



# HOME NURSING

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HOSPICE CARE



## SHORT LOOK TO THE PROFESSION OF THE LECTURER

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- Hospice care in Terhokoti since 1991
- Registered nurse 1992
- Bachelor of Health Care and Social Services 2010 (Helsinki Metropolia University on Applied Sciences)
- Social work in Terhokoti since 2011
- Electric documentation in Terhokoti 2012
- Master of Health Care and Social Services 2013 (Helsinki Metropolia University on Applied Sciences)
- Project management in Terhokoti since 2014

# HOSPICES IN FINLAND



Pirkanmaan Hoitokoti	1988	Tampere
Terhokoti	1988	Helsinki
Karinakoti	1994	Turku
Koivikko-Koti	2002	Hämeenlinna

*When medical science can no longer add more days to life*

*Hospice adds more life to every day*

*That is the hospice way*

*Dame Cicely Saunders*

*(Promotor for the hospice care)*

# SOME PRINCIPALS IN HOSPICE CARE

Treating death and dying as normal processes in life

- Nor shorten neither prolonging life

The whole family is the object of the hospice care

- Support next-of-kin during on-going care and after death

Quality of the care should be high (competence, consulting when it is needed)

- Provide best possible symptom-reliefs to enhance quality of life
- Integrate physical, psychological, social and existential aspects in care
- Internal schooling at work / keeping up competence
- Multiprofessional cooperation
- Continuity of care must be guaranteed

Home care as long as possible

Professional guidance at work by an outside therapist



TERHOKOTI

## HOSPICE CARE IS CHALLENGING THE HEALTH CARE PROFESSIONS

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On the other hand,

- You have to have clear competition while working
- You have to be objective when you are doing it
- You have to be effective while doing so

On the other hand,

- You have to be sensitive and gentle
- You have to have empathy for the situation
- You have to accept that letting go is part of dying



## HOSPICE CARE PATIENT IS EVENTUALLY LOOSING HIS/HERS SELF-IMAGE

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- Physics welfare
- Whole and functional Body-image
- Independence and autonomy
- Roles such as parent, wife, child, worker, friend ...
  - -> role as a dying patient stays
- Relationships and friends
- Future and expectations from the future



## THINGS TO NOTICE IN HOSPICE CARE

### HOSPICE CARE PATIENT

” Consciously aware” of dying

being aware of yourself as dying  
person / knowing but not being aware

sick → dying

- physical resources are going down and need of care is rising
- there is no way of turning back
- the feeling of controlling own life is losing
- independence on daily functions are disappearing

Patient will keep up his/hers  
independence in life

### NURSE – PATIENT RELATIONSHIP

Profession of the nurse and patient

Both bring their own equal  
knowledge of the situation

- Nursing happens in patient's most intimate area
  - Something that has been protected
  - Something that has been done without any help

How to know the real situation in  
patient's home, when ”keeping up  
appearance” is high

-> ”gentle observation”





## TAKING CARE OF DAILY FUNCTIONS IS THE BASIC OF THE GOOD HOSPICE CARE

In hospice care it is "all about" taking care of patients individualism as a person

- honouring persons life as it has been and as it is now
- paying attention to the patients needs
- listening to patients wishes
  - wish to spend the rest of the life at home is not the same as wish to die at home
- family is also part of the team
  - sometimes they don't know what they have promised to the dying patient. They don't know what will be ahead

→ Nurse as a consultant with competence on hospice care

HEARING DYING PATIENTS WISHES FOR CARE

IT IS IMPORTANT THAT PATIENT AND RELATIVES  
KNOW WHERE TO CONTACT WHEN NEEDED

PROVIDING HELP ALSO TO THE FAMILY

COOPERATION BETWEEN NECESSARY PARTNES IN HEALTH  
CARE

IT SHOULD BE POSSIBLE FOR OUTPATIENT TO  
GET TO THE WARD WHEN NEEDED

GETTING HELP WHEN NEEDED

SYMPTOM RELEAF SHOULD BE TAKING CARE OF  
AS WELL AS IN WARD

SELF-DETERMINATION (itseääräämisoikeus)

