Resources:

Mercy Hospice
Adult Foster Homes with Veteran Specific Training
Part of the Homeless Veteran Grant

Steelhead Run Adult Foster Home
George and Nancy Acosta
23049 North Umpqua Highway
Glide OR, 97443  (541) 496-3006

Sandy Corliss
2948 Happy Valley Road
Roseburg, OR 97471  (541)679-4663
Harmony Adult Foster Home
Marie Hayes
847 Broadway Ave
Winchester Bay, OR  97467  (541)271-4926

L and D Adult Foster Home
306 McClain Ave
Roseburg, OR 97471  (541)957-9957

Miller Manor
Alice Miller
141 Fish Lane
Myrtle Creek, OR 97457  (541)863-5990
The Reaching Out Philosophy
The veterans in our communities have secured the freedoms we enjoy each day. We owe them comfort and dignity as they take the final steps of their life’s journey.

Death is one of the few guarantees in life. We will all experience death, and most of us would rather complete our life’s journey with family and friends. This might not always be an option, especially for our homeless and rurally housed veterans. Adult foster care can provide a comfortable homelike environment that is not available in a hospital or nursing home. In our final stages of life, we tend to fear losing our dignity or burdening others more than we fear death itself.

Mercy Hospice is partnering with local adult foster homes, the Veterans Administration and the National Hospice and Palliative Care Organization to offer each veteran an individualized program that will meet their needs. Homeless and rural veterans experiencing end-stage illnesses and diseases that are no longer responding to treatment, or are no longer curable, will qualify for the Reaching Out program.

The Reaching Out Program
The Reaching Out program incorporates a hospice care model that focuses on veterans by validating and supporting their wishes. It provides a holistic approach by providing pain and symptom management, as well as psychological and spiritual support. The support team will include hospice nurses, volunteers with special interest in veterans, family, friends, home health aides, bereavement counselors, medical social workers, chaplain support, and a veteran liaison. The care will be individualized to provide each veteran with the best quality of life.

Adult Foster Home Partners
As a partner, foster care will provide a home-like environment and support. The foster home will also participate in veteran specific training provided by Mercy Hospice. These specially trained foster care
providers will have a direct relationship with the veteran liaison, which will assist with any needs that may arise. The partner foster homes will provide the veteran with 24-hour support, crisis intervention, nutritious meals, laundry and companionship. Professional staff at the VA Medical center will qualify veterans for the benefits for which they are entitled. While the foster care providers open their homes out of gratitude and concern for veterans, there must be some compensation to offset some of their direct support to the veterans and the costs of running a home. Therefore, when a veteran agrees to participate in the program, an agreement for compensation is made based on the military and civilian benefits for which the veteran qualifies.

To participate as a Reaching Out volunteer, or to host a veteran in your foster home please contact:

**Reaching Out Program — Mercy Hospice**  
Carol Olson-King, RN, Veteran Liaison  
541-677-5454 or email CarolOlson-King@chiwest.com

**Criteria for Participation**
- Foster homes must have completed veteran specific training provided by Mercy Hospice.
- Volunteers will have been carefully screened and trained by Mercy Hospice.
- Veterans that are eligible for the program will be living in a shelter, on the streets, in a vehicle or any place not intended for human habitation, or veterans living in a rural area of Douglas County.

**Volunteer Opportunities**

**Veterans, and Non-Veterans, Helping Veterans**
- Spending time with a veteran, reading, writing letters, or just talking and providing companionship.
- Providing respite for foster home provider, making home adaptations to accommodate the needs of the veterans, or providing of your many talents.

*This is a gratifying opportunity for veterans to reach out and help veterans.*

**Mercy Hospice   2400 Stewart Parkway, Suite 200   Roseburg, OR 97471**
We believe the veterans in our community deserve comfort and dignity as they take the final steps of their life's journey. These veterans have secured our freedom that we enjoy everyday and we are indebted to them for the sacrifices they have made. It is our mission to serve them.

