

Home Health Aide

D I G E S T

Pre-/Post-Test Hospice Care (July-August 2004 issue)

All questions in this quiz are based on articles in the July-August 2004 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

1. For a client in hospice care, palliative care focuses on:
 - a. Using all available resources to cure the client.
 - b. Controlling the client's pain and other symptoms.
 - c. Achieving the best possible quality of life.
 - d. b & c.
 - e. All of the above.
2. (True/False) During a client's hospice experience, healing may take place on spiritual and emotional levels. This healing can help a person die with dignity and in peace.
 - a. True.
 - b. False.
3. Which of the following statements about a living will is true?
 - a. A living will may be ignored if the client no longer has money.
 - b. A living will may be altered by the personal physician if certain that the living will doesn't truly meet the client's needs.
 - c. A living will may be changed only by the client, if mentally competent.
 - d. A living will must be followed, even when the client seems able to communicate and make decisions.
 - e. None of the above.
4. (True/False) A durable power of attorney for health care (DPAHC) differs from a living will because it allows the health care proxy to make money decisions for the client.
 - a. True.
 - b. False.
5. (True/False) A durable power of attorney for health care (DPAHC) gives the health care proxy power to refuse or allow treatment, and to make an organ donation.
 - a. True.
 - b. False.
6. It is best to *not* touch the body if a person from the following religion(s) has died:
 - a. Islam.
 - b. Hinduism.
 - c. Orthodox.
 - d. Buddhism.
 - e. a, b & d.
7. (True/False) After the client has died, one of the best things to say to a loved one may be nothing, accompanied by an appropriate, tender touch.
 - a. True.
 - b. False.
8. When communicating with a person whose loved one has just died, it is wise to:
 - a. Say, "Don't cry" or "Be brave."
 - b. Tell the person, "I know how you feel."
 - c. Try to help the person answer the question, *Why?*
 - d. Allow the grieving person to talk about the deceased loved one.
 - e. All of the above.
9. The proper use of music may provide a hospice client with the following benefit(s):
 - a. Increased effectiveness of pain medication.
 - b. Increased life expectancy.
 - c. Reduced breathing and heart rate.
 - d. Reduced stress and anxiety.
 - e. a, c & d.
10. (True/False) Contemporary music, because it is fresh and unfamiliar, is usually more energizing to an elderly hospice client than old-time music might be.
 - a. True.
 - b. False.

I began reading *Home Health Aide Digest* at _____ am/pm.

I finished reading *Home Health Aide Digest* at _____ am/pm.

name

date

signature



Home Health Aide

JOY of Service



**Spirit Profile:
Bill Crouch**

Did you hear the one about the retired former executive who decided to become a home health aide (HHA)? Now you have, and his name is William "Bill" Crouch. Eleven years ago, Bill had retired from his job as vice-president of a company, but retirement lost its glow—fast. "Retirement's a killer," he says. "I tried it for about a year, and I'd had enough. While thinking about trying some volunteer work, I saw an ad in the newspaper for HHAs. My wife urged me to try it, because it would be supplemental income."

Six weeks of classroom and on-the-job training qualified Bill as a personal care aide and an HHA. It was like a fresh start for him. "Pretty much, my business goals had been reached years ago," he says, so he embarked on this new career with new focus.

The new job was a perfect fit for Bill. "It was a chance to give back a little to society," he says, and, even better, "It's the first job I've had that I enjoyed! I get to help folks in need, and I've met people from all walks of life. I also get to drive around in the beautiful Adirondack Mountains."

Now, Bill's goals are simple: "I want to continue to learn more in the home health field, enjoy life, and work until I need an HHA myself."

"It's the first job I've had that I enjoyed!"
—Bill Crouch

As one of about 300 HHAs at North Country Home Services in Plattsburgh, NY, Bill usually cares for about four clients each week, helping them with daily needs such as bathing, med prompts, catheter care, paperwork, and physical therapy. His workweek varies between 25 and 40 hours, depending on his clients' needs.

Not only does Bill care for clients, he also puts in extra hours to install and repair Life Line emergency button

Focus on Hospice Care

George Bernard Shaw, famous playwright, once quipped, "The ultimate statistic still remains the same: one out of one dies." We smile uneasily at Shaw's humor, because it faces us with the reality that no one lives forever. And hospice affirms that truth.

Hospice is a compassionate response to the painful fact of terminal illness. But, unlike other health care situations, there is one huge difference: The client does not improve. Therefore, your task as an HHA is to help keep the client as comfortable and peaceful as you can. In addition, you likely will deal with one or more family members who are trying to prepare for the coming loss of their loved one.

This issue of the *Home Health Aide Digest* can help you be more confident and effective as you carry out this very important service.

systems. One of the perks? "I sometimes get to drive farther," he grins.