KEEPING UPP SOCIAL CONTACTS

WHEN THE DECISION FOR HOSPICE CARE IN  
HOME HAS BEEN MADE AND DOKUMENTED  
PROPERLY, THERE IS NO NEED TO CALL THE  
POLICE AFTER THE DEATH

→ RELATIVES

+Home care + Hospice home care + friends + volunteers



## EDITORIAL IN LÄÄKÄRILEHTI 36/2013 BY JUHA HÄNNINEN

senior physician, Terhokoti

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In Finland there are multiple organisations which are doing hospice home care

- Hospital at home, home care, + experienced hospice home care (where it is possible)

Hospice care at home requires secure relationship between the patient and the institutions which are charge of the care

- Lack of trust and support for the patients / relatives leads to outpatients to become in patients

Best way to organize hospice home care is to start regular support actions when palliative care is still on

- Day care as a support coup and nursing contact, home care contact
- The Physician is taking care of symptom relief and experienced nurses are taking care of other support (contact 1-2/week)

There should also be workers with the competens to handel with skills for crisis

- Meeting the children of the family and other psychological and social support
- Death brings up difficult questions about meaning of life, how the remaining familymembers are going to survive, grief, psychological tolerance

By combining hospital at home, home care and experienced hospice home care we can support dying patients and there families at home in the best possible way



26 years of Hospice care

- Staff 40 people
  - 24 nurse + 4 practical nurse
  - 3 Palliative care qualified doctors
  - + volunteer workers (about 50)
- Ward Care 17 + 1 patient
- Home Care 100 patient
  - Contact 1-2/week
- Day Care 6 patient / day  
4 times / week
  - Contact 1/week
- Education unit



# SITUATIONS WHEN YOU MOST LIKELY NEED EXPERIENCED HOSPICE CARE

## Diagnosis

- Cancer
- Cronical lungdeseases (COPD)
- Heart failure (insufficiency)
- Neurological deseases (MS, ALS)
- Kidney and liver deseases (insufficiency)

IT IS IMPOTANT TO OBSERVE THE SYMPTOMS OF THE PATIENT

THE MOST IMPORTANT THING IS TO ASK ABOUT THEM FOR THE PATIENT HIM/HER SELF

## Symptoms

- Pain
- Difficulty in breathing
- Mental confusion
- Sickness
- Constipation

TAKING CARE OF THE SYMPTOMS IS ONLY A PART OF HOSPICE CARE



# HOW DO WE DO IT IN TERHOKOTI HOSPICE

## VALUES IN TERHOKOTI HOSPICE

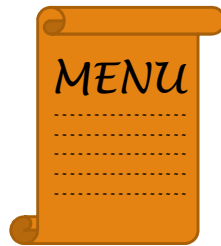
1. INDIVIDUALITY
2. EQUALITY
3. SECURITY AND CONTINUITY
4. FAMILIES ARE PART OF HOSPICE CARE  
PATIENT INVITES WHOM  
HE/SHE WANTS
5. OPENNESS AND HONESTY

Taking care of the symptoms is only a part of hospice care

- Physical aspect
- Mental / emotional aspect
- Social aspect
- Spiritual aspect

You have to have ability to

- Lookahead
- be genuin interested and present
- give information based on the facts
- know when to do so



# Terhokoti Hospice

## SYMPTOM RELIEF

## NURSING

## TREATMENT THAT SUPPORT NURSING

- Massage treatments - weekly basis
  - Lymphatic massage
  - Aroma massage
  - Foot massage
  - Relaxing massage
  - Physiotherapy
  - Helat Club activities
- Social work and Childrens support
- Logotherapy
- Family support as peer group activity
- Spiritual support
- Volunteer work

## Creative activities in palliative care

- A language beyond words
- Something to look forward to – a sense of meaning
- A break from illness and disease
- Enhance self esteem and identity
- Storytelling – memories and stories about life
- Handling illness and dying, past-present-future
- Coherence and community

By Estra Diakoni /Stockholm

*All human life has equal value*

*Every human being has  
capacity, dreams and wishes*

*Every human being  
-also as a patient-  
is longing to find a meaning  
in life and an own existential  
identity*

*Thank You*