



Your Arbor Hospice Team

The hospice interdisciplinary care approach promotes and provides optimal care with the patient and family being an important part of the process. The patient and family direct all care.

Purpose of The Arbor Hospice Team Model

The primary purpose of the team approach is to build a caring community for the patient, family and the hospice team. By doing this the team can respond to patients' and families' needs, 24 hours a day, seven days a week. The entire team is responsible for the physical, psychosocial and spiritual needs of both the patient and family members. The patient and family are integral parts of the team and direct the care.

Hospice Team Structure

Members of the Arbor Hospice team include, first and foremost, the patient and family. The role of the Arbor Hospice team includes direct patient care, indirect patient care, consultative and supportive care. Each member of the team is crucial in the process of providing consistent, coordinated quality care.

Patient/Family Care Team Members' Roles and Responsibilities

These team members provide direct care to the patient and family. Direct care includes visits to the patient's place of residence and physical, psychosocial and spiritual care and companionship.

Nurse

The nurse is primarily responsible for the patient's physical condition and comfort. He/she is highly skilled in caring for the physical care of patients, working with the physician. The nurse is also responsible for educating the patient and family on physical care, which includes hands on care by family members, medication administration, equipment, skin care and nutrition.

Psychosocial Professional

The psychosocial professional provides emotional support to patients and families, helps with grief and other issues and supports the patient, family and significant others. He/she provides assistance for patients and families related to community resources, financial issues, legal issues, advance directives and funeral arrangements. Counseling for children is also available. The psychosocial professional is available to assist survivors in adjusting to life through bereavement services.

Spiritual Professional

The spiritual caregiver is also known as the chaplain. Arbor Hospice spiritual care is all-inclusive and not specific to any religious faith. It is non-judgmental and focuses on healing, forgiveness and acceptance. Spiritual care is provided through direct counseling with the patient and family, by working with the patient's and family's own clergy or by working with patients who do not have a clergy person and are now in need of spiritual care.

Spiritual support can include prayer, rites, rituals and assistance in planning and performing funerals and memorial services.

Patient's Primary Physician

The patient's primary physician is also part of the interdisciplinary team. The primary physician refers the patient to hospice and provides current medical findings, dietary orders and orders for medications, treatments and symptom management.

Hospice Medical Director

If for some reason your physician is unable to continue providing your care, a hospice physician who specializes in palliative (comfort) care is available to provide your care.

Certified Nursing Assistant (CNA) / Home Health Aide (HHA)

CNA's provide basic physical care to the patient. They provide personal care including bathing, grooming, mouth care, skin care, transfers and repositioning. CNAs also educate family caregivers in basic physical care. They may be able to take the patient for a walk or wheelchair ride outside which the primary caregiver may be unable to do without assistance. Visits vary depending on patient and family needs.

Patient Care Volunteer

Arbor Hospice patient care volunteers are trained to work in a variety of roles. The most common role is to work with a single patient and family providing support. Support can be provided through companionship, delivering medications, running errands, driving patients to appointments, taking patients on outings, shopping, hairdressing, preparing a special meal, or visiting patients in nursing homes. They may provide companionship to the patient while the caregiver goes out to run errands. Volunteer roles are varied and sometimes specialized. There may be bereavement volunteers who work exclusively with grieving families and friends. For those patients who are alone or with family who require additional support, there are volunteers who will sit at the bedside. Nursing home volunteers provide much needed companionship to hospice patients residing in care facilities. The scope of volunteers' duties is all-inclusive, depending on the patient and family needs.

Consultative Team Members' Roles and Responsibilities

These teams' members act as consultants to the primary patient care team members and also indirectly or directly provide services to patients and families.

Physical Therapist

Physical therapists are consulted for equipment and exercises to promote optimal independence. Their goals for hospice patients are to improve ambulation so that the patient can remain as independent and mobile as possible.

Occupational Therapist

The occupational therapist is also utilized for equipment and providing options so patients may care for themselves as long as possible. Occupational therapists often work with bed-bound patients or those with limited strength. They explore with the patient ways to continue activities such as brushing their teeth and dressing themselves. The goal is for the patient to find quality of life in independent self-care.

Respiratory Therapist

Some hospice patients have respiratory problems that cause discomfort. Respiratory therapists provide interventions and treatments such as oxygen therapy, breathing exercises, and changes in the environment that promote easier breathing and decrease anxiety. The goal is symptom control for these respiratory problems.