Julie Green, coordinator at North Country, says, "Bill provides above-and-beyond care. He has a very quiet way about him that allows those in his care to be relaxed and comfortable, and

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WHAT IS Hospice Care?

dignity
peace

A BRIEF HISTORY

Some of our readers work regularly with hospice care, but many do not. So, let's begin with a bit of history. The term "hospice" comes from the Latin word for hospitality. At first it referred to an inn or place of lodging. In the 962 AD, Bernard of Menthon, a Catholic priest and archdeacon of Aosta, founded two hospices in the Alps to care for weary travelers. More hospices, usually run by monks, spread throughout Europe during the Middle Ages.

Until the 20th century, most people died in their own homes and their families were the care givers. After World War II, patients began to be admitted to hospitals for care, and stayed there to die if they were terminal. Thus, the usual place of death changed from home to hospital. Some believe that WWII made people aware of the special needs of the dying, and the idea of hospice care for that need was born.

Dame Cicely Saunders, a British physician, is credited with starting the modern hospice movement when she opened St. Christopher's Hospice near London. That hospice was designed to provide the most modern symptom- and pain-control techniques with compassionate care for the dying. In 1974, Connecticut was the first US state to open a hospice facility.

HOSPICE TODAY

These days, hospice can be thought of not so much as a place but as a way of

by Suzanne P. Campbell, MS, QRC, CRC

thinking about and delivering end-of-life care. Modern hospice care focuses on helping patients die with minimal technology and with their loved ones nearby. In that way, it's a return to the old ways.

The type of care hospice offers is called *palliative* (PAL-ee-ah-tiv). The World Health Organization describes palliative care as: "...active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social, and spiritual problems is paramount. The goal of palliative care is the achievement of the best possible quality of life for patients and their families."

Think of palliative care as "easing without curing." This care is provided by a team of hospice workers. The team includes a range of providers from social workers and dietitians to physicians and nurses. The person most often on the front line of hospice care with the patient, though, is the home health aid (HHA).

The HHA and fellow team members have to approach the patient's care very differently than they would in a hospital setting. For one thing, the patient is not going to be physically healed. This changes everything and offers many

opportunities for addressing needs other than the medical.

Some believe that the most important quality needed to work in a hospice setting is compassion. Though HHAs are used to working with the client and family, now these relationships change and may become deeper. Doctors prescribe medication for pain relief, nurses may administer the doses, but HHAs are present when others have gone.

Though physical healing is no longer possible, there are other ways in which healing takes place. Spiritual and emotional healing can occur when each person has accepted that the client will die. This can lead to a death faced with a sense of dignity and last days spent in relative peace.

Mary S. Wheeler, MSN, CHPN, of Capital Hospice in Virginia, has some advice for care givers that applies to HHAs as well. "In conjunction with the medication management, the care giver's role is considerable," she said in an article for *Home Healthcare Nurse*. "Familiar voices in a quiet environment, frequent reassurances of a loved one's presence, and gentle reminders from family members may help (conditions such as) delirium....Palliative care embodies the best that nursing care offers, combining the holistic patient/family approach with the science of treatment. Even as the focus and patient goals shift...to that end-of-life journey, nursing care...continues to be 'aggressive.' The learning and sharing

Health Care Directives

The importance of end-of-life decisions



by Suzanne P. Campbell

A dying client, preparing for the final days, faces many decisions and choices that will affect the quality of those days. Those decisions may include preparing health care directives. In this article, you will learn about these health care directives. Because you, as an HHA, may need to help in honoring the terms of these directives, it is helpful to understand what they are and what they do.

Although the use of home-based hospice is on the rise, about 80 percent of Americans die in a hospital or other care facility. This increases the possibility that medical professionals, who may or may not know the client's wishes, will make decisions regarding health care. Often, medical providers ask relatives to help in making decisions. If family members disagree, however, there can be unintended conflict and emotional stress.

A person who wants more control over these choices can prepare and sign legal documents that outline personal

wishes. These are the health care directives. They include the *living will* and the *durable power of attorney for health care (DPAHC)*. The person should have both documents stored in a safe place, with copies going to those who may need them. Your client may have such directives. Often, a hospice social worker helps to prepare these if a client has not already done so. Ask your supervisor about agency rules concerning what you, as an HHA, need to be aware of regarding a client's health care directives.

Facts about living wills

Living wills are not always well understood. Here are key facts:

- They are completely separate from the wills people make to distribute money or property after death.
- Living wills are also called "physician's directives."
- They can be completed only when the client is mentally competent to make decisions.
- They cover issues such as which extensive medical treatments should be used, or withheld, should the client become terminally ill and unable to communicate.
- Living wills create a contract between the client and the health care providers. Once received, the properly prepared and signed document must be honored. If the doctor is not willing to honor the terms of the living will, the client's care must be transferred to a doctor who will.
- Living wills are affected by different laws from state to state. This may mean having two different living wills if the person resides in another state during part of the year.
- They take effect only when, and if, the client is no longer able to make decisions.

