant risks are identified within it
- The NCP may address a risk that is not addressed in the RTR

Support Documents

- The team is responsible to review all Support Documents and find a balance between minimizing **risks** and addressing what is important **TO** the person



Support Documents

- Written instructions for staff that instruct them on keeping the person safe around an identified risk
- Examples include:
  - Protocols
  - Behavior Support Plans
  - Financial Plans

Support Documents

- A Support Document must be in place to address all serious & significant risks
- Support Documents must be written so that staff can understand them
- Staff must be trained on all Support Documents

Support Documents

- It is suggested that the RN be familiar with all Support Documents for the person

Support Documents

- The nurse must author (or review and sign) and monitor those Support Documents that address problems he/she has included in the NCP

Support Documents

May be hand written or typed into Word Templates

Fatal Four Protocols: Required Format

- Aspiration/Choking
- Constipation
- Dehydration
- Seizures

Support Documents

- The ISP team must approve all Support Documents prior to their implementation
- The team agrees on the process that will be followed to make changes to Support Documents and records this process on the ISP Signature Page

Change Form Approval Page

Person receiving services: _____ Date of change: _____

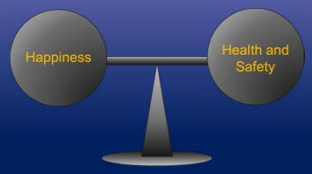
Team Members	Relationship to this Person	Signature, or note other agreed method of approval	Date	Objections to the change, if any
	Person Receiving Services			
	Parent/Family Member			
	Legal Representative/Guardian			
	CDDP Services Coordinator			
	CDDS Residential Specialist			
	Residential Provider Representative			
	Employment/ATE Provider Rep.			

This Approval Page is only required if ISP Team signatures are needed to document a change to the ISP or a support document. Please see the ISP manual for more information.

Page ____ of ____

Finding balance…

- Be open to addressing conflict between what is important **TO** (happiness) and what is important **FOR** (health & safety needs) the person.



Finding balance…

- When the team identifies a conflict, the nurse should present the rationale for the recommended supports
- If there is a team disagreement with the nurse a discussion record should be completed

Finding balance…

- If the team decides not to follow the RN's professional recommendations because they are balancing with what is important **TO** the person, the nurse should note his/her objections on the signature page of the ISP

ISP Professional Services Page

Professional Services John Uses/Needs * See Residential Individual Summary Sheet for current names of specialists

Type of specialist*	List the specific reasons why John sees this specialist	How often or date due	Where to record	Notes
Primary Physician	Annual physical, check congestive heart failure for any issues	Every 6 months	Physician's Visit/Order form	Doctor visits increased to 2x/year since he was in the hospital in 2003
Dentist	Annual cleaning	1x/year	Physician's Visit/Order form	John has no cavities
Ophthalmologist	Check glasses prescription, annual eye exam	1x/year	Physician's visit/Order form	John is legally blind and his glasses prescription usually changes annually

Press [Tab] in the right hand cell of the last row to create a new row

Does this person have a Nursing Care Plan at home? ☐ No ☒ Yes, where found: Home: Charting Book

Does this person have a Nursing Care Plan at work? ☐ No ☒ Yes, where found: Health Book 3/15/07

Does this person have a Health/Medical Problem List? ☐ No ☒ Yes, where found: Home MAR-3/28/07 Work: Training file 3/29/07

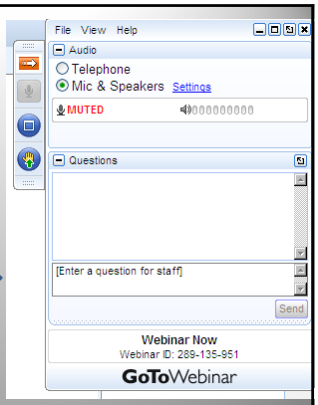
Does this person have a Health Care Representative? ☒ No ☐ Yes, appointment date: ____

If yes, ☐ Self-appointed ☐ ISP Team appointed Where is the document located? ____

Direct Support Training

- If the NCP requires Direct Support Professionals to be trained in a specific technique or procedure, there must be evidence that the staff have received that training and are following it.

Ask questions now!