The Reaching Out Philosophy
We believe the veterans in our community deserve comfort and dignity as they take the final steps of their life's journey. These veterans have secured our freedom that we enjoy everyday and we are indebted to them for the sacrifices they have made. It is our mission to serve them.

The Reaching Out Program
Mercy Hospice is partnering with the National Hospice and Palliative Care Organization, Veterans Administration and local adult foster homes to offer each veteran an individualized program that will meet their needs at the end of life. Homeless and rural veterans will be placed in adult foster homes with staff who have been trained in veteran specific care. A holistic approach, utilizing the entire hospice team and trained foster care workers, will provide each veteran with the best quality of life.

Methods of Outreach
- Veteran specific training to volunteer adult foster homes
- Veteran specific lectures to the community including the Roseburg Rescue Mission, adult foster home community, Mercy Medical Center, local faith groups and VAMC
- Outreach through participation in “The Wall” project and Lane County “Stand Down”
- Providing both community and VA discharge planners networking opportunities through scheduled luncheons
- Adding veteran specific education to orientation

Results
- 5 foster homes are ready to house homeless veterans
- 100% of Mercy Hospice staff and volunteers trained in Veteran specific cares
- Over 210 community and healthcare providers provided with at least 1 veteran specific lecture
- Veteran to veteran volunteer program
- 95 individual and group pinning ceremonies
- Anecdotally tremendous positive response to all education and pinning ceremonies provided
- 3 veteran specific modules available for healthcare providers
- 115 program pamphlets distributed throughout the community

Future Goals
- Continue outreach to adult foster homes
- Contact local physician offices about the program
- Offer education to community and Veteran service organizations,
- Outreaching to local emergency departments and hospital providing education about the military checklist

Acknowledgements
- This program is provided in partnership with the National Hospice and Palliative Care Organization.
- Thank you Veterans Administration for guidance and partnership
- Many thanks to the Link Program oh Hampton Roads, Inc., for pioneering and providing direction for our project
- Special thanks to the volunteer foster homes
POLICY: Foster Home Placement or Qualified Homelike Setting for Homeless and inadequately Housed Veterans

SUMMARY: Mercy hospice will provide assistance to aid dying homeless or inadequately housed veterans in a homelike setting. The Veteran Liaison and MSW will work jointly to place the veteran in veteran centric foster homes. These veteran centric homes will have specialized training in the care of veterans at the end of life.

PROCEDURE:
1. If upon referral of homeless veteran a placement need is identified MSW will be notified to assist with placement.
2. Upon hospice admission if patient is identified as a veteran, veteran status will be documented under demographics.
3. If homelessness or inadequately housing has been identified by admitting RN, MSW will be notified via Tasks or phone call, with appropriate documentation in clinical note.
4. All veterans will have Military checklist completed by MSW.
5. MSW findings regarding veteran’s wishes and end of life goals will be incorporated into veteran’s plan of care.
6. If veteran wishes placement in foster home or other specialized care setting, MSW will contact specialized foster homes and facilitate veteran’s placement and transfer to foster home.
7. Veteran Liaison will be available for added support to foster homes, and will be part of Interdisciplinary Team for veterans identified with veteran specific needs.

Dated
Debbie Boswell, BSN, MBA
Chief Operating Officer/CNO
POLICY: Foster Home Training for Care of Homeless Veterans

SUMMARY: Veteran Liaison will provide 1 hour to 4 hour in-services yearly and as needed to selected Foster Homes, this training will utilize ELNEC for veterans modules. In addition Veteran liaison will be available to aid foster home with any questions or concerns that may arise.

PROCEDURE:

1. Maintain a list of 4 to 5 foster homes in area interested in serving homeless veterans.
2. Provide in home in-services at least 1 hour to max of 4 hours to each foster home on yearly basis on Veteran specific needs and cares.
3. Veteran Liaison to document all support in clinical notes and be present at inter disciplinary group meetings as part of the team.
4. Quality assurance will monitor on continuous basis patient family and foster home satisfaction with program.