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among the interdisciplinary team members enriches all professional practice...."

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Suzanne P. Campbell, MS, QRC, CRC, is a rehabilitation consultant in Minneapolis, MN. The president of Campbell Consulting Services, she holds a BA in sociology and an MS in counseling, and has worked in the field of disability management for over 30 years, both in the private and public sectors. On a personal level, she became involved with

the hospice care movement during 1977, when the first Minnesota facility was opened in St. Paul, MN. At the time, her father-in-law, a widower, was dying of cancer and had been living in Suzanne's home. Suzanne, who is the editor of Home Health Aide Digest, may be contacted at suep@blackhole.com.

Health Care Directives

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Durable power of attorney for health care

A DPAHC, sometimes called a *health care proxy*, appoints a person to make medical decisions for the client when the client is unable to make these decisions himself. Often this appointed person is a family member or friend. Because people move and circumstances change, it is recommended that people appoint two or three individuals as co-agents or alternates. The agent has no authority to make legal or financial decisions, just medical decisions.

The person granting the DPAHC should discuss wishes with the agent(s) to make sure they understand the client's wishes clearly and are willing to accept this duty. The DPAHC is different from a living will in that it often does not specify what treatments should be received or withheld. Instead, the document provides a specific list of powers granted to that person.

According to attorney Harriet P. Frensky, a fellow with the National Academy of Elder Law Attorneys, here are some common provisions of a DPAHC:

1. The right to select or discharge care providers and institutions.
2. The right to refuse, or consent to, treatment.
3. The right to access medical records.
4. The right to withdraw or withhold life-sustaining treatment.
5. The power to make anatomical gifts (organ donations).

In choosing the health care agent, the client should keep in mind such things as trustworthiness, shared personal values, and beliefs. It may also be important that the person live in the same area, in case treatment will need to be directed for an extended time.

Further Resources

for understanding Health Care Directives

Sacramento Health Care Decisions

10540 White Rock Road, Ste. 135
Rancho Cordova, CA 95670
916-851-2828

www.sachealthdecisions.org

Request *Finding Your Way and Talking It Over* (book)

Aging With Dignity

PO Box 1661
Tallahassee, FL 32302
888-5-WISHES (888-594-7437)

www.agingwithdignity.org

Request *Five Wishes* (a living will form recognized in 35 states)

Hospice Foundation of America
2001 S St. NW #300
Washington, DC 20009
800-854-3402
www.hospicefoundation.org

Growth House, Inc.

Dedicated to improving care for the dying
415-863-3045
www.growthhouse.org

National Hospice and Palliative Care Organization

1700 Diagonal Road, Ste. 625
Alexandria, VA 22314
703-837-1500 or 800-338-8619
www.nhpco.org

Request *A Pathway for Patients and Families Facing Terminal Disease* (book)

Forms and instructions for a DPAHC are widely available. Locally, they often can be obtained through senior service programs, state medical societies, or a physician. Many medical facilities and hospices offer classes on preparing advanced directives. Forms for each state can also be ordered online at www.partnershipforcaring.org, or by phone at 202-338-9799.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

Some information for this article was obtained from materials offered through the Family Caregiver Alliance and CareGuide.com.

“Don't limit investing to the financial world. Invest something of yourself, and you will be richly rewarded.”

— Charles R. Schwab

What You Will Learn

After studying this issue of the Digest, you should:

1. Understand what client benefits are the main focus of hospice care.
2. Know the main purposes of a living will and durable power of attorney for health care, as well as how they differ from each other.
3. Have a general knowledge of the view of death, and related practices, according to several common religious systems.
4. Have increased confidence on how to sensitively deal with the loved one of a dying or deceased client.
5. Know ways in which the use of music may help a hospice client enjoy an improved quality of life.

Belief systems are an important part of the human face.

Although some people in our society claim no religious belief, most people claim to believe in something beyond themselves. And, when they have such a belief, it likely is connected to a religious group.

At the end of life, religious belief becomes very important to a person and the family. Knowing a client's religious beliefs and practices will help you in understanding that person's actions and feelings. It also will help you to do your job well, without offending. The information that follows will equip you to understand clients from many common religious systems.

Protestant Christian

Whether a person claims to be Presbyterian, Methodist, Baptist, Lutheran, or Pentecostal, that person can be called a Protestant. Churches known as Protestant have many beliefs in common. They accept the Bible, see Jesus as the Son of God, and expect an afterlife in heaven for each believer. Most Protestants (except Seventh-Day Adventists) have almost no food restrictions. Receiving Holy Communion from a minister is very important for some Protestants. At time of death, they may want to have a minister present.

