



Home Health VNA  
Merrimack Valley Hospice  
HomeCare, Inc.

SERVICE **Excellence** GUIDE

# Hospice

## **MISSION STATEMENT**

*Our mission is to create and deliver innovative  
and responsive community health programs which  
provide effective and compassionate care.*

**Service Excellence** is essential to the success of our patients, our referral sources, and our organization. It develops patient loyalty, enhances our reputation, and increases our referrals. But most importantly, **Service Excellence** puts patients and family members at ease, reduces anxiety, and invites questions—all which lead to better patient outcomes.

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### Friendliness

Building positive, long-term relationships with patients and their families begins with friendliness. Treating people like people—not cases or conditions—affirms the patient's basic dignity and self-respect.

Spend time talking with patients before beginning the clinical work. Take five minutes prior to performing duties to find out how they are feeling, what they have been doing, what they are worried about, etc. Ask questions that demonstrate your interest in the patient as a person:

- *"How did the visit with your son go?"*
- *"Did your granddaughter win her soccer game?"*
- *"What TV show were you watching?"*

### Establishing Expectations

Upon the first visit, inform the patient about the Plan of Care. Discuss reasons for the home care, goals, and the time-frame. Acknowledge the presence and interest of others that may be present—especially the primary family caregiver.

Find out the patient's and family's thoughts about the situation, their goals, and their preconceived notions about how care will progress. Ask patients about their treatment concerns and how they feel about the limitations imposed on them by their condition.

Ask patients what 2 or 3 things are most important to them in regards to their care. Focus on these areas while interacting with them. This demonstrates to the patient that what is important to him/her is also important to you.

There is an art to documenting while providing care in a personal way. We recommend that you use you language like:

- *"Towards the end of my visit I will be spending 5 to 10 minutes documenting important information related to your care. This can give you time to think of any questions or concerns before I leave."*

### Communication

Good communication is essential to quality outcomes, continuity of care, and patient satisfaction. There are 3 elements of communication:

#### 1. Explanation

At the beginning of each visit, spend a few minutes talking with the patient to explain your goals for the visit and the expected length.

Ask the patient if there is any new information that you need to know since the last visit. Ask the patient about their goals for the visit are. Discuss any questions, worries, and concerns.

Explain to the patient what you will be doing and why. Relate the *why* back to the Plan of Care and the patient's goals. During the visit, continue to **Narrate the Care**—explain to the patient what you are doing and why.

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Talk to the patient while performing clinical duties. Ask questions throughout:

- *"Do you have any pain?"*
- *"Do you understand what I am doing?"*
- *"Are you okay with what is happening?"*

Use easily understood and appropriate language when giving patients information about health, special diets, tests, procedures, medications, etc. Avoid technical or professional jargon.

Use 'I' statements when making requests or giving directions to the patient. For instance, instead of saying, "You need to tie your shoes," try, "I would like you to try and tie your shoes."

## 2. Listening

Listen to the patient's questions, worries, and concerns. Ask open-ended questions (e.g., "What concerns do you have?") rather than close-ended ones (e.g., "Do you have any concerns?")

Restate what the patient has said using his/her words and phrasing to demonstrate that you are listening. Probe for more information:

- *"What makes you say that?"*
- *"Tell me more about that."*
- *"How do you feel about that?"*

## 3. Empathy

Listen to the patient's concerns with empathy as this often reveals underlying anxieties. Ask the patient throughout the visit if he/she feels comfortable or if there is anything you can do to help him/her feel more at ease.

Seek to understand the patient's emotional needs, and try to address that need appropriately:

- **Reassurance** – *"We are going to take great care of you."*
- **Comfort** – *"I know this must be hard for you."*

## Professionalism

The professionalism of the staff reflects the competency of our organization as perceived by the patient.

Never speak negatively about other patients, staff, physicians, or the organization in front of patients or their family members.

Do not talk about negative aspects of your personal life. Patients are already burdened. You are there to ease their burdens, not to share yours.

In addition, do not talk about how busy you are. This takes away from their importance as an individual and indicates that you may be rushed while providing care. Some patients may even feel bad for you and look at themselves as a hardship for you. We want to convey that we are caring for them with delight.

## Privacy

Use key words and phrases during the course of the home visit to reassure the patient that you are concerned with his/her privacy.

- *"I want you to know that we are concerned about your privacy..."*

When there is a 3rd party present during the visit, acknowledge them and ask the patient if it is okay to discuss their care in front of the 3rd party.

Always ask permission before touching the patient for a procedure. Ask others to leave the room when you need to perform a potentially embarrassing procedure. Ask patients if they would like curtains drawn, blinds shut, or any other gesture that indicates to them that privacy is a concern.

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### Continuity of Care

Let the patient know what other caregivers have informed you about his/her condition. This reassures the patient that we are working together for the best outcome.

### Scheduling

Keep the patient well-informed of visit dates and times without over-promising.

While with the patient, plan your next visit. Then confirm the visit either the day before or the morning of the next visit.

Call the patient when you are en route to their home. If there is a significant change, inform the patient and apologize for the inconvenience.

### Ending the Visit

Review the visit with the patient. Explain what you did and why--always relating back to the patient's goals and the Plan of Care. Ask if there are any final questions, concerns, or worries before you leave.

Let the patient know who to contact after hours/on weekends to answer questions and triage calls. Provide an overview of what the patient can expect to happen or how he/she might feel--both physically and emotionally--after the visit.

Finally, wrap a nice bow around the visit by leaving with a fond farewell:

- *"Do you have any other questions or concerns?"*
- *"Is there anything else I can do for you right now?"*
- *"It was so nice to see you again."*
- *"I look forward to seeing you next week."*



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**Hospice Health Care Survey.** We are reimbursed, in part, on the patient's answering positively to the following statements. Please take care insuring that you are providing this information and caring for our patients in this manner.

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### Hospice Health Care Survey Items

Mailed to family member after completion of Hospice Care

- How often did you get the help you needed on evenings, weekends, or holidays?
  - While your family member was in hospice care, how often did the hospice team **keep you informed about when they would arrive** to care for your family member?
  - While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you **get help as soon as you needed it**?
  - While your family member was in hospice care, how often did the hospice team **explain things** in a way that was **easy to understand**?
  - While your family member was in hospice care, how often did the hospice team **keep you informed** about your family member's condition?
  - While your family member was in hospice care, how often did anyone from the hospice team **give you confusing or contradictory information**?
  - While your family member was in hospice care, how often did the hospice team **treat your family member with dignity and respect**?
  - How often did the hospice team **listen carefully to you when you talked with about problems** with your family member's hospice care?
  - Did any member of the hospice team discuss **side effects of pain medicine**?
  - On a scale from 1-10, **what number would you use to rate your family member's hospice care**?
  - How **likely are you to recommend** this hospice to your friends and family?
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