_________________________  ________________________________
Dated                        Debbie Boswell, BSN, MBA

Chief Operating Officer/CNO
POLICY: Determining Patients Veteran Status Upon Admit.

: By utilizing demographic questions and military checklist veterans will be identified allowing any veteran specific needs to be addressed.

PROCEDURE:

1. Nursing will identify veteran status upon nursing admission and document this in demographics identifying veteran status and era served, combat or peace time.
2. MSW will follow up with military checklist on any identified veteran within 5 days, and address any specific needs. Then will add appropriate goals and interventions to the plan of care and communicated at interdisciplinary group.

__________________________  ________________________________
Dated                          Debbie Boswell, BSN, MBA

Chief Operating Officer/CNO
AFH: Reaching Out To Our Veterans
Module 1
Unique Needs Veterans May Have

Slide 2

OBJECTIVES
1. Describe the We Honor Veteran Program and Reaching Out Grant
2. Understanding importance of identifying a person as a veteran and why.
3. Summarize the understanding that some veterans may have unique needs at the end of life and why, identify three psychosocial issues that may arise.
4. Identifying 3 signs and symptoms of PTSD at the end of life
5. Identify resources available to help manage these symptoms.
Army to air force, WW2 Korea and Viet Nam worked with Flying Tigers and AWAKS. He loved his wife but when she passed away immediately placed all models airplanes up in living room where he could enjoy them. At peace with his service and ready to die.
We Honor Veterans

- Mercy Hospice joined the campaign in 2010. Since that time we have had the opportunity to build bridges with many of the local VA personnel. Have presented veteran specific in-services for many local Adult foster homes, VA volunteers and our own staff.

How to honor Veterans

- **Honor Veterans’ Service** American’s Veterans have done everything asked of them in their mission to serve our country and it is never too late to give them a hero’s welcome home. Hospice staff may provide the last opportunity for Veterans to feel that their service was not in vain, and that they are appreciated.

How to Honor Veterans

- Show appreciation for the families of Veterans.
- Always be sincere, caring, compassionate and ready and able to listen to what a Veteran or his or her family member has to share about the situation they are dealing with.
- Be supportive and non-judgmental and always validate their feelings and concerns.
Slide 9

How to Honor Veterans
- Be honest, sincere, caring and respectful.
- Accept, without judgment, the Veteran as he/she is.
- It might take longer for some Veterans to trust you. Be patient and listen.
- Expect the Veteran’s sharing to occur over a period of time.

Slide 10

How to Honor Veterans
- Simple acts of gratitude at the end-of-life can make up for a lifetime since some Veterans were never welcomed home or thanked. As hospice professionals, the following are tips you and your staff can use to engage, honor and recognize the Veterans you serve.

Slide 11

Post Traumatic Stress Disorder (PTSD)
- 26.4 millions veterans in the US with the largest group being Viet Nam Veterans (8.4 million). Only 17% of veterans get care through the VA.
- 1 in 4 people dying in the US are veterans. We need to have skills in caring for the unique needs of these individuals.

There have been as many suicides of Viet Nam vets than were killed in the whole war. That is why we need to reach as many caregivers as possible.
What is PTSD?

- An anxiety disorder that can occur after a traumatic event
- Examples of traumatic events include:
  - Combat or military exposure
  - Child sexual or physical abuse
  - Sexual or physical assault
  - Serious accidents - car wrecks or natural disasters

To meet the criteria of PTSD the individual must have experienced, witnessed or been confronted with an event involving actual or threatened death or serious injury or threat to the physical integrity of the individual or others. Anyone who has gone a life threatening event can have PTSD. It used to be called shell shock, Soldiers heart.

Interventions
- Medications
- Removing environmental stressors
- Compassion and kindness
- Therapy
- Veteran to veteran interactions

Mercy Hospice staff are all trained in veteran specific cares. Veteran Liaison may be able to help identify specific resources available for the veteran.