Roman Catholic

Catholics, unlike Protestants, claim to depend on a human being—the pope—for the final word on matters of faith and life. Although matters of diet are not strictly defined, many Catholics avoid eating meat on Fridays, and restrict their food choices during Lent (the six weeks before Easter). Priests are very important to Catholics, who may want to make confession to a priest as end of life nears. A priest also can provide the sacrament of the sick, and give last rites at the time of death. Last rites are very important to most Catholics.

Orthodox

The Orthodox line of Christianity has many branches, mostly ethnic in nature. These include Greek, Russian, Egyptian Coptic, and others. The Orthodox calendar differs from the usual Western Christian calendar. Orthodox holy days, such as Christmas and Easter, fall about two weeks later than for other Christian churches. Though there are no food rules, many Orthodox Christians will restrict their diet during Lent, and even Advent (the month before Christmas). They also may want regular visits from a priest, and may request the priest at time of death.

Islam

This religion, which centers in the Arab Middle East, is also embraced by people of North Africa, as well as many in India and Indonesia. Its presence in North America has grown in recent years. A Muslim is expected to pray five times daily; fast during daylight hours in the month of Ramadan; and avoid pork and alcohol. A Muslim client must receive care from a person of the same sex. Muslim women usually wear a head-covering, as well as other traditional clothing. As death nears, the person's body should face toward Mecca (in Saudi Arabia).



Understanding a hospice client's religious faith

By Nathan E. Unseth

Judaism

One of the world's oldest religions, Judaism has three main branches: Orthodox, Conservative, and Reformed. Especially if the person is Orthodox, diet is important. Jewish food law, known as kashrut or kosher, prohibits eating of certain foods such as pork and shellfish. Meat and dairy products must not be eaten together. For all Jews, strict food rules apply during main holy days, such as the week of Passover. Some Jewish people refuse to talk about death, even when it is very close. Jewish burial should take place within 24 hours after death.

At death, a Muslim's body is to be handled carefully. An HHA should not touch the body. Burial is usually done within 24 hours.

Unitarian

This religious group, though organized, is quite diverse in its beliefs. Some of its members may embrace a form of Eastern or Native American religion. Therefore, they may choose a vegetarian diet. There are no defined traditions for dealing with death.

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Mormon—Church of Jesus Christ of Latter-day Saints

This religious group, which began in the 19th century, has beliefs that set it apart from most Christian groups. Mormons are not to consume stimulants that include caffeine (coffee, tea, many soft drinks), alcohol, and tobacco. (Caffeine and alcohol are allowed in medicine.) They are to limit the amount of meat they eat. A Mormon who has gone through a secret temple rite will wear a sacred undergarment, which is not to be removed. A local Mormon leader may be called to pray with a dying person.

Jehovah's Witnesses

This group, in some ways similar to Protestant Christianity, stresses Bible study and door-to-door witnessing. Christian holidays, such as Christmas and Easter, are not observed. Jehovah's Witnesses do not celebrate birthdays. Blood transfusions are banned. At time of death, a member of this group may want other Witnesses, including leaders, to be nearby.

Hinduism

The largest religion in India, Hinduism can take a variety of forms, including many views of God. A main belief is reincarnation—that a person cycles

through many lives. Diet is usually quite important for a Hindu. Most do not eat beef. Some are vegetarian. Others may avoid pork or eggs. Daily meditation may be part of a Hindu's life. When a Hindu dies, the family may wish to wash the body before anything else is done to it.

Buddhism

A Buddhist believes that Buddha, the founder of the religion, is *not* a god. A Buddhist does believe in the possibility of reincarnation after death. A meatless diet is common among Buddhists. At death, the person may want a spiritual teacher to chant Buddhist scripture. Believing that the person's spirit may remain for a while after death, the spiritual teacher may ask that the body be undisturbed for a time.

Animism

This belief system, found in many cultures around the world, believes in the presence of many spirits in nature, and even in one's house. Some animist cultures, such as the Hmong of Southeast Asia, depend upon a shaman to act as their go-between with the spirits. A shaman may, for instance, help the family choose the

"right" burial plot when a loved one dies. The shaman may be called to perform a ritual when the person dies. Animists often believe that the spirit of a person who dies returns to the family, or returns as a new member of the family.

When working with a hospice client whose beliefs are new to you, always ask questions that will allow the client and family to tell you their wishes. Then, when death comes, you will be able to assist them in a sensitive, understanding way.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Nathan E. Unseth, BTh, BA, is the publisher of Home Health Aide Digest. With degrees in theology and communications, he has spent 25 years developing media that help people improve their careers, and their personal and family lives.



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**"We are
our
choices."**

—Jean-Paul Sartre

Do's and Don'ts AT THE TIME OF DEATH

When a client has died, the loved ones' feelings may be raw and sensitive. This is a time to do and say the right things, because these people are counting on you to handle the situation in a professional manner.

In *Helping People Through Grief*, Delores Kuenning offers useful guidelines for dealing with a grieving loved one. Here are some of those guidelines.

