

Case Study Part 2

Mr. Joseph initially declined all services except visits from the nurse, as his daughter was staying to assist with his care. He also initially agreed to a social worker visit so that his wife and daughters could meet her. After a very difficult first weekend, his family and the hospice nurse convinced him to accept more services. The following are excerpts from the medical record regarding just some of the visits made in the last few weeks of his life.

November 21, 2016: Hospice RN home visit

Arrived to see Mr. J today; he and his family report a very difficult weekend. Mr. J is having more trouble with ambulation and spent the better part of the weekend in bed. His appetite is poor, but he is taking fluids well. He tried to shower on Saturday, but was much too weak to complete the task and was reluctant to allow his daughter and wife to assist. He reports his pain as a 3 this morning, and states that he is comfortable now, although a bit discouraged. His daughter and wife report that as long as he maintains his schedule of medications, he is “fairly comfortable with 2-3 doses of breakthrough medications throughout the day.” They also report that he is not one to complain and therefore had not let them know that he needed more medication this weekend until late in the day, and then it was hard to catch up with his pain. After much discussion with Mr. J and his family, he agreed to the following schedule of services.

- Hospice aide visits 5 days per week (Monday through Friday).
- Nurse visits 3 times a week (Monday, Wednesday, and Friday) and as needed.
- Weekly social worker visits (Wednesday) to support the family.

November 25, 2016: Hospice On-Call LPN visit

Arrived at the home after a call from the family at 7pm this evening alerting this nurse that Mr. J was experiencing excruciating pain, unrelieved by his break-through medications. The family was distraught and they were given additional instructions re: medication administration; a home evaluation visit was offered and accepted. Upon arrival Mr. J is alert and oriented times 3, his vital signs are stable, however his BP is elevated from previous reading. He states that he was having a fairly good day until late in the afternoon. He did see his primary hospice nurse this morning and he later enjoyed visits from friends and family in the afternoon. After they left, he

Hospice Quality Reporting Program (QRP) Training Case Study – Part Two

began having much pressure in his back, his abdomen and around his right side. He has vomited several times since, although he has kept some crackers down in the last few hours and is feeling a bit more settled now. This nurse reviewed his medications schedule and spoke with the hospice medical director to discuss his recent symptoms and to obtain an increase in the long acting and breakthrough doses of his pain medication. Encouraged use of the antiemetic this evening and daily for now as prescribed and developed a plan to increase nursing visits over the weekend to closely evaluate his symptoms. The patient and family also agreed tonight to accept a volunteer as the family is expressing the need for support for themselves as well as someone to just sit with Mr. J. He is in agreement with this as well. A request has been made through the volunteer coordinator.

Monday, November 28th, 2016: Hospice RN visit

Joint visit today with the social worker to evaluate Mr. J and to support the family. Mr. J is clearly losing ground and is only taking sips now. He states that he is comfortable however, and is pleased to be home with his family. The family reports that they were very pleased with the volunteer who played cards with Mr. J on two occasions this weekend. This allowed them an opportunity to leave the home for a few hours and take a break from the stress of the situation. The aide is scheduled to arrive later this morning to help with a shower...The social worker stayed to visit with this family longer to discuss some funeral planning as requested. (See separate note).

November 29th, 2016: Hospice RN visit

Received a call this morning from the aide for Mr. J. He reports that he arrived at the home at 9am and called the hospice office to say that he found Mr. J unresponsive, but still breathing. He reports that Mr. J is in no acute distress, although his respirations were 10 per minute. The aide requested this nurse to evaluate and while on route, he provided support to the family and proceeded with a bed bath. This RN arrived within 30 minutes, however upon arrival; I found that Mr. J was without respirations. The Aide reports that this had occurred, just seconds before my arrival... Call made to the MD, pronouncement completed by this RN at MD request, and assisted the aide in post mortem care. Support given to the family until the funeral home arrived. Family is sad, but grieving appropriately. Notified MSW and other hospice team members. MSW to follow up with family.

The excerpt from the November 2016 calendar includes notations of Mr. Joseph's hospice visits.

Hospice Quality Reporting Program (QRP) Training Case Study – Part Two

November 2016						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11/20	11/21 <ul style="list-style-type: none"> • RN visit 	11/22 <ul style="list-style-type: none"> • RN telephone call • Aide visit 	11/23 <ul style="list-style-type: none"> • Medical social worker (MSW) visit • RN visit • Aide visit 	11/24 <ul style="list-style-type: none"> • Aide visit 	11/25 <ul style="list-style-type: none"> • Aide visit • RN visit • On-call LPN visit (evening) 	11/26 <ul style="list-style-type: none"> • Weekend RN visit • Volunteer visit
11/27 <ul style="list-style-type: none"> • Volunteer visit • Weekend LPN visit 	11/28 <ul style="list-style-type: none"> • Aide visit • Joint RN and MSW visit 	11/29 <ul style="list-style-type: none"> • Aide visit • RN visit 	11/30 <ul style="list-style-type: none"> • MSW visit 	12/1	12/2	12/3