- SO CALL US
- 541-677-2384
1. What is the We Honor Veteran Program?
2. Why is it important to identify a veteran at the end of life?
3. List 3 unique needs that veterans may have.
4. Define Post Traumatic Stress Disorder.
5. List three interventions for PTSD.
6. Identify resources available in helping veterans with PTSD.
Slide 1

AFH: We Honor Veterans
Module 2
Pain Management

Slide 2

Objectives
1. Definition of pain
2. Describing pain utilizing at least 3 descriptors
3. Recognizing barriers to pain relief

Slide 3

What is pain?
• "An unpleasant sensory and emotional experience associated with actual or potential tissue damage"
• What a person says it is...
• "Subjective"
Barriers to Pain Relief

- Specific barriers
  - Inadequate assessment
  - Fear of side effects
  - Fear of addiction/tolerance
  - Fear of respiratory depression
  - Fear of hastening death
  - Healthcare systems
  - Cost and reimbursement

Initial Pain Assessment

- Elicit self report
- Identifying anything that may causing pain
- Note behavior of the patient
- Stoicism (i.e. military culture)

Assessing Pain in Veterans with Advanced Dementia

- Self Report generally not possible
- Behaviors
- Surrogate reporting
- Potential causes of pain
Pain History
- Location
- Intensity/Quality (may use scales)
- Quality
- Pattern
- Aggravating or alleviating factors
- History

Tolerance, Physical Dependence, Addiction
- Barriers to adequate pain control are often related to a lack of knowledge related to appropriate use of opioid medications.
- It is important to understand the definitions of addiction, physical dependence and tolerance

Tolerance
- State of adaptation
- With exposure to medication over time, effects can diminish
- Misunderstanding delays treatment, promoting suffering
- Tolerance does not equal addiction
Slide 10

**Psychological Dependence**
- Known as addiction
- Primary, chronic, neurobiological disease
- Has genetic, psychosocial, and environmental factors
- Characterized by various behaviors

Slide 11

**Physical Dependence**
- Sensation of withdrawal by abrupt cessation
- Can also occur if antagonist is given
- Not addiction

Slide 12

**Non-Pharmalogical Techniques**
- Cognitive (behavioral therapies)
  - Relaxation
  - Imagery
  - Distraction
  - Physical measures (cold, heat, massage)
- Complementary therapies
- Others
Slide 13

Pain Versus Suffering
- Relief of pain is comprehensive
  - Physical
  - Psychological
  - Social
  - Spiritual

Slide 14

Veterans are at Risk for Under-Treatment of Pain
- Elderly
- Non verbal or cognitively impaired
- Those who deny pain (due to stoicism)
- Uninsured/underserved
- History of addiction
- PTSD

Slide 15

Treatment of Pain in Persons With Established Addictive Disease
- Set realistic goals
- Set limits
- Use nonopioids as able
- Consider tolerance
- Treat depression and other psychiatric disorders
- Hospice team will use a variety of medications that will minimize pain
Post Test
- 1. Describe the four aspects of pain and suffering?
- 2. Define tolerance, physical dependence, and addiction.
- 3. List four nonpharmacological ways to address pain.
- 4. Why might veterans pain be undertreated?

Supplemental
- Pain assessments
- Pain management techniques
- Nonverbal pain indicators
Objectives

1. Describe caring for the spirit.
2. Describe caring for the body
3. Describe normal signs and symptoms of nearing death.

Loving presence- although we cannot cross the final bridge with our loved one, they are comforted by those who can walk with them up to that final crossing. Allow the one transitioning to lead the way. Allow for silence is needed. Try to avoid pulling the the person back to this life, instead support their leaving, faith can play a large part in a loved ones life encourage faith and visions. If no faith encourage the goodness of their life. Allow your loved one to say and do things that may not make sense to you, focus on what matters most.
Reminiscing- encourage them to share stories about their life, trials and joys. Journal can be kept to record your loved ones last days, conversations and insights, use photos to share stories, assist in writing letters, special goodbyes and expressing love and thanks.