DO:

- ♥ Simply say, "I'm so sorry" or "Words fail me" or "I share a bit of your grief."
- ♥ Remember, a sympathizing tear, a warm embrace, an arm around the shoulder, a squeeze of the hand convey your sympathy. Words aren't always necessary.
- ♥ Give the mourner permission to grieve.

- ♥ Listen nonjudgmentally to the grieving person's thoughts and feelings.
- ♥ Allow the grieving person to talk about the deceased love one.
- ♥ Share a pleasant memory or words of admiration for the deceased with the grieving person.
- ♥ Remember that nothing you can say will stop the grieving person's pain.

DON'T:

- ✘ Avoid the grieving person because you don't know what to say.
- ✘ Say, "Don't cry" or "Be brave." This may cause the grieving person to repress sad feelings.
- ✘ Use clichés, trite statements, or euphemisms.
- ✘ Be afraid of tears. Grieving persons seldom forget those with whom they've shed tears.

- ✘ Say, "I know how you feel." Each person's grief is unique, and no one can totally understand another's grief.
- ✘ Make statements or ask questions that induce guilt or affix blame. There is always some unfinished business and guilt associated with the death of a loved one.
- ✘ Change the subject when the grieving person talks about his or her loved one.
- ✘ Try to answer the question, *Why?*
- ✘ Encourage the grieving person to "get over it" because of your discomfort with his or her depressed state.

From *Helping People Through Grief* by Delores Kuenning. Published by Bethany House Publishers—a division of Baker Publishing Group, 1987. Used by permission.

Helping People Through Grief

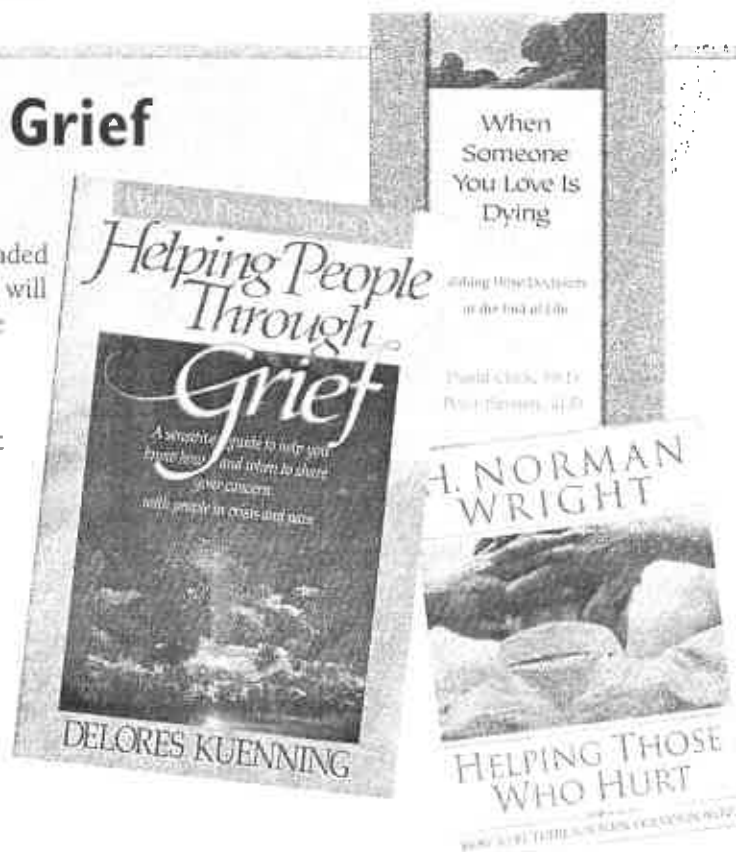
Some books are tools. Others are toolboxes. *Helping People Through Grief*, by Delores Kuenning, is such a toolbox. Loaded with helpful insights for all sorts of grief situations, this book will help anyone, including a health care worker, feel more at ease with someone facing loss.

Helping People Through Grief, though written from a Christian perspective, offers much insight, even for a person who is not Christian. Each chapter focuses on a different kind of grief, ranging from rape to terminal illness. The author draws her wisdom from a great deal of research, and from many years working with health care professionals in a medical center.

Two other books from Bethany House Publishers on the same topic:

- *When Someone You Love Is Dying* by David Clark, PhD, and Peter Emmett, MD.
- *Helping Those Who Hurt* by H. Norman Wright.

These books are available at www.bethanyhouse.com or 1-800-877-2665



THE POWER OF



How music can help a hospice client

By Nathan E. Unseth, BA, BTh

When playwright William Congreve wrote 300 years ago, "Music hath charms to sooth the savage breast," he had no scientific proof for his claim. But he knew human nature, and he had observed the power that music can have on a troubled heart.

Now we have data. For instance, a recent study made by Florida State University tested music's effects on 80 hospice clients with terminal cancer. Half of the clients received professional music therapy while the others didn't, although all received equal care. The results were eye-opening.