Planning for the end of life

- What does the person and their family want?
- Pre-planning arrangements; who is responsible?
- Keep the focus on the person and what is important to them.

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Beginning Hospice Care

- A physician's order is needed to begin Hospice services.
- Ask the person what they want.
- This is a time to help the person live as fully as possible and concentrate on the things they consider important.

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ISP Team Considerations

- The ISP team should meet or discuss the person's declining health. (Any team member can initiate the request for a team discussion.)
- Identify how and when Hospice will be directing the individual's care.
- Document team agreement to begin Hospice services using a Discussion Record or Action Plan with an ISP Change Form.

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About Hospice Care

- The Hospice provider will give you information on their services such as:
  - admission criteria
  - services provided
  - rights and responsibilities of all parties
  - use and coverage of equipment and medication
  - required forms and other documents to be filled out, etc.
- Ask questions to make sure you understand what is offered by the Hospice service.

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About Hospice Care

- To receive Hospice services, the person and their family must:
  - Agree to palliative care (relief of symptoms without curing the illness);
  - Sign the POLST form (the Physician's Order for Life Sustaining Treatment), and
  - Agree to follow the Hospice plan of care.

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About the POLST

- The Hospice nurse provides a copy of the POLST.
- The POLST guides what treatments should be used to sustain the person's life.
- Orders may include not calling 911 or not performing CPR.

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What to do with the POLST

- Train staff on the contents
- Keep it with the individual (on outings, medical appointments, etc.)
- Present it to any emergency medical personnel in an emergency situation

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Agency Policies and Procedures

- Review to make sure they address:
- How to communicate with Hospice and any changes in documentation expectations for individuals receiving Hospice services.
- What to do when an individual is receiving Hospice services and they have a medical emergency.

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Agency Policies and Procedures

- If the POLST directs care providers not to call 911 or perform CPR, and this conflicts with the provider agency's policies:
  - Discuss the issue internally
  - Discuss the issue with direct support staff
  - Determine the actions staff will take.
- Consider waiving any policy or procedure that requires staff to initiate CPR or other first aid.

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What the Hospice Nurse provides

- Assessment & planning
- Directions for seeking medical care
- Training for care providers
- Coordination of equipment needs
- Review medications and other orders
- Pain management & comfort measures
- Anxiety management

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Assessment & Planning

- The Hospice nurse will conduct an assessment of the individual's health issue and needs.
- Based on the assessment, the Hospice nurse develops a plan of care (Nursing Care Plan) that will direct the supports provided to the person.
- Each Hospice service may have their own "format" for the Nursing Assessments and Care Plans. provider.
- The Hospice nurse most likely will develop their own nursing care plan, even when the person already has nursing services.

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For Individuals who already have Nursing Services…

- The agency nurse will coordinate their care with the Hospice nurse so it is clear to the person and their family.
- The people who provide support and care must understand what role each nurse has in the care of the individual.
- Be clear about which health issues each nurse monitors and which nurse to contact about each health issue or concern.
- The agency nurse may decide to stop services.

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Directions for Seeking Medical Care

The Hospice nurse provides

- Instructions for when to call the RN
- Instructions for when to call the doctor
- Instructions for when to call other medical professionals

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Fatal Four

- The ISP-process fatal four protocols are not required to be used when the individual is receiving Hospice services.
- The Hospice nurse needs to provide instructions for how staff are to respond to signs & symptoms of a problem related to one of the "fatal four."

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Support Documents

The Hospice nurse may:

- Make changes on an existing Support Document by deleting or adding information. They may direct staff to call Hospice instead of calling 911 or taking the person to the hospital.
- Develop a procedure or use another form provided by the Hospice agency.

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Training for Care Providers

- The Hospice nurse will provide written instructions or procedures for all care that they are directing.
- The Hospice nurse will also provide training to the care provider on the instructions or procedures they are directing.
- This includes any delegated nursing tasks.

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Coordination of Equipment Needs

- The Hospice nurse will assist the provider in obtaining any necessary special equipment such as hospital bed, shower chairs, positioning devices, *etc*.

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Review medications and other orders

- The Hospice nurse reviews routine medications and other medical services the person currently has.
- Working with the Hospice doctor and the PCP, the Hospice nurse may recommend changing or discontinuing certain medications or services that are no longer medically necessary.

