

St. Francis Hospice Shares Its Message to Build Success

BY RHODA WEISS

St. Francis Hospice in Honolulu, a part of St. Francis Healthcare System of Hawaii, began 22 years ago in a 50-square-foot room. Today it is one of the world's premier hospice organizations, with a busy home care service and two freestanding hospice facilities. Its staff of more than 60 employees and 125 volunteers serve 1,000 patients and their family members annually. The program, Hawaii's only hospice accredited by the Joint Commission on Accreditation of Healthcare Organizations, attracts medical professionals from around the globe, many of whom credit St. Francis Hospice with teaching them to expand their efforts in end-of-life care in such faraway places as Japan and Korea.

While few physicians embraced the concept of the hospice when it began, hundreds of doctors and healthcare providers in the community now refer patients to the program. "Doctors are more willing now to take a proactive role in managing terminal patients' deaths and referring them to hospice," says Michael Warren, RN, director of St. Francis Hospice. "Their patients' increased willingness to discuss their wishes for end-of-life care and to be involved in making those decisions, along with their families, has brought physicians closer to the hospice concept and inclusion as true members of the hospice team." All the hospice staff work tirelessly to convince people, through presentations and other means, that the terminal phase of illness is not a medical failure, but an opportunity to provide comfort, pain relief, and dignified care at the end of life.

The program's success is based in its knowledgeable, specialized, and caring staff, as well as years of strategic communications, including:

- Ongoing internal communications with St. Francis Healthcare System employees and physicians at the system's hospitals, renal centers, and satellite facilities throughout Hawaii. These take the form of articles in doctor, employee, and volunteer newsletters; staff education programs; encouragement of employees and physicians to make hospice visits in the home and facilities; informational



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booths at employee and mission events; participation in medical education and physician departmental meetings; distribution of brochures in system facilities; service explanations on in-house television and video stations; and training programs for staff in pastoral care, social services, home care, parish nursing, and other areas in what hospice is and how and when to refer patients.

- Education programs for staff on how to discuss end-of-life options with patients. A 1999 study by Press-Ganey Associates of a quarter million patients in 476 hospitals revealed that patients would rather hear the truth and discuss options about continuing life. The survey showed that discussing life-and-death issues actually contributes to patient satisfaction, and that patients feel more in control when informed of their options.

- Efforts to counter misperceptions of hospice care, such as that hospice is a place where the terminally ill go to die or that hospice serves only cancer patients. (Hospice is a concept of care; more than 90 percent of its services are provided in the home. Nearly 30 percent of hospice patients have diagnoses other than cancer.) Most health plans cover hospice care; hospices like St. Francis also provide charity care.

- A system of liaison nurses to improve communications and referrals. These nurses work with hospice referral sources—physicians, community agencies and groups, acute care hospitals, and long-term care facilities. They serve specific geographic areas to become recognizable and credible and to increase informal access to services.

- Affiliations with several nursing homes and medical centers to provide staff education on end-of-life issues, including nutrition, pain management, bereavement, and symptom control. To reinforce the hospice presence and availability, hospice staff make informal "rounds" at these healthcare facilities and attend professional associations' meetings.

- Involvement in end-of-life care and pain management activities in the community. Hospice patient/family care coordinator Patricia Kalua,

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members with that of professionals who cared for that patient. With this comparison, areas in need of practice changes will become evident. We also recommend systematically gathering anecdotal information and searching for opportunities to improve care on this basis.

It also appears that professionals need to verify that patients and families have adequate information about available supportive services and are offered referrals more than once during the course of the illness. Both patients and family members rated referrals to these services lower than professionals did, leading to the conclusion that offering services once without follow-up is inadequate from the point of view of the patients and family members.

The survey results also show that caring for those who are dying and helping their families require knowledge, skills, and a certain comfort level with death and dying. Grand rounds or seminars that describe excellent care at the end of life can help professionals develop new skills. These presentations should include information from all involved. Teaching caregivers how to provide *emotional and spiritual support* will also be of value.

Facilities need to question whether they allow enough staff time to care for and support dying patients and their families. Current time allotments and their actual application on a shift-by-shift basis should be assessed and evaluated for appropriateness.

Finally, caregivers' beliefs should be considered during hiring and patient assignments. How professionals relate to their work and their faith can have a powerful impact on their practice and the experience of those that they care for. □

 For more information, contact Supportive Care of the Dying: A Coalition for Compassionate Care at 503-215-5053, or visit its Web site at www.careofdying.org.

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RN, is leading efforts in a partnership with Hawaii's Executive Office on Aging, St. Francis Healthcare System, and other organizations as part of a three-year Robert Wood Johnson Foundation grant on end-of-life care. The goal is to raise awareness of the issues surrounding dying and encourage use of advance directives, better pain management, increased education of clergy and parishes, and access to hospice.

- Development of improved end-of-life healthcare curriculum. St. Francis Healthcare System, through its International Center for Healthcare Ethics and as part of the Robert Wood Johnson Foundation grant, is conducting research with student and practicing nurses and physicians to develop end-of-life curriculum. The objective is to raise the standard of end-of-life care throughout the state. In addition, more than 20 long-term care facilities are participating in evaluating the assessment and treatment of pain in long-term care. The goal is to set standards and provide education for facilities whose patients rarely use hospice.

- Public relations and community outreach. St. Francis Hospice produces videos and brochures, places stories in the media, and offers many programs during the year. It provides speakers to schools, churches, businesses, and community groups.

- Encouragement of timely referrals. One of the greatest challenges facing America's hospices is the generally brief amount of time patients spend in hospices—a period far short of experts' recommendations. "Many patients are referred just moments prior to death, therefore denying them and their families access to all that hospices can offer them," says Sr. Francine Gries, OSF, RN, executive director of the hospice.

- A bereavement program and other activities for family members, including support groups. □

 For more information, contact Michael Warren at 808-595-7566; e-mail: mikew@sfhs-hi.org.

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