The clients with music showed a much higher quality of life (QOL), measured by a scientifically designed scale. In fact, their QOL *increased* during the time that they received music therapy. Interestingly, the music did not help them live longer. Rather, it helped them live *better*.

Teresa Edingfield, a music therapist for Hospice of Dayton (OH), says the choice of music is important. It needs to fit the client so

that it recalls good memories that can produce good feelings. She notes that music therapy can make pain medication work better and can reduce breathing and heart rate, as well as mask the sounds of medical machines.

Hospice of Dayton Chaplain David Garman comments, "Old familiar hymns or songs seem to be very comforting with people. It connects their place of center or strength."

Even if you are not a music therapy professional, playing the right music may be a great help to your hospice client. Some possible benefits of well-chosen music include:

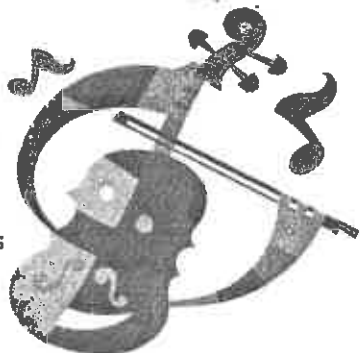
- * Promoting relaxation.
- * Helping to reduce stress and anxiety.
- * Reducing fear.
- * Helping a person to talk about feelings and memories.

To find out which music might help a client, ask questions such as:

- ▶ "Who was your favorite singer when you were growing up?"
- ▶ "What songs did your parents sing for you?"
- ▶ "What music do you wish you could hear on the radio?"

If the client has a cassette or CD player and recordings of favorite music, ask if you may play them while giving personal care. And, if you know some of the client's favorite songs, sing them—even if your voice is not very good! You may be surprised at the warm response you get.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.



Hospice

BITS & PIECES

by Suzanne P. Campbell

How to find hospice information for your area

The National Hospice and Palliative Care Organization maintains a listing of all US hospices, and will refer a caller to the nearest facility. Contact the organization at 800-658-8898, or online at www.nhpco.org.

JAMA studies palliative care for patients with heart failure

In its May 26, 2004, issue, the *Journal of the American Medical Association* looked at the need for advance care planning for heart patients. Despite medical advances, heart failure remains a leading cause of death in the US, and those deaths are often very sudden. The article stresses that, in addition to providing health care, doctors should help patients plan for future needs and prepare health care directives.

How hospice clients and their families feel about hastening death

Hospice social workers in two Southeastern states were asked about cases in which clients or family members had requested that the client's death be hastened. The survey, reported in the June 2004 issue of the *Journal of Pain and Symptom Management*, showed that in "hastened" cases over 70 percent of the clients had a cancer diagnosis. They were also overwhelmingly white (94 percent), male (66.6 percent), and married or living with a partner (66.7 percent). Reasons most often given for the request to hasten death were poor quality of life and concern about suffering. Social workers attributed these hastened death requests to clients' unmet needs.

Top 100 hospitals more likely to address end-of-life issues

In its 2003 rankings of the top 100 hospitals in the US, health care consultants Solucient focused on end-of-life issues as one factor relating to excellence. Dr. David Foster, PhD, vice-president of clinical informatics, said, "As the nation's population ages, end-of-life care will affect greater numbers of people and consume a growing amount of resources." He added, "It is reassuring, then, that the 100 top hospitals are demonstrating results indicating an awareness of the importance of hospice care for their patients."

Among the group's key findings was that top hospitals were 17 percent more likely to discharge terminally ill patients to hospice care than were lower-ranked hospitals. Information about the study was in the May 24, 2004, issue of *Modern Healthcare*.

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CARE TIPS

A More Comfy Bed Bath

When giving a bedside bath or sponge bath, I use liquid body bath soap, or mild liquid soap, that needs no rinsing. This will be less drying to the skin than regular soap, and more comfortable for a client who is hard to turn in bed, or who suffers from pain (such as a cancer patient who can't tolerate being touched.)

Tricky!

A client may refuse a bath by saying (for example), "I forgot you were coming so I took my own bath." No problem. I reply, "Today is your lucky day. You get two baths!"

Thanks to Lea Bechler, HCA III, an HHA with Community Health of

Spencer, IA. Lea is a member of the HHA Digest Advisory Board.

Have a care tip you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your client care tips (along with your name, address, phone number, and name of your agency) to:

Care Tips, *Home Health Aide Digest*, 2122 10th St. E., Glencoe, MN 55336

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HEALTH CARE SAVVY

Healthy Eating in the Fast-Food Kingdom

That it's healthier to eat lots of fruits and vegetables and whole grain foods seems such a no-brainer that we are not surprised when yet another study confirms it. The University of Minnesota recently reported that there is a protective effect against heart disease for those who eat whole grains, fruits, and vegetables.