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ISP Team Considerations: Refocusing Medical Services

- Consider avoiding treatments or therapies
- This may be a time to limit visits to the doctor, other medical professionals, or visits that the person dislikes or are traumatic to them
- Consider stopping preventative services, medications or tests, relaxing diet, activity or other restrictions
- For example, it is not appropriate ate this time to get a pap, mammogram, ect.

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Pain Management

- The Hospice nurse will obtain orders for medication to address pain management.
- The medications ordered may be unfamiliar to the people who support and care about the person, or be prescribed at a frequency or dosage greater than they are use to seeing.
- Remember medications ordered to control pain may be controlled substances and need to be closely monitored to prevent theft or misuse.

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Other Comfort Measures

- In addition to pain management, the Hospice nurse may recommend other comfort measures. These may include:
- Anxiety medication
- Diet changes
- Skin Care
- Positioning devices
- Medication for constipation
- Fluids

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Anxiety Management

- The Hospice nurse addresses the person's anxiety around the dying process.
- Recommended supports may include:
  - Nursing care plan
  - Spiritual counseling, or
  - Instructions for staff on how to identify and address the person's anxiety.

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Anxiety Management

- Medication for anxiety may be ordered on a scheduled routine basis or as needed (PRN).
- No balancing test or variance for use of PRN psychotropic medication is needed when the person is receiving Hospice services.
- There must be clear instructions from the physician or Hospice nurse for the use and monitoring of anxiety medications.

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PRN Anxiety Medications

If the medication is ordered PRN, care providers must know

- when to administer the medication;
- what to look for after its use (effective or not);
- and what concerns (side effects or adverse reactions) need to be reported to the Hospice nurse or physician.

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Provider Requirements

Tell the Hospice provider that you need a copy of the following:

- Nursing Assessment;
- Nursing care plan;
- Procedures or instructions that direct how to care for the person;
- Orders signed by a physician;
- Documentation of any training or delegation the Hospice nurse has provided.

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ISP Team Considerations

- Discuss and decide **when** the ISP team needs to be notified of changes in the person's condition and **who** will be responsible for notifying team members.
- Decide when the ISP team needs to meet again, if at all, given the expected decline/outcome.

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ISP Process Considerations

- Review the Personal Focus Worksheet (PFW) to especially focus on what's important TO the person.
- Concentrate on the things he/she has identified as important, things that make the person happy, or things he/she likes to do.
- This may mean that the daily schedule for the person changes; such as not going to work in favor of doing other preferred activities, or stay home.

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ISP Process Considerations

- Review and update the Risk Tracking Record (RTR) to include the health issue that is resulting in the need for Hospice services.
- Work with the Hospice nurse to make any needed changes to or discontinue Support Documents.
- Update the ISP Risks page to show any changes made to risks or Support Documents. Remember to add any Support Documents directed by the Hospice nurse.

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ISP Process Considerations

- Add, modify, or discontinue Action Plans in the ISP to address the person's changing needs.
- Remember to complete an ISP Change Form to document any changes to the ISP or Support Documents.
- Be sure to update the Professional Services page of the ISP to reflect that the person is receiving Hospice Services.

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Helpful tip:

Remember to update the person's Individual Summary Sheet to include contact information for the Hospice provider.

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Discontinuing Hospice Services

Individuals may be discharged from Hospice services after six months.

If this occurs, there should be a discussion with the individual's guardian/medical decision maker, family, the physician and the ISP team.

The ISP team must follow the current ISP process and address the following:

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Discontinuing Hospice Services

- What is in the best interest of the individual such as should the POSLT stay in effect;
- Whether the ISP will need to be modified or a new plan be developed; and
- Which protocols will need to be discontinued, put back in place, or need to be modified. Remember that the people who support and care about the person need instructions on what to do and who to call when they no longer have Hospice available to them should an emergency arise.

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Discontinuing Hospice Services

Keep in mind Hospice services may need to be resumed because the individual experiences a significant decline in health and supports need to be adjusted accordingly.

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Remember…

- Keep the focus on the person and what is important to them.
- You are trying to make them happy and comfortable for the time they have left.

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We want your feedback

Tell us how this forum worked for you.
Answer our quick questions here.
Share more detailed feedback using the survey link we'll email to you.

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