**Music** – Music has healing powers that affects us on all levels, physical, emotional, and spiritual. Music touches us at a deep level. You may find that certain sounds are a comfort. So choose music that would be comforting to him/her. Natural sounds, such as birds, ocean, rain or wind are soothing, hymns or chants, classical music or music of their choice.

**Spiritual Readings and Prayer** – Inspirational readings may be of comfort. This remains true even if he/she has moved into the comatose state. Continue to talk to him/her and comfort him/her even if there seems to be no response. Remember, you are still communing and supporting his/her spirit as the transition to death occurs. You may want to contact chaplain for guidance. Meditations, individual or group prayer, blessings, singing or chanting.

**Creating Sacred Space** - It is important to remember that the area around the dying person is sacred. Use of favorite objects objects that have given client comfort during their lifetime. You may want to create an altar that contains items that are precious or meaningful. Pictures of deities or saints, candles, rocks, flowers, feathers, small fountains, and family photos just to name a few. Remember to keep the room as clutter free and the as fresh and clean as possible.
lights dim and the TV off, with soft music instead will allow him/her to more easily detach from the chaos of the material world and enter more easily into peace of the spiritual real. This space is as individual as the person whom it surrounds. Let your heart open and enjoy the quiet time and connection that you can have during these last moments with your loved one.

You can give permission to eat less. Do not allow meal times to become battle grounds. Discourage routine weighing which can be demoralizing and discouraging. Lift dietary restrictions. Serve food that is pleasurable. Socialize during meals.

Caring for the Body

Suggestion for loss of appetite or altered taste:

- Eat whatever you want, whenever you want.
- Eat small frequent snacks in place of large meals.
- Try high protein shakes, smoothies or instant breakfast cereal.
- Eat frozen juice popsicles, yogurt, and ice cream.
- Eat wet foods such as pastas.
Suggestions for loss of appetite or altered taste:

- Use a straw or “sippee” cup
- Thick foods are sometimes easier to swallow – puddings, mashed potatoes and applesauce.
- Eat strongly flavored foods (not necessarily spicy)

Caring for the Body

- Bowel Program
  - Constipation is the most common side-effect of taking pain medication. However, it is completely treatable. Your nurse will work to find the proper balance of bowel medications.

Care for the Body

- Take a stool softener daily (unless stools are loose) as directed by nurse or doctor.
- Drink as much liquid as possible.
- Eat high fiber foods such as prunes, bran, and fruits.
- Avoid uncooked bananas, cheese, rice, and white bread.

Need to keep track of clients bowel movements. Write them on a calendar or in a journal.
Care of the Body

Medications – As we get close to dying our medication needs may change. Our ability to swallow medications may be difficult. It is common for the doctor to stop many non-comfort medications when this occurs. Medications that are used for comfort can be given in a way that causes less stress for everyone. Topical creams, rectal, medication pumps and others.

Oxygen – Being supported with oxygen can be comforting and provide a little more. May be used for:
- Breathless or having difficulty completing a sentence
- Waking up in the night gasping
- Very pale around lips, nose and fingernails have a slight bluish tint
- Walking shorter distances because of weakness

Taking to Bed

As we near the end of our journey on earth we get more and more tired. Soon we spend more and more time in bed.
- Use pillows, rolled towels and or blankets for support
- Use a folded “draw sheet” to assist in moving
- Lightly massage the bony points at each move if the skin is intact.
Slide 12

Taking to Bed
Cont.
- Provide a change of position every 2 hours to avoid pressure sores
- Keep sheets free of wrinkles
- Keep bed coverings loose around the feet
- Use pillows, sheep skins, heel protectors and elbow pads or special mattresses as needed to prevent pressure injuries.