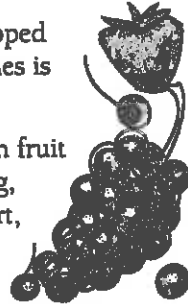
We know healthy foods mean healthier bodies—but sometimes it's hard to eat healthily, especially if we regularly pick up meals at fast-food restaurants. If it's a choice between visiting the Golden Arches for lunch or not having lunch at all, might as well throw caution to the wind and have that double quarter-pounder with cheese, right?

Wrong. Even at fast-food places, healthier choices are available. Here are some suggestions:

- ♥ Order a small hamburger or small roast beef sandwich. Bypass burgers and tacos with the words "Super," "Double," or "Triple" in the name. Be aware that extra meat, sauce, and cheese can multiply the fat and calories in the sandwich.
- ♥ If you must have French fries (high in fat, salt, and calories), opt for a small order. Better yet, if available, order a plain baked potato and top it yourself with low-fat sour cream or cottage cheese. Season with garlic or other herbs.
- ♥ At buffets, opt for baked chicken (don't eat the skin), grilled or baked fish, broiled meat, and steamed vegetables. If you visit the salad bar, go for the fresh fruit and fresh vegetables. Look for low-fat or fat-free dressing. Go easy on or bypass the regular salad dressings; other fatty toppers such as

shredded cheese, bacon, chow mein noodles, cottage cheese (often full-fat); and creamy salads such as potato salad and seafood salad.

- ♥ Thin-crust pizza topped with lots of vegetables is a good choice.
- ♥ For dessert, try fresh fruit with low-fat topping, low-fat frozen yogurt, or fruit-and-yogurt parfaits.



- ♥ Beverage choices can include low-fat milk or shakes, water, flavored water, or juice. Diet soda is a less healthful option, but has no fat and few, if any, calories.

(Sources: University of Minnesota Food Science and Nutrition; *American Journal of Clinical Nutrition*, 2003)

Keep It Clean

Cockroaches are more than fast-moving, ugly pests for some people. Cockroach allergens can be bothersome for people with allergies, and it has been shown that the severity of children's asthma can be worse in homes where cockroaches are a problem. The bugs can be common in inner-city homes.

Researchers wanted to see if a good cleaning and pest-control intervention would significantly reduce the amount of cockroach allergen in the home.

Forty-nine cockroach infested homes were randomly assigned to be professionally cleaned and treated with bait traps with insecticide, cleaned and given bait traps without insecticide, or receive no cleaning or bait traps at all. The homes belonged to families of children in a school-



based asthma treatment program who tested positive to cockroach allergen.

In the homes with the highest roach infestations, professional cleaning had the greatest effect in reducing allergen counts in the kitchens, whether the bait traps used had insecticide or not. In the homes with insecticide bait traps, the number of cockroaches was reduced more than in the homes without.

Bottom line is that simply keeping a home clean can help the cockroach-allergen-sensitive asthma sufferers in the family.

(Source: *Annals of Allergy, Asthma & Immunology*, 2003)

Lower Fasting Glucose Guidelines for Detecting Diabetes Risk

New, lower guidelines for detecting diabetes risk should help to identify more people who are at risk of the disease.

The cutoff for impaired fasting plasma glucose (IFPG) has been lowered from 110 mg/dL to 100 mg/dL, according to guidelines recently published by an international expert committee on the diagnosis and classification of diabetes mellitus. Lowering the cutoff could mean that about 20 percent more people will be diagnosed with prediabetes.

"What's important about that is that we now know...that we can prevent or delay the progression to diabetes from impaired glucose tolerance...through intensive lifestyle treatment," such as exercise and weight loss, says Committee Chair Saul Genuth, MD, of Case Western Reserve University in Cleveland. He adds that earlier intervention might also lessen the risk of diabetic complications, although this remains to be seen.

The guideline for the two-hour plasma glucose (PG) test remains unchanged at 200 mg/dL or higher. Neither the FPG nor the PG is considered superior, but the committee suggests that both tests be performed to confirm diagnosis of diabetes.

(Source: Medscape Medical News)

Stress Worsens MS Symptoms

Most multiple sclerosis (MS) patients believe that stress makes their symptoms worse, but the idea is pooh-pooed by some caregivers and others. A new study confirms the MS patients' belief.

Researchers at the University of California, San Francisco, looked at data from 14 studies of MS and stress. They found that MS patients did indeed have a greater risk of symptom flare-ups following non-traumatic stressful life events. Non-traumatic stress would involve, for example, job stress or financial problems.

Interestingly, previous studies have shown that life-threatening stresses actually lessen symptoms

Stay tuned. These findings may lead to new ways of handling MS through stress management or treating physical responses to stress.

(Source: *British Medical Journal*, 2004)

Better Blood Pressure Control Needed for Elderly

High blood pressure (hypertension) is common among the elderly, but controlling it, particularly in those over age 80, needs to be made a much greater priority, say researchers.