Slide 13

Personal Cares
- Skin care includes:
  - Bathe regularly
  - Use light weight water-based lotion to keep the skin from drying
  - Keep the skin, clothing and bedding dry
  - Keep skin clean and dry. Rinse and dry well. Apply skin protecting/moisture barrier
  - Massage around, not on reddened areas

Slide 14

Oral Care
- Use pink toothette to moisten the mouth and keep it clean
- Use lip balm for lips and gums
- Mix of drop of lavender or lemon oil to Pere and apply drop for strong mouth odor
- Wipe dry of water between the teeth and gums
Nasal Care

- Normal saline spray may be purchased over-the-counter and can be used at regular intervals. Spray into each nostril to moisturize.
- KY jelly can also be used in and around the nose to help with dryness. DO NOT USE PETROLEUM BASED PRODUCTS WITH OXYGEN.

Nearing Death

- Confusion
- Vision changes
- Decreased appetite
- Decreased urine output
- Restless, Repetitive Movements
- Periods of no breathing
- Cool skin
- High temperature

Sleepiness may sleep more and more and be difficult to arouse, speak softly don’t shake him/her or speak loudly. Do not give fluids or food. This is partially die to metabolic changes in the body. Confusion again changes in metabolism, or changes to vision. Don’t ask do you know who I am” Speak softly and clearly

Vision changes- As vision begins to fail he or she may only see what is nearby. Bright lights can be hard. Use indirect lights. Remember sense of hearing remains.

Decreased urine output- occurs as fluid intake decreases and as circulation
through the kidneys decreases. Bowel and bladder control may be lost. Pads may be needed to protect the bed and keep him/her clean, dry and comfortable.

Periods of apnea-Cheyne stokes respirations. When breathing stops for 15-45 sec and alternates with periods of rapid breathing. Indicates a decrease in circulation to internal organs.

Elevating the head of the 30-45 degrees may help bring comfort.

Cool skin- Circulation diminishes to arms and legs and they may feel very cool to the touch. Use light clothing and sure there is fresh circulating air.

Periods of apnea-Cheyne stokes respirations. When breathing stops for 15-45 sec and alternates with periods of rapid breathing. Indicates a decrease in circulation to internal organs.

Elevating the head of the 30-45 degrees may help bring comfort.

Cool skin- Circulation diminishes to arms and legs and they may feel very cool to the touch. Use light clothing and sure there is fresh circulating air.

Change position every 2 hours protects skin and promotes comfort. The pulse will become harder to fell. The skin color may change. The upper parts of the body may sweat as the peripheral circulation decreases. Even the skin is cold to the touch most dying persons’ aren’t aware of feeling cold.

High temperature. Cool moist cloths to the forehead back of neck, Tylenol suppositories

Withdrawal – seem unresponsive or withdrawn. It is the beginning of letting go. It is natural for him/her to express sorrow because the person is in the process of losing everything. If allowed to express sorrow may move on the final acceptance. Use quiet voice give permission to let go

Out of character requests or statements – Accept the moment say whatever needs to be said

Wanting only Certain people around – This is a sign of preparation for death. Performing restless, seemingly useless,
repetitive tasks – sometimes indicates that something is still unresolved and unfinished and that they cant let go. The hospice team may be able to help you identify what is happening and help discover a way for him/her to find release from tension or fear.

A decrease of both eating and drinking which may last from days to weeks. There is no hunger and no suffering with this process

Changes in physical appearance, may last few hours to days. Often patient’s hand and feet may feel cool and may darken in color. Pt will respond less and less to you and their surroundings. Eventually the patient is completely unable to speak or move, this usually happens during the last few days of life
How Can You Help

Last Stage
- Disorientation – touch, talk reassuringly, remain calm, don’t argue, sometimes medication is needed
- Decrease in urine output, bowel movements may stop, incontinence usually occurs in the last few days – use underpads, attend to needs, consider using a foley catheter if appropriate

Disorientation – may increase in the last days

What Can You Do

Late Stage (cont)
- Breathing becomes irregular, breathing changes may be shallow with long pauses, increased sounds of congestion in the chest and rattle in the throat may be heard during the last hours, elevate the head of the bed, turn patient to the side, medication may be helpful
- Mouth care increases comfort, suctioning doesn’t help

Post test
1. Describe physical care for dying veteran?
2. Describe caring for the spirit?
3. Describe the signs and symptoms of the dying person?