Hypertension can lead to heart attacks, congestive heart failure, and

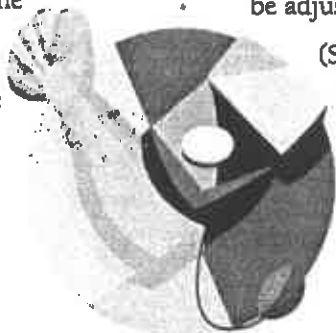
cardiovascular disease, risks of which are dramatically higher in those over 80 than in younger patients. Yet, even though the likelihood of hypertension increases along with age (nearly 75 percent of those over age 80 are hypertensive), the research showed no additional increase in drug therapy for those over age 80.

"The elderly are the fastest-growing segment of the US population, and they have the highest prevalence of hypertension. Yet, clinicians seem to be reluctant to treat older patients aggressively, perhaps because of perceived lower benefits or possible increased risk of side effects," said Donald Lloyd-Jones, MD, one of the authors of the study.

The information was gathered from analysis of examinations of participants in the Framingham Heart Study from 1990-1999. Subjects were classified by age. In those under age 60, 26.9 percent had hypertension (higher than 140 systolic/90 diastolic); 58.9 percent of those age 60 to 79 were hypertensive; and 70 percent of those age 80 and older had high blood pressure. In the over 80 age group, only 24 percent of women and 32 percent of men had their blood pressure under control. While thiazide diuretics have been shown to be very effective in treating hypertension, only about 22 percent of men and 32 percent of women age 80 and older in the study were being treated with thiazides.

Controlling blood pressure in those over 80 needs to be made a national priority, the researchers say, especially for women. If you have an elderly client whose blood pressure is high, check with your supervisor. It may be that your client's medication needs to be adjusted or added to.

(Source: American Society of Hypertension's 19th Annual Scientific Meeting, New York City, May 2004)



OUR MISSION:

To educate, encourage and elevate Home Health and Hospice Aides as vital participants in the delivery of health care.

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to know that he is there to provide a well-planned service that will be done with much care."

Julie adds, "Bill has an invaluable way of working with hard-to-serve clients. He sees each situation as a learning tool and a challenge. He not only delivers above-average care, he makes each client feel important, which, in turn, allows other staff to provide care with ease. His demeanor puts people at ease."

One of Bill's most challenging situations showed that he could take the heat—literally. When he arrived to call on two clients who lived in the same apartment building, he was surprised to see fire engines. The building was on fire!

Julie Green notes, "Bill quickly and efficiently got both clients out of the building and to safety. He also brought their necessary possessions, such as medications and medical information. He stayed at the complex for about five hours until he was sure that both clients had been placed in a safe environment."

Clients' needs are the same. They need to be treated with caring, understanding, and professionalism. ☺☺

Bill recalls, "I called County Services right away, to let them know what was happening to the clients. The fire was above the wheelchair client's apartment, so I took that person to the parking lot right away. I then helped the other client ride out in a power chair." With a chuckle, Bill adds, "That client wouldn't stay still. I should have shut off the chair."

Bill has a special place in his heart for hospice clients. Although he admits that hospice clients "can burn you out," he is quick to say, "they are great people. I'm there to give them peace of

mind, and to never be judgmental. If it's within my power to do something, I do it." In one case, a client's family members were arguing about inheritance issues. "It was upsetting the client," says Bill, "so I threw them out." That's looking out for the client!

Bill's management background helps him to draw a clear dividing line between his professional duties and the personal needs of his clients. "It sounds cold and indifferent," he observes, "but I can't get involved with their personal lives. I'm there to perform the tasks on the care plan. I can make suggestions about something they should change, but I can't force them to do it."

Nonetheless, Bill goes out of his way to make sure a client receives first-rate care, because he understands the client's needs. "Most people are the same," he says. "Their needs are the same. They need to be treated with caring, understanding, and professionalism."

Meeting those needs sometimes requires Bill to show an extra measure of flexibility. Julie Green recalls, "Bill dealt with a hard-to-serve client that only he had 'the touch' with. Public health nurses needed to see this client nightly to do dressing changes. Knowing Bill was able to work well with this client, they asked him to arrange his schedule to be in the client's home when the nurse arrived. This helped the nurse and client to feel at ease, thus allowing quality care."

In fact, Julie Green says, Bill often is in demand. "He is requested quite frequently by public health nurses," she says, because, "not only the people in his care, but anyone Bill has contact with feels he is an intricate part of their family's daily life." For a man who claims to sound "cold and indifferent," Bill seems to leave a warm glow wherever he goes.

The address of the office that nominated Bill is:

North Country Home Services
21 McKinley Ave.
Plattsburgh, NY 12901

"What people really need is a good listening-to."

—Unknown

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FIRST CLASS